Appendix 5.9A
EDR Offsite Receptor Report

Redondo Beach Electrical Power Plant
1100 North Harbor Drive
Redondo Beach, CA 90277

Inquiry Number: 3264324.2s
February 22, 2012

EDR Offsite Receptor Report

EDR® Environmental Data Resources Inc

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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:

REDONDO BEACH ELECTRICAL POWER PLANT
1100 NORTH HARBOR DRIVE
REDONDO BEACH, CA 90277

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: 505874 persons.

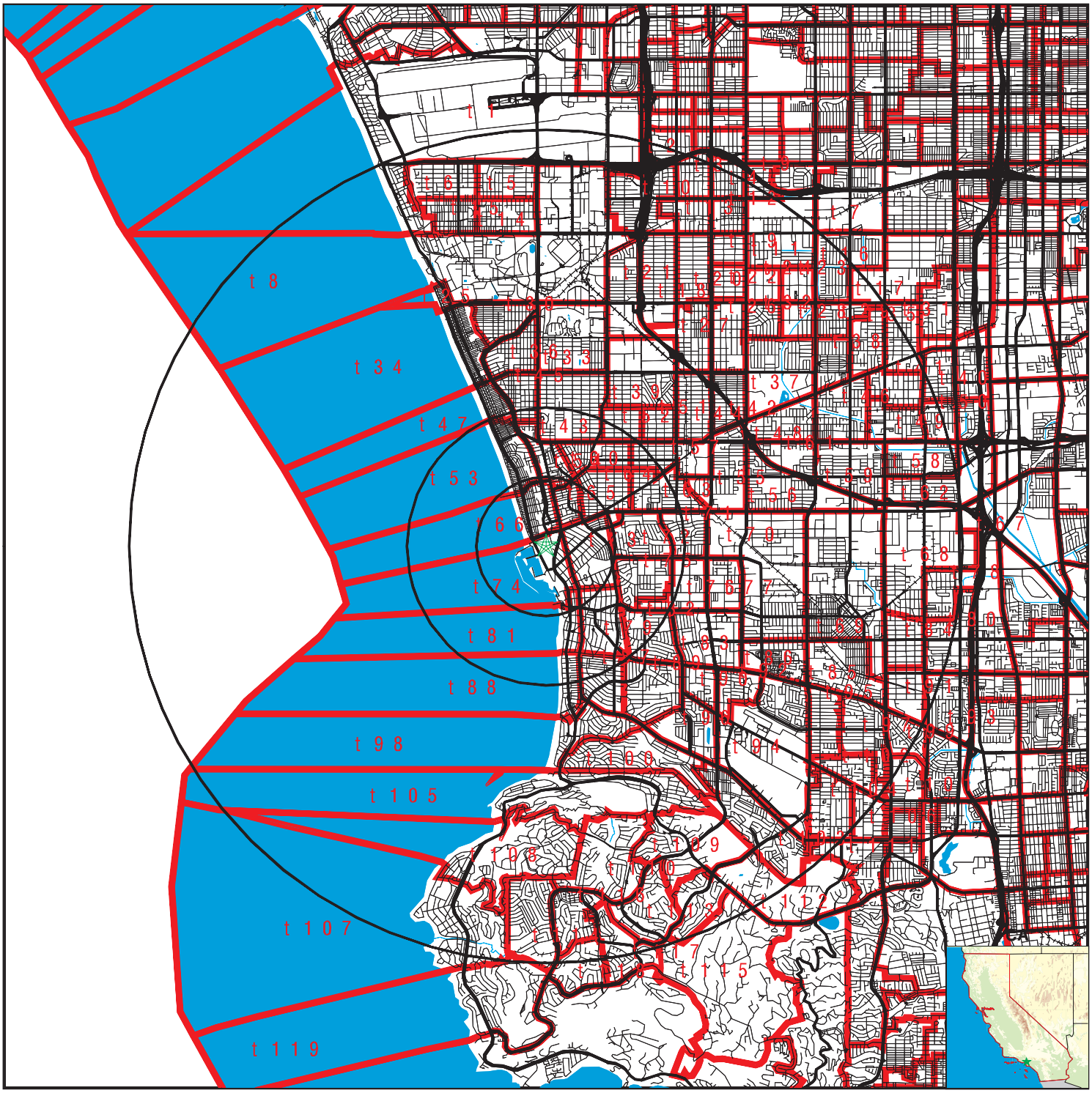
Other Public Receptors

Type	Within Search Radius	Sites Total
Day Care Centers:	☒	641
Medical Centers:	☐	
Nursing Homes:	☒	17
Schools:	☒	171
Hospitals:	☒	758
Colleges:	☒	5
Arena:	☐	
Prison:	☐	

Environmental Receptors

Type	Within Search Radius	Sites Total
Federal Land:	☒	4

CENSUS MAP - 3264324.2s



Target Property
Roads
Waterways
Census Tracts

TARGET PROPERTY:	Redondo Beach Electrical Power Plant	CUSTOMER:	CH2M Hill, Inc.
ADDRESS:	1100 North Harbor Drive	CONTACT:	Jessica Brandt
CITY/STATE/ZIP:	Redondo Beach CA 90277	INQUIRY #:	3264324.2s
LAT/LONG:	33.8510 / 118.3940	DATE:	February 22, 2012 4:37 pm

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CENSUS FINDINGS

Map ID	Tract Number	Total Population	Population in Radius	Total Area(sq.mi.)	Area in Radius(sq.mi.)
T1	2780.00	2430	579.3	11.50	2.74
T2	6016.00	4641	1735.9	0.35	0.13
T3	6021.03	7072	6157.3	0.32	0.28
T4	6021.04	5702	3552.9	0.29	0.18
T5	6200.01	3834	3834.0	0.45	0.45
T6	6201.01	5347	5347.0	0.54	0.54
T7	6027.00	3248	4.5	0.97	0.00
T8	6200.03	1	0.8	9.03	7.67
T9	6020.02	3161	738.6	0.21	0.05
T10	6022.00	6267	6267.0	0.81	0.81
T11	6025.01	10772	8859.4	1.05	0.87
T12	6021.05	4265	4265.0	0.25	0.25
T13	6021.06	5756	5756.0	0.31	0.31
T14	6200.02	3341	3341.0	0.43	0.43
T15	6201.02	3510	3510.0	0.36	0.36
T16	6026.00	8183	4374.5	0.76	0.41
T17	6029.00	4176	582.3	1.08	0.15
T18	6023.01	6275	6275.0	0.70	0.70
T19	6024.03	5006	5006.0	0.23	0.23
T20	6024.02	6770	6770.0	0.50	0.50
T21	6023.02	2922	2922.0	0.67	0.67
T22	6024.04	5930	5930.0	0.25	0.25
T23	6025.03	8776	8776.0	0.24	0.24
T24	6025.02	8928	8928.0	0.25	0.25
T25	6202.01	1548	1548.0	0.18	0.18
T26	6038.00	8356	8356.0	0.52	0.52
T27	6039.00	7148	7148.0	0.57	0.57
T28	6037.04	6275	6275.0	0.25	0.25
T29	6035.00	2955	2955.0	0.32	0.32
T30	6203.01	4324	4324.0	0.41	0.41
T31	6030.03	8163	4458.4	0.52	0.28
T32	6037.03	2627	2627.0	0.26	0.26
T33	6204.00	5022	5022.0	1.00	1.00
T34	6203.02	6022	6022.0	5.42	5.42
T35	6034.00	4382	4382.0	0.43	0.43
T36	6203.03	4303	4303.0	0.44	0.44
T37	6037.02	4887	4887.0	1.00	1.00
T38	6036.00	3649	3649.0	0.36	0.36
T39	6205.01	5335	5335.0	1.00	1.00
T40	6031.01	4116	468.2	0.35	0.04
T41	6033.01	4004	4002.9	0.37	0.37
T42	6041.00	6717	6717.0	0.40	0.40
T43	6208.00	7271	7271.0	0.96	0.96
T44	6040.00	9490	9490.0	0.50	0.50
T45	6209.01	2483	2483.0	0.33	0.33
T46	6500.01	5890	5890.0	0.63	0.63
T47	6209.02	2879	2879.0	1.64	1.64
T48	6500.02	7136	7136.0	0.50	0.50
T49	6033.02	3678	3678.0	0.43	0.43
T50	6031.02	3946	2181.3	0.28	0.16
T51	6205.21	3975	3975.0	0.24	0.24
T52	6205.22	4268	4268.0	0.29	0.29
T53	6210.02	5675	5675.0	3.23	3.23
T54	6210.01	4026	4026.0	0.36	0.36
T55	6503.00	6439	6439.0	0.72	0.72
T56	6502.00	5721	5721.0	0.91	0.91
T57	6206.01	4787	4787.0	0.53	0.53
T58	6032.00	2310	2128.2	0.54	0.49

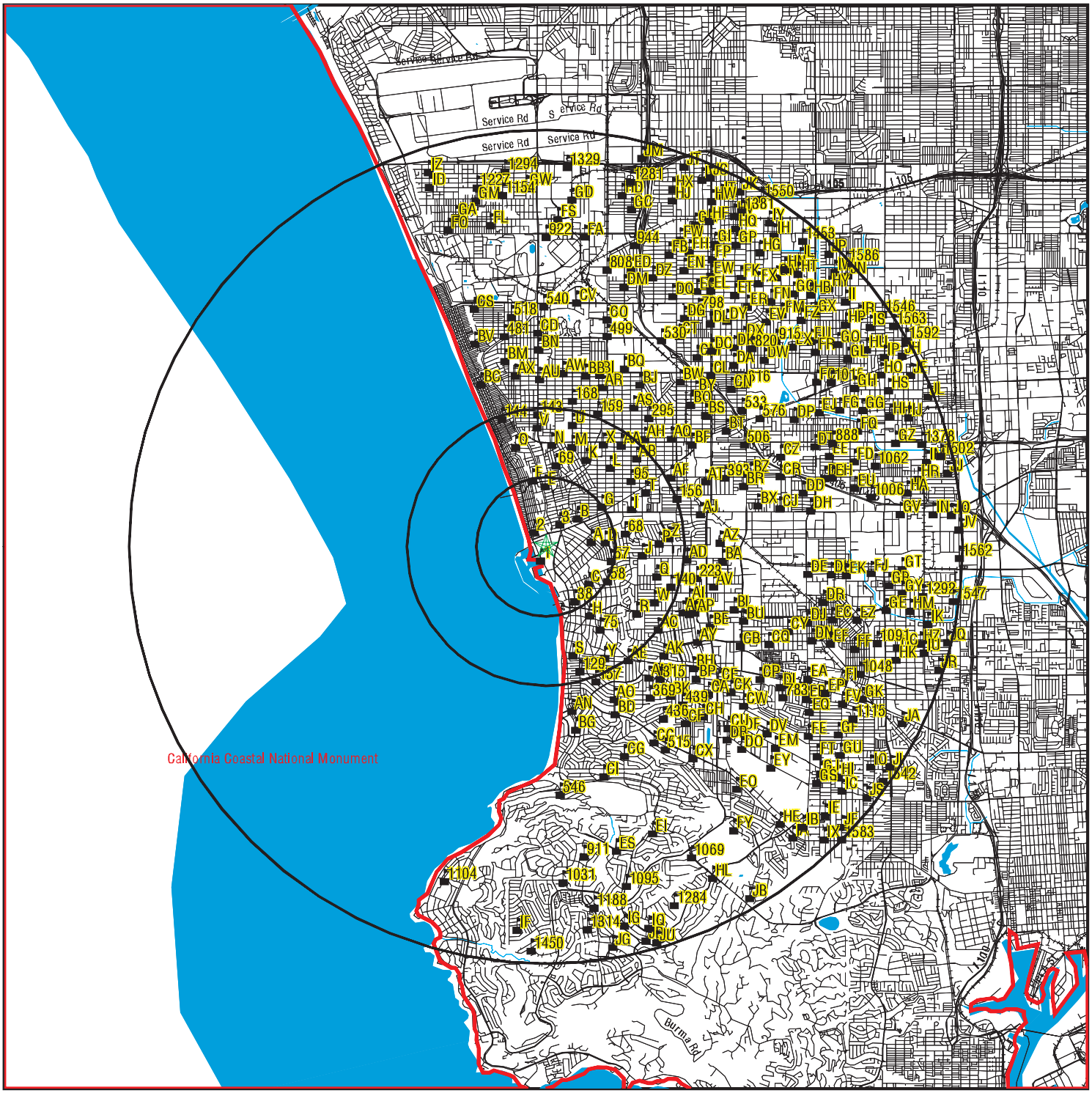
CENSUS FINDINGS

Map ID	Tract Number	Total Population	Population in Radius	Total Area(sq.mi.)	Area in Radius(sq. mi.)
T59	6501.01	5542	5542.0	0.75	0.75
T60	6207.01	6193	6193.0	0.40	0.40
T61	6501.02	2266	2266.0	0.35	0.35
T62	2913.00	2715	1330.7	0.85	0.42
T63	6206.02	5209	5209.0	0.53	0.53
T64	6207.02	6387	6387.0	0.51	0.51
T65	6211.02	2742	2742.0	0.21	0.21
T66	6211.01	6123	6123.0	2.12	2.12
T67	5435.01	6494	43.6	1.04	0.01
T68	2920.00	6621	6095.3	1.55	1.42
T69	6509.01	5430	5430.0	2.22	2.22
T70	6504.00	3980	3980.0	2.06	2.06
T71	6505.01	3161	3161.0	0.38	0.38
T72	6505.02	4127	4127.0	0.51	0.51
T73	6212.01	6175	6175.0	0.64	0.64
T74	6212.02	3473	3473.0	2.49	2.49
T75	6506.03	3957	3957.0	0.49	0.49
T76	6506.02	6882	6882.0	0.47	0.47
T77	6506.01	7818	7818.0	0.39	0.39
T78	5435.02	4147	3387.2	0.43	0.35
T79	6213.01	6439	6439.0	0.60	0.60
T80	5435.03	5643	2530.0	0.62	0.28
T81	6213.21	3646	3646.0	2.43	2.43
T82	6507.02	4491	4491.0	0.54	0.54
T83	6507.01	2134	2134.0	0.77	0.77
T84	2932.01	6540	6540.0	0.42	0.42
T85	6509.02	5856	5856.0	0.77	0.77
T86	6508.00	5783	5783.0	0.49	0.49
T87	6214.00	4278	4278.0	0.50	0.50
T88	6213.22	3096	3096.0	3.87	3.87
T89	6512.01	5040	5040.0	0.68	0.68
T90	6512.21	3012	3012.0	0.26	0.26
T91	2932.02	6622	6571.8	0.40	0.40
T92	6511.02	3355	3355.0	0.34	0.34
T93	5436.02	7232	1019.0	0.62	0.09
T94	6511.01	5029	5029.0	2.13	2.13
T95	6510.02	4516	4516.0	0.45	0.45
T96	6512.22	5814	5814.0	0.58	0.58
T97	6510.01	5057	5057.0	0.58	0.58
T98	6513.01	4980	4977.8	4.43	4.43
T99	2933.01	2977	2108.0	0.33	0.23
T100	6513.02	6046	6046.0	0.94	0.94
T101	2933.02	4302	654.9	0.43	0.07
T102	6700.01	3244	3114.0	0.36	0.34
T103	6514.00	8417	8307.4	1.11	1.09
T104	6700.03	6037	5864.6	0.58	0.56
T105	6703.01	5006	4808.9	4.84	4.65
T106	6700.02	3773	1348.5	0.32	0.12
T107	6703.22	4630	1571.9	10.59	3.60
T108	6703.21	3704	3704.0	2.76	2.76
T109	6702.02	2652	2652.0	1.17	1.17
T110	6704.11	4339	4339.0	1.11	1.11
T111	6701.00	6484	870.9	0.56	0.08

CENSUS FINDINGS

Map ID	Tract Number	Total Population	Population in Radius	Total Area(sq.mi.)	Area in Radius(sq. mi.)
T112	6702.01	3889	2117.5	1.84	1.00
T113	6704.03	2419	2419.0	0.68	0.68
T114	6704.13	4871	4733.1	0.82	0.80
T115	6705.00	1871	105.9	3.09	0.17
T116	6704.07	5612	5612.0	0.49	0.49
T117	6704.05	2527	1441.0	0.57	0.33
T118	6704.06	1620	518.0	0.46	0.15
T119	6704.14	3947	10.9	5.17	0.01

RECEPTOR MAP - 3264324.2s



- Target Property
- Roads
- Waterways
- Environmental or Public Receptor
- Federal Lands Linear Features
- Federal Lands Area

0 2 4 8 Miles

N

TARGET PROPERTY:	Redondo Beach Electrical Power Plant	CUSTOMER:	CH2M Hill, Inc.
ADDRESS:	1100 North Harbor Drive	CONTACT:	Jessica Brandt
CITY/STATE/ZIP:	Redondo Beach CA 90277	INQUIRY #:	3264324.2s
LAT/LONG:	33.8510 / 118.3940	DATE:	February 22, 2012 4:39 pm

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MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
1			SRHO20070161325
SSW	Hospital type:	01	AHA Hospitals
1/8-1/4 mi	Num of times COO:	00	
935	Owner date:	Not Reported	
Higher	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ONSITE-HEALTH SCREENING INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050615	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1041898	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	819 N HARBOR DR SUITE 230	
	Phone num:	3104060608	
	Termination reason:	00	
	Term Date:	20070614	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90277	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070161325	

NA			CUSA112474
SSW	Name:	California Coastal National Monument	FED_LAND
1/8-1/4 mi	Feature:	National Monument BLM	
1095	URL:	http://www.ca.blm.gov/hollister/coastal_monument.html	
NA	Bureau:	BLM	
	State:	CA	
	Is DOD?:	No	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
2			SRHO20070109844
NW	Hospital type:	03	AHA Hospitals
1/4-1/2 mi	Num of times COO:	02	
1605	Owner date:	19851201	
Higher	City:	HERMOSA 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:	19890331	
	Medicare/Medicaid:	1	
	Facility name:	BAYSHORE SANITARIUM	
	Intermediary/Carrier:	52280	
	Medicaid number:	Not Reported	
	Partcipation date:	19780401	
	Prior COO date:	19780401	
	Prior carrier:	Not Reported	
	Provider ID:	555042	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	160 MANHATTAN AVENUE	
	Phone num:	2133722090	
	Termination reason:	04	
	Term Date:	19891115	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90254	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0049	
	Num cert beds:	0049	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070109844	

3			SRHO20070158389
NNE	Hospital type:	01	AHA Hospitals
1/4-1/2 mi	Num of times COO:	00	
2158	Owner date:	Not Reported	
Higher	City:	HERMOSA BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 #9101
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20041022
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1032450
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	155 PACIFIC COAST HWY
Phone num:	3103724345
Termination reason:	08
Term Date:	20050426
Purpose of action:	Not Reported
Provider control:	04
Zip:	90254
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158389

A4 — SRPU20071006026
East — Public Schools
1/2-1 mi
2888
Higher

Ncessch:	060003204951
Schname05:	BERYL HEIGHTS ELEMENTARY
Mstreet05:	920 BERYL ST.
Mcity05:	REDONDO BEACH
Mstate05:	CA
Mzip05:	90277
Mzip405:	2236
Member05:	362
Phone05:	(310) 798-8611
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071006026

B5 — SRDCCA200720894
NE — Daycare
1/2-1 mi
3040
Higher

EDR ID:	SRDCCA200720894
Facility number:	197410391
Facility name:	TURNER FAMILY CHILD CARE

Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1120 FIRST STREET
City:	HERMOSA BEACH
State:	CA
Zip:	90254
Alt. address:	1120 FIRST STREET
City:	HERMOSA BEACH
State:	CA
Zip:	90254
Facility investor:	"TURNER, PATRICIA "
Licensee type:	A
License effective date:	30819
License expiration date:	Not Reported
License issue date:	030819
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:	030617
Facility closed date:	Not Reported
Mailing address:	1120 FIRST STREET
Mailing city:	HERMOSA BEACH
Mailing state:	CA
Mailing zip:	90254
Contact person:	"TURNER, PATRICIA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3103762248

B6 — SRPR20051023180
NE — Private Schools
1/2-1 mi
3684
Higher

Pss school id:	00071945
Pss inst:	OUR LADY OF GUADALUPE SCHOOL
Lograde:	K
Higrade:	8
Pss address:	340 MASSEY STREET
Pss city:	HERMOSA BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90254
Pss phone:	3103727486
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:	28
Pss enroll 1:	27
Pss enroll 2:	23
Pss enroll 3:	30
Pss enroll 4:	30

Pss enroll 5:	19
Pss enroll 6:	25
Pss enroll 7:	25
Pss enroll 8:	28
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	235
Pss enroll tk12:	235
Pss race ai:	0
Pss race as:	24
Pss race h:	65
Pss race b:	8
Pss race w:	138
Pss fte teach:	11.9
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:	10.21
Pss hisp pct:	27.66
Pss black pct:	3.4
Pss white pct:	58.72
Pss stdtch rt:	19.75
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:	SRPR20051023180

C7 SRPU20071006034
SE Public Schools
1/2-1 mi
3826
Higher

Ncessch:	060003206330
Schname05:	REDONDO HIGH
Mstreet05:	631 VINCENT PARK
Mcity05:	REDONDO BEACH
Mstate05:	CA
Mzip05:	90278
Mzip405:	3999
Member05:	2385
Phone05:	(310) 798-8665
Locale05:	3
Type05:	1
Level05:	3
Gslo05:	09
Gshi05:	12

Edr id: SRPU20071006034

A8 SRDCCA200706548
East Daycare
1/2-1 mi
4110
Higher

EDR ID:	SRDCCA200706548
Facility number:	197400203
Facility name:	LEE FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	605 N. PROSPECT AVE
City:	REDONDO BEACH
State:	CA
Zip:	90277
Alt. address:	605 N. PROSPECT AVE
City:	REDONDO BEACH
State:	CA
Zip:	90277
Facility investor:	"LEE, LINDA A. "
Licensee type:	A
License effective date:	940615
License expiration date:	Not Reported
License issue date:	940615
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:	940321
Facility closed date:	Not Reported
Mailing address:	605 N. PROSPECT AVE
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90277
Contact person:	LINDA LEE
Facility capacity:	6
Type of clients served:	950
Facility phone:	3103764992

D9 SRHO20070157466
East AHA Hospitals
1/2-1 mi
4435
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 ASSOCIATES OF LITTLE COMPANY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050210

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1036847
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	520 N PROSPECT AVE SUITE 102
Phone num:	3103189992
Termination reason:	00
Term Date:	20070209
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157466

D10 — SRHO20070150249
East — AHA Hospitals
1/2-1 mi
4435
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 FAMILY MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19981002
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0952068
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	520 N PROSPECT AVENUE SUITE 200
Phone num:	3103747655

Termination reason:	08
Term Date:	20041001
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150249

D11 — SRHO20070138435
East — AHA Hospitals
1/2-1 mi
4435
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO 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:	20050428
Medicare/Medicaid:	1
Facility name:	WILLIAM JAMES WICKWIRE MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0694537
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	520 NORTH PROSPECT AVENUE, SUITE #302
Phone num:	3107981515
Termination reason:	00
Term Date:	20070713
Purpose of action:	2
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported

Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138435

D12 SRHO20070153682
East AHA Hospitals
1/2-1 mi
4435
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MAHENDRA UDANI MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990618
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0961878
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	520 N PROSPECT AVE #304
Phone num:	3107982006
Termination reason:	12
Term Date:	20010416
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153682

D13 SRHO20070149953
East AHA Hospitals
1/2-1 mi
4435
Higher

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

City:	REDONDO 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:	20050927
Medicare/Medicaid:	1
Facility name:	PCFMG LAB
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19951013
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0907431
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	520 NORTH PROSPECT STE 200
Phone num:	3103749984
Termination reason:	00
Term Date:	20071031
Purpose of action:	2
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149953

D14 — SRHO20070151246
East — AHA Hospitals
1/2-1 mi
4435
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LOUISE H CONNOLLY MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	19981026
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0953058
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	520 N PROSPECT AVE #204
Phone num:	3103724706
Termination reason:	00
Term Date:	20081025
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151246

D15 SRHO20070155961
East AHA Hospitals
1/2-1 mi
4435
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	AIDS HEALTHCARE FOUNDATION
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021002
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1004647
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	520 N PROSPECT AVENUE SUITE 209

Phone num:	3238605200
Termination reason:	00
Term Date:	20081001
Purpose of action:	Not Reported
Provider control:	02
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155961

D16 — SRHO20070147292
East — AHA Hospitals
1/2-1 mi
4435
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HENRY WU, MD, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19961216
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0923132
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	520 N PROSPECT AVENUE
Phone num:	3103185509
Termination reason:	00
Term Date:	20081215
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported

Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147292

D17 SRHO20070131772
East AHA Hospitals
1/2-1 mi
4435
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO 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:	19940308
Medicare/Medicaid:	1
Facility name:	SOUTH BAY FAMILY MEDICAL LABORATORY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0548824
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	520 NORTH PROSPECT AVENUE SUITE 100
Phone num:	3103749646
Termination reason:	01
Term Date:	19950228
Purpose of action:	1
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131772

D18 SRHO20070132183
East AHA Hospitals
1/2-1 mi
4435
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	COR HEALTHCARE MEDICAL ASSOCIATES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921223
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0551266
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	520 N PROSPECT AVE #300
Phone num:	3105401953
Termination reason:	00
Term Date:	20071222
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132183

D19 SRHO20070158854
East AHA Hospitals
1/2-1 mi
4435
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 J REDERICH MD INC
Intermediary/Carrier:	Not Reported

Medicaid number:	Not Reported
Partcipation date:	20040824
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1029790
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	520 N PROSPECT AVE SUITE 309
Phone num:	3103769492
Termination reason:	00
Term Date:	20080823
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158854

D20 SRHO20070149573
East AHA Hospitals
1/2-1 mi
4435
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LITTLE CO OF MARY HOSPITAL FAMILY MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19981023
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0953006
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

street address:	520 NORTH PROSPECT AVENUE SUITE 103
Phone num:	3103749646
Termination reason:	00
Term Date:	20081022
Purpose of action:	Not Reported
Provider control:	01
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149573

D21			SRHO20070154459
East	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
4435	Owner date:	Not Reported	
Higher	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SACHIKO TERAJIMA MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20011224	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0994526	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	520 N PROSPECT AVENUE SUITE 211	
	Phone num:	3103188838	
	Termination reason:	01	
	Term Date:	20021203	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90277	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	

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:	SRHO20070154459	
D22			SRHO20070159908
East	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
4435	Owner date:	Not Reported	
Higher	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	TRISTY SHAW MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20030124	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1008688	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	520 N PROSPECT AVENUE SUITE 211	
	Phone num:	3104062349	
	Termination reason:	00	
	Term Date:	20090123	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90277	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070159908	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
E23 North 1/2-1 mi 4455 Higher			SRHO20070160050 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	HERMOSA BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 #202	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20030715	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1014730	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1100 PACIFIC COAST HWY	
	Phone num:	3108842923	
	Termination reason:	00	
	Term Date:	20070714	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90254	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070160050	

D24 East 1/2-1 mi 4481 Higher			SRHO20070139047 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	AMI SOUTH BAY HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930105
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0685092
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	514 N PROSPECT AVENUE
Phone num:	3103184731
Termination reason:	08
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139047

D25 SRHO20070007494
East AHA Hospitals
1/2-1 mi
4481
Higher

Hospital type:	01
Num of times COO:	02
Owner date:	Not Reported
City:	REDONDO 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:	19950814
Medicare/Medicaid:	1
Facility name:	AMI SOUTH BAY HOSPITAL
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19660701
Prior COO date:	19840601
Prior carrier:	00040
Provider ID:	050459
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	514 N PROSPECT AVE
Phone num:	3103184731
Termination reason:	01
Term Date:	19980531
Purpose of action:	2
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	19920625
Accred expire date:	19950824
Accred Org:	1
Num beds:	0201
Num cert beds:	0201
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070007494

D26 SRHO20070008637
East AHA Hospitals
1/2-1 mi
4481
Higher

Hospital type:	01
Num of times COO:	02
Owner date:	19990501
City:	REDONDO 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:	20000517
Medicare/Medicaid:	1
Facility name:	COASTAL DIALYSIS CENTER
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19890201
Prior COO date:	19970701
Prior carrier:	00101
Provider ID:	052679
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	514 NORTH PROSPECT AVE
Phone num:	3103796671
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	90277
Fips state:	06

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:	SRHO20070008637	
D27			SRHO20070139212
East	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
4481	Owner date:	Not Reported	
Higher	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 BAY DIALYSIS CENTER INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921229	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0690269	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	514 N PROSPECT AVENUE	
	Phone num:	3103796671	
	Termination reason:	08	
	Term Date:	19980831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90277	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070139212	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
D28			SRHO20070150062
East	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
4481	Owner date:	Not Reported	
Higher	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 DIALYSIS CENTER LLC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19970815	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0932220	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	514 N PROSPECT AVENUE	
	Phone num:	5624958075	
	Termination reason:	00	
	Term Date:	20070814	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90277	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070150062	

D29			SRHO20070139062
East	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
4481	Owner date:	Not Reported	
Higher	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	LITTLE COMPANY OF MARY HOSPITAL LAB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921229
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0685157
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	514 NORTH PROSPECT AVENUE
Phone num:	3105407676
Termination reason:	01
Term Date:	19990419
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139062

D30 — SRHO20070145500
East — AHA Hospitals
1/2-1 mi
4481
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WHITLOW EMERGENCY MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930506
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0867761
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	514 N PROSPECT AVE	
	Phone num:	2133769474	
	Termination reason:	08	
	Term Date:	19940831	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90277	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070145500	
D31 East 1/2-1 mi 4481 Higher			SRHO20070108180 AHA Hospitals
	Hospital type:	03	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	REDONDO 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:	19970707	
	Medicare/Medicaid:	1	
	Facility name:	SOUTH BAY MEDICAL CENTER SNF/DP	
	Intermediary/Carrier:	52280	
	Medicaid number:	Not Reported	
	Partcipation date:	19910916	
	Prior COO date:	Not Reported	
	Prior carrier:	00040	
	Provider ID:	555474	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	514 N PROSPECT	
	Phone num:	3103184720	
	Termination reason:	01	
	Term Date:	19980531	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90277	
	Fips state:	06	

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
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:	SRHO20070108180

D32 SRHO20070156564
East AHA Hospitals
1/2-1 mi
4481
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO 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:	20040316
Medicare/Medicaid:	1
Facility name:	LITTLE COMPANY OF MARY HOSPITAL LAB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000427
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0973171
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	514 NORTH PROSPECT AVENUE
Phone num:	3105436971
Termination reason:	01
Term Date:	20040701
Purpose of action:	2
Provider control:	01
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156564

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
D33			SRHO20070007385
East	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
4481	Owner date:	Not Reported	
Higher	City:	REDONDO 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:	20060401	
	Medicare/Medicaid:	1	
	Facility name:	BEACH DISTRICT SURGERY CENTER, L P	
	Intermediary/Carrier:	31144	
	Medicaid number:	Not Reported	
	Partcipation date:	20060331	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05C0001765	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	514 NORTH PROSPECT AVENUE, SUITE #100	
	Phone num:	3103762707	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	01	
	Zip:	90277	
	Fips 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:	SRHO20070007385	

D34			SRHO20070165616
East	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
4481	Owner date:	Not Reported	
Higher	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	BEACH DISTRICT SURGERY CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060420
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1053350
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	514 N PROSPECT AVE, #100
Phone num:	3103762707
Termination reason:	00
Term Date:	20080419
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070165616

D35 — SRHO20070137353

East — AHA Hospitals

1/2-1 mi

4481

Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO 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:	20050830
Medicare/Medicaid:	1
Facility name:	CANCER CARE ASSOCIATES MEDICAL GRP INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0642592
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	514 NORTH PROSPECT AVENUE 4TH FLOOR
Phone num:	3107503300
Termination reason:	00
Term Date:	20071006
Purpose of action:	2
Provider control:	02
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137353

D36 — SRHO20070153583
East — AHA Hospitals
1/2-1 mi
4481
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 BAY MED CTR, SKILL NURSING FAC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980319
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0942952
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	514 NORTH PROSPECT AVENUE
Phone num:	3103184731
Termination reason:	08
Term Date:	19980320
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06

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:	SRHO20070153583	

D37			SRHO20070139049
East	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
4481	Owner date:	Not Reported	
Higher	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 BAY HOSPITAL, CARDIOPULMONARY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930105	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0685156	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	514 NORTH PROSPECT AVE	
	Phone num:	3103769474	
	Termination reason:	01	
	Term Date:	19980531	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90277	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070139049	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
38 SSE 1/2-1 mi 4514 Higher	EDR ID:	SRDCCA200749248	SRDCCA200749248 Daycare
	Facility number:	191609304	
	Facility name:	SOUNDS OF MUSIC	
	Facility eval. code:	4060	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	303 GARNET	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90277	
	Alt. address:	303 GARNET	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90277	
	Facility investor:	"GONCHAR, IRINA "	
	Licensee type:	B	
	License effective date:	931213	
	License expiration date:	Not Reported	
	License issue date:	931213	
	Program type:	MAXIMUM CAPACITY: 60 CHILDREN. 48 PRESCHOOL CHILDREN AGES 2 YEARS OLD THROUGH ENTRY INTO FIRST GRADE. 12 TODDLERS AGES 18 MONTHS THROUGH 30 MONTHS (HOUSED IN ROOM #1).	
	Original app. received date:	930415	
	Facility closed date:	Not Reported	
	Mailing address:	303 GARNET	
	Mailing city:	REDONDO BEACH	
	Mailing state:	CA	
	Mailing zip:	90277	
	Contact person:	IRINA GONCHAR	
	Facility capacity:	60	
	Type of clients served:	950	
	Facility phone:	3103796950	

C39 SE 1/2-1 mi 4521 Higher	EDR ID:	SRDCCA200702257	SRDCCA200702257 Daycare
	Facility number:	191605530	
	Facility name:	MIRAMONTES FAMILY DAY CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	610 EL REDONDO	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90277	
	Alt. address:	610 EL RENDODO	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90277	
	Facility investor:	"MIRAMONTES, INES "	
	Licensee type:	A	

License effective date: 940206
License expiration date: Not Reported
License issue date: 910206
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFATNS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD).
"
Original app. received date: 900918
Facility closed date: Not Reported
Mailing address: 610 EL REDONDO
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90277
Contact person: "MIRAMONTES, INES "
Facility capacity: 12
Type of clients served: 960
Facility phone: 3103724700

D40 SRHO20070150208
East AHA Hospitals
1/2-1 mi
4541
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: REDONDO BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: GAIL LEVEE MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19951003
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0906652
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 510 N PROSPECT, #304
Phone num: 3107914080
Termination reason: 00
Term Date: 20071002
Purpose of action: Not Reported
Provider control: 02
Zip: 90277
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported

Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150208

D41 SRHO20070165729
East AHA Hospitals
1/2-1 mi
4541
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PAIN & ADDICTION INTEGRATED NETWORK INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060621
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1055564
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	510 N PROSPECT AVE STE #209
Phone num:	3107981633
Termination reason:	00
Term Date:	20080620
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070165729

D42 SRHO20070158070
East AHA Hospitals
1/2-1 mi
4541
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ALBERT A REFF MDD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040603
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1026396
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	510 N PROSPECT AVENUE SUITE 105
Phone num:	3103724646
Termination reason:	08
Term Date:	20041207
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158070

D43 SRHO20070137079
East AHA Hospitals
1/2-1 mi
4541
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO 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:	19931021
Medicare/Medicaid:	1
Facility name:	CANCER CARE ASSOCIATES CLIN LABORATORY
Intermediary/Carrier:	02050

Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0642543
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	510 N PROSPECT AVE 308B
Phone num:	3103748986
Termination reason:	12
Term Date:	19950101
Purpose of action:	1
Provider control:	02
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137079

D44 — SRHO20070131487
East — AHA Hospitals
1/2-1 mi
4541
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 PARTNERS MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921228
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0548755
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

street address:	510 N PROSPECT AVE SUITE 202
Phone num:	3103183010
Termination reason:	00
Term Date:	20070606
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131487

D45 East 1/2-1 mi 4541 Higher			SRHO20070131500 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 B LINDQUIST MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930512	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0548758	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	510 N PROSPECT AVE SUITE 208	
	Phone num:	3103743463	
	Termination reason:	01	
	Term Date:	19951222	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90277	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131500

D46 SRHO20070150652
East AHA Hospitals
1/2-1 mi
4541
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO 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:	20051013
Medicare/Medicaid:	1
Facility name:	DERMATOLOGY TREATMENT CENTER OF THE SOUTH BAY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19991021
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0966628
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	510 N PROSPECT AVENUE SUITE 309
Phone num:	3109379200
Termination reason:	00
Term Date:	20080119
Purpose of action:	2
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150652

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
D47			SRHO20070131501
East	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
4541	Owner date:	Not Reported	
Higher	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 A TAMKIN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930512	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0548765	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	510 N PROSPECT AVE SUITE 208	
	Phone num:	3103768816	
	Termination reason:	01	
	Term Date:	19951222	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90277	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131501	

D48			SRHO20070155532
East	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
4541	Owner date:	Not Reported	
Higher	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 R I CLINICAL TRIALS INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020827
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1003282
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	510 NORTH PROSPECT AVENUE SUITE 205
Phone num:	3107989899
Termination reason:	00
Term Date:	20080826
Purpose of action:	Not Reported
Provider control:	03
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155532

D49 SRHO20070152964
East AHA Hospitals
1/2-1 mi
4541
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	R TENENBAUM MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990924
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0965588
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	510 N PROSPECT AVE #304
Phone num:	3104060827
Termination reason:	00
Term Date:	20070923
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152964

D50 — SRHO20070131758
East — AHA Hospitals
1/2-1 mi
4541
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BARBARA L SCHULZ MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930521
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0548807
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	510 N PROSPECT AV 320
Phone num:	3103762716
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131758

F51			SRHO20070139454
North	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
4934	Owner date:	Not Reported	
Higher	City:	HERMOSA BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	GORDON DOUGLAS JOHNSTON MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930603	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0686915	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	405 PIER AVE	
	Phone num:	3103720727	
	Termination reason:	08	
	Term Date:	20020331	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90254	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070139454	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
F52			SRHO20070147906
North	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
4935	Owner date:	Not Reported	
Higher	City:	HERMOSA BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	HERMOSA OUTPATIENT SURGERY CENTER INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960607	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0915794	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	411 PIER AVENUE	
	Phone num:	3103728802	
	Termination reason:	08	
	Term Date:	20020606	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90254	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070147906	

E53			SRHO20070147098
North	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
4959	Owner date:	Not Reported	
Higher	City:	HERMOSA BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	TORMED/COAST WOMEN'S MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960916
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0919784
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	555 PIER AVENUE #B
Phone num:	3103793666
Termination reason:	17
Term Date:	20000407
Purpose of action:	Not Reported
Provider control:	04
Zip:	90254
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147098

G54 SRDCCA200746299
NE Daycare
1/2-1 mi
5018
Higher

EDR ID:	SRDCCA200746299
Facility number:	197410966
Facility name:	EASTER SEALS AFTERSCHOOL CARE-JEFFERSON SCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	600 HARKNESS LANE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	700 N. PACIFIC COAST HWY #200
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	EASTER SEALS SOUTHERN CALIF. INC.
Licensee type:	C
License effective date:	40224
License expiration date:	Not Reported
License issue date:	040224

Program type:	SCHOOL AGE PROGRAM: 12 CHILDREN; SERVING SPECIAL NEEDS CHILDREN AGES 5-18 YEARS. MAXIMUM 6 NON-AMBULATORY CHILDREN ONLY.
Original app. received date:	031107
Facility closed date:	Not Reported
Mailing address:	700 N. PACIFIC COAST HWY. #200
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	"PRSCOTT, DEE "
Facility capacity:	12
Type of clients served:	950
Facility phone:	3103763445

G55 SRPU20071006029
NE Public Schools
1/2-1 mi
5018
Higher

Ncessch:	060003204956
Schname05:	JEFFERSON ELEMENTARY
Mstreet05:	600 HARKNESS LN.
Mcity05:	REDONDO BEACH
Mstate05:	CA
Mzip05:	90278
Mzip405:	4806
Member05:	598
Phone05:	(310) 798-8631
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071006029

E56 SRHO20070158676
North AHA Hospitals
1/2-1 mi
5051
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HERMOSA BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 #9476
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20041231
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1035371
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05

state region cd:	M1
street address:	711 PIER AVENUE
Phone num:	3103746266
Termination reason:	08
Term Date:	20061230
Purpose of action:	Not Reported
Provider control:	04
Zip:	90254
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158676

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57 SRDCCA200709331
East Daycare
1/2-1 mi
5058
Higher

EDR ID:	SRDCCA200709331
Facility number:	197404967
Facility name:	PASCUCCI FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	401 NORTH PROSPECT AVENUE
City:	REDONDO BEACH
State:	CA
Zip:	90277
Alt. address:	401 NORTH PROSPECT AVENUE
City:	REDONDO BEACH
State:	CA
Zip:	90277
Facility investor:	"PASCUCCI, ANA "
Licensee type:	A
License effective date:	980729
License expiration date:	Not Reported
License issue date:	980729
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:	980611
Facility closed date:	Not Reported
Mailing address:	401 NORTH PROSPECT AVENUE
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90277
Contact person:	ANA PASCUCCI
Facility capacity:	8
Type of clients served:	960

Facility phone: 3103742302

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58 SRPU20071006028
ESE Public Schools
1/2-1 mi
5272
Higher

Ncessch:	060003204955
Schname05:	PARRAS (NICK G.) MIDDLE
Mstreet05:	200 NORTH LUCIA
Mcity05:	REDONDO BEACH
Mstate05:	CA
Mzip05:	90278
Mzip405:	3999
Member05:	856
Phone05:	(310) 798-8616
Locale05:	3
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071006028

D59 SRDCCA200742944
ENE Daycare
1-2 mi
5561
Higher

EDR ID:	SRDCCA200742944
Facility number:	191608532
Facility name:	L.A. METROPOLITAN YMCA - TOWERS ELEMENTARY
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	5600 TOWERS STREET
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	5600 TOWERS STREET
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	YMCA OF METROPOLITAN LOS ANGELES
Licensee type:	A
License effective date:	951105
License expiration date:	Not Reported
License issue date:	921105
Program type:	"LICENSE COMMENTS: AMBULATORY ONLY, LICENSEE PREFERS TO SERVE CHILDREN AGES 5 THRU 12. FIRE CLEARANCE APPROVED FOR CAPACITY OF 68 ONLY. "
Original app. received date:	920902
Facility closed date:	Not Reported
Mailing address:	5600 TOWERS STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	KELI WELTON
Facility capacity:	68
Type of clients served:	950
Facility phone:	3103704789

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
D60 ENE 1-2 mi 5561 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	063942006577 TOWERS ELEMENTARY 5600 TOWERS ST. TORRANCE CA 90503 1161 598 (310) 533-4535 2 1 1 KG 05 SRPU20071009099	SRPU20071009099 Public Schools
F61 North 1-2 mi 5635 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	061704002162 HERMOSA VALLEY ELEMENTARY 1645 VALLEY DR. HERMOSA BEACH CA 90254 2921 671 (310) 937-5888 3 1 1 03 08 SRPU20071015261	SRPU20071015261 Public Schools
H62 SE 1-2 mi 5785 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: Partcipation date: Prior COO date: Prior carrier: Provider ID: Record Status:	01 00 Not Reported REDONDO BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported Not Reported BAYSHORES MEDICAL GROUP INC Not Reported Not Reported 19930129 Not Reported Not Reported 05D0642542 A	SRHO20070137078 AHA Hospitals

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:	LAB
street address:	502 TORRANCE BLVD
Phone num:	3103160811
Termination reason:	01
Term Date:	19930601
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137078

H63 SRHO20070149474
SE AHA Hospitals
1-2 mi
5785
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BAY SHORES MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971007
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0934497
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	502 TORRANCE BLVD
Phone num:	3102140811
Termination reason:	00
Term Date:	20071006
Purpose of action:	Not Reported
Provider control:	04

Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149474

F64 SRDCCA200700148
NNW Daycare
1-2 mi
5881
Higher

EDR ID:	SRDCCA200700148
Facility number:	191603822
Facility name:	1736 FAMILY CRISIS CENTER
Facility eval. code:	0207
Facility office number:	34
Facility county number:	19
Facility type code:	730
Facility status code:	03
Address:	1736 MONTEREY BLVD.
City:	HERMOSA BEACH
State:	CA
Zip:	90254
Alt. address:	"2116 ARLINGTON AVE, STE 200 "
City:	LOS ANGELES
State:	CA
Zip:	90018
Facility investor:	1736 FAMILY CRISIS CENTER
Licensee type:	C
License effective date:	931021
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY ONLY, LICENSEE PEFERS TO SERVE CHILDREN AGES 10 THRU 17 YEARS; EMERGENCY SHELTER MAXIMUM STAY FOR CLIENTS NOT TO EXCEED 14 DAYS "
Original app. received date:	790918
Facility closed date:	Not Reported
Mailing address:	1736 MONTEREY BLVD.
Mailing city:	HERMOSA BEACH
Mailing state:	CA
Mailing zip:	90254
Contact person:	"CERRUTI, MANUELA "
Facility capacity:	6
Type of clients served:	950
Facility phone:	3103793620

G65 SRDCCA200717757
NE Daycare
1-2 mi
6013
Higher

EDR ID:	SRDCCA200717757
Facility number:	197409174
Facility name:	FOSTER FAMILY CHILD CARE

Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1914 HAVEMEYER LANE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	1914 HAVEMEYER LANE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	"FOSTER, GLENDA V. "
Licensee type:	A
License effective date:	20827
License expiration date:	Not Reported
License issue date:	020827
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:	020812
Facility closed date:	Not Reported
Mailing address:	1914 HAVEMEYER LANE
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	"FOSTER, GLENDA V. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3107981936

H66 SRHO20070146884
SE AHA Hospitals
1-2 mi
6069
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 CARE PARTNERS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970326
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0926616
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA

ssa state:	05
state region cd:	LAB
street address:	601 TORRANCE BOULEVARD
Phone num:	3103040811
Termination reason:	00
Term Date:	20070325
Purpose of action:	Not Reported
Provider control:	04
Zip:	90278
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146884

H67 SRHO20070010560
SSE AHA Hospitals
1-2 mi
6110
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO 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:	19860722
Medicare/Medicaid:	1
Facility name:	HOME CARE PLUS
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19850109
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	057677
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	412 SO. PACIFIC COAST
Phone num:	2133769474
Termination reason:	01
Term Date:	19880301
Purpose of action:	2
Provider control:	04
Zip:	90277
Fips 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:	SRHO20070010560

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68 ENE 1-2 mi 6177 Higher — SRDCCA200724817 Daycare

EDR ID:	SRDCCA200724817
Facility number:	197411388
Facility name:	LEINEN FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	19405 RONALD AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	19405 RONALD AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"LEINEN, JANET LYNN "
Licensee type:	A
License effective date:	40408
License expiration date:	Not Reported
License issue date:	040408
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:	040304
Facility closed date:	Not Reported
Mailing address:	19405 RONALD AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	"LEINEN, JANET L. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105421715

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69 North 1-2 mi 6429 Higher — SRPU20071015260 Public Schools

Ncessch:	061704002103
Schname05:	HERMOSA VIEW ELEMENTARY
Mstreet05:	1800 PROSPECT AVE.
Mcity05:	HERMOSA BEACH
Mstate05:	CA
Mzip05:	90254
Mzip405:	3350

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Member05:	395	
	Phone05:	(310) 798-1680	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	02	
	Edr id:	SRPU20071015260	

H70			SRPR20051022324
SE	Pss school id:	BB000039	Private Schools
1-2 mi	Pss inst:	SOUTH BAY CHILDREN'S HEALTH CE	
6494	Lograde:	7	
Higher	Higrade:	11	
	Pss address:	410 CAMINO REAL	
	Pss city:	REDONDO BEACH	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90277	
	Pss phone:	3103161212	
	Pss sch days:	210	
	Pss stu day hrs:	6.5	
	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:	1	
	Pss enroll 8:	1	
	Pss enroll 9:	3	
	Pss enroll 10:	2	
	Pss enroll 11:	1	
	Pss enroll 12:	Not Reported	
	Pss enroll t:	8	
	Pss enroll tk12:	8	
	Pss race ai:	0	
	Pss race as:	0	
	Pss race h:	1	
	Pss race b:	2	
	Pss race w:	5	
	Pss fte teach:	3	
	Pss locale:	3	
	Pss coed:	1	
	Pss type:	4	
	Pss level:	2	
	Pss relig:	3	
	Pss comm type:	2	
	Pss indian pct:	0	

Pss asian pct:	0
Pss hisp pct:	12.5
Pss black pct:	25
Pss white pct:	62.5
Pss stdtch rt:	2.67
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	State or regional independent school 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:	SRPR20051022324

I71 SRDCCA200712931
ENE Daycare
1-2 mi
6625
Higher

EDR ID:	SRDCCA200712931
Facility number:	197407693
Facility name:	CASTILLO FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	519 BLOSSOM LANE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	519 BLOSSOM LANE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	"CASTILLO, RHONDA "
Licensee type:	A
License effective date:	712
License expiration date:	Not Reported
License issue date:	000712
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:	000628
Facility closed date:	Not Reported
Mailing address:	519 BLOSSOM LANE
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	"CASTILLO, RHONDA M. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3103741656

J72 SRDCCA200703554
East Daycare
1-2 mi
6684
Higher

EDR ID:	SRDCCA200703554
Facility number:	191613681
Facility name:	"QAZI, N. N. FAMILY DAY CARE "
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5506 WILMA ST.
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	5506 WILMA ST.
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"QAZI, NAJMA N. "
Licensee type:	A
License effective date:	940524
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:	850304
Facility closed date:	Not Reported
Mailing address:	5506 WILMA ST.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	"QAZI, NAJMA N. "
Facility capacity:	6
Type of clients served:	960
Facility phone:	3103700596

K73 SRDCCA200708389
NNE Daycare
1-2 mi
7027
Higher

EDR ID:	SRDCCA200708389
Facility number:	197402582
Facility name:	LUCIO FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1542 WOLLACOTT STREET
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	1542 WOLLACOTT STREET
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	"LUCIO, DOANE AND MARIA "
Licensee type:	A

License effective date: 960614
License expiration date: Not Reported
License issue date: 960614
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: 960524
Facility closed date: Not Reported
Mailing address: 1542 WOLLACOTT STREET
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90278
Contact person: DOANE AND MARIA LUCIO
Facility capacity: 6
Type of clients served: 960
Facility phone: 3103721735

J74 SRDCCA200706610
East Daycare
1-2 mi
7145
Higher

EDR ID: SRDCCA200706610
Facility number: 197400609
Facility name: HAZZARD FAMILY DAY CARE
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 5402 NORTON STREET
City: TORRANCE
State: CA
Zip: 90503
Alt. address: 5402 NORTON STREET
City: TORRANCE
State: CA
Zip: 90503
Facility investor: "HAZZARD, TERESA "
Licensee type: A
License effective date: 940928
License expiration date: Not Reported
License issue date: 940928
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: 940803
Facility closed date: Not Reported
Mailing address: 5402 NORTON STREET
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90503
Contact person: "HAZZARD, TERESA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3105420710

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
75 SE 1-2 mi 7360 Higher			SRDCCA200754465 Daycare
	EDR ID:	SRDCCA200754465	
	Facility number:	197407865	
	Facility name:	PLAYHOUSE PRESCHOOL KINDERGARTEN	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	526 SOUTH IRENA	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90277	
	Alt. address:	526 SOUTH IRENA	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90277	
	Facility investor:	"PERERA, SHIRANI "	
	Licensee type:	A	
	License effective date:	10328	
	License expiration date:	Not Reported	
	License issue date:	010328	
	Program type:	CHILDREN AGES 2 THROUGH 6 YEARS ONLY.	
	Original app. received date:	001019	
	Facility closed date:	Not Reported	
	Mailing address:	526 SOUTH IRENA	
	Mailing city:	REDONDO BEACH	
	Mailing state:	CA	
	Mailing zip:	90277	
	Contact person:	SHIRANI PERERA	
	Facility capacity:	45	
	Type of clients served:	950	
	Facility phone:	3103168449	
I76 ENE 1-2 mi 7370 Higher			SRDCCA200752830 Daycare
	EDR ID:	SRDCCA200752830	
	Facility number:	197410228	
	Facility name:	COAST CHRISTIAN SCHOOLS PRESCHOOL	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	525 EARLE LANE	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90278	
	Alt. address:	525 EARLE LANE	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90278	
	Facility investor:	COAST CHRISTIAN SCHOOLS	
	Licensee type:	C	
	License effective date:	31121	
	License expiration date:	Not Reported	

License issue date: 031121
Program type: COMBINATION CENTER: PRESCHOOL (82) AGES 2 TO 5 YEARS; INFANTS (12) (X197410229) 0 TO 2 YEARS.
Original app. received date: 030409
Facility closed date: Not Reported
Mailing address: 525 EARLE LANE
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90278
Contact person: "CLARKE, SHELLY L. "
Facility capacity: 82
Type of clients served: 950
Facility phone: 3107985181

I77 SRDCCA200741287
ENE Daycare
1-2 mi
7370
Higher

EDR ID: SRDCCA200741287
Facility number: 197410229
Facility name: COAST CHRISTIAN SCHOOLS INFANT CENTER
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 525 EARLE LANE
City: REDONDO BEACH
State: CA
Zip: 90278
Alt. address: 525 EARLE LANE
City: REDONDO BEACH
State: CA
Zip: 90278
Facility investor: COAST CHRISTIAN SCHOOLS
Licensee type: C
License effective date: 31121
License expiration date: Not Reported
License issue date: 031121
Program type: COMBINATION CENTER: INFANTS (24) AGES 0 TO 2 YEARS; PRESCHOOL (82) (X197410228) AGES 2 TO 5 YEARS.
Original app. received date: 030409
Facility closed date: Not Reported
Mailing address: 525 EARLE LANE
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90278
Contact person: "CLARKE, SHELLY L. "
Facility capacity: 24
Type of clients served: 955
Facility phone: 3107985181

I78 SRPR20051024859
ENE Private Schools
1-2 mi
7370
Higher

Pss school id: A0300221
Pss inst: COAST CHRISTIAN SCHOOLS
Lograde: PK
Higrade: 12

Pss address:	525 EARLE LANE
Pss city:	REDONDO BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90278
Pss phone:	3107985181
Pss sch days:	180
Pss stu day hrs:	6.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	65
Pss enroll k:	28
Pss enroll 1:	22
Pss enroll 2:	20
Pss enroll 3:	18
Pss enroll 4:	18
Pss enroll 5:	23
Pss enroll 6:	27
Pss enroll 7:	20
Pss enroll 8:	14
Pss enroll 9:	4
Pss enroll 10:	5
Pss enroll 11:	4
Pss enroll 12:	5
Pss enroll t:	273
Pss enroll tk12:	208
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:	22
Pss locale:	3
Pss coed:	1
Pss type:	3
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:	9.45
Pss orient:	4
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: SRPR20051024859

K79 — SRDCCA200711151
NNE — Daycare
1-2 mi
7378
Higher

EDR ID:	SRDCCA200711151
Facility number:	197407093
Facility name:	BOBBITT FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1622 DIXON AVENUE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	1622 DIXON AVENUE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	"BOBBITT, JENNIFER "
Licensee type:	A
License effective date:	114
License expiration date:	Not Reported
License issue date:	000114
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:	990817
Facility closed date:	Not Reported
Mailing address:	1622 DIXON AVENUE
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	JENNIFFER BOBBITT
Facility capacity:	14
Type of clients served:	960
Facility phone:	3103181582

L80 — SRDCCA200715832
NE — Daycare
1-2 mi
7446
Higher

EDR ID:	SRDCCA200715832
Facility number:	197408564
Facility name:	KOLB FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1907 HARRIMAN LANE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	1907 HARRIMAN LANE
City:	REDONDO BEACH

State: CA
Zip: 90278
Facility investor: "KOLB, SHANNON M. "
Licensee type: A
License effective date: 50927
License expiration date: Not Reported
License issue date: 050927
Program type: INACTIVE STATUS EFFECTIVE 6/26/06 - 6/25/07
Original app. received date: 011207
Facility closed date: Not Reported
Mailing address: 1907 HARRIMAN LANE
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90278
Contact person: "KOLB, SHANNON M. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103791632

M81 SRDCCA200710521
NNE Daycare
1-2 mi
7534
Higher

EDR ID: SRDCCA200710521
Facility number: 197407187
Facility name: PULIDO FAMILY CHILD CARE
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1721 STEINHART AVENUE
City: REDONDO BEACH
State: CA
Zip: 90278
Alt. address: 1721 STEINHART AVENUE
City: REDONDO BEACH
State: CA
Zip: 90278
Facility investor: "PULIDO, GLADYS "
Licensee type: A
License effective date: 991101
License expiration date: Not Reported
License issue date: 991101
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 "QUIRED.
Original app. received date: 990916
Facility closed date: Not Reported
Mailing address: 1721 STEINHART AVENUE
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90278
Contact person: GLADYS PULIDO
Facility capacity: 14
Type of clients served: 960
Facility phone: 3109370848

J82 SRDCCA200704000
East Daycare
1-2 mi
7719
Higher

EDR ID:	SRDCCA200704000
Facility number:	191609286
Facility name:	HOFFMAN FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5326 CARMELYNN STREET
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	5326 CARMELYNN STREET
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"HOFFMAN, TAMARA AND SIMON "
Licensee type:	A
License effective date:	930624
License expiration date:	Not Reported
License issue date:	930624
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN UNDER 10 YEARS WHEN IN THE HOME, NO MORE THAN 4 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD). EFFECTIVE 05-04-94. "
Original app. received date:	930407
Facility closed date:	Not Reported
Mailing address:	5326 CARMELYNN STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	TAMARA AND SIMON HOFFMAN
Facility capacity:	12
Type of clients served:	960
Facility phone:	3103716809

J83 SRDCCA200724813
East Daycare
1-2 mi
7876
Higher

EDR ID:	SRDCCA200724813
Facility number:	197411366
Facility name:	GARCIA FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	20110 ENTRADERO AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	20110 ENTRADERO AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"GARCIA, BARBARA "

Licensee type: A
License effective date: 40323
License expiration date: Not Reported
License issue date: 040323
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: 040225
Facility closed date: Not Reported
Mailing address: 20110 ENTRADERO AVENUE
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90503
Contact person: "GARCIA, BARBARA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3105429776

N84 SRDCCA200746735
North Daycare
1-2 mi
7962
Higher

EDR ID: SRDCCA200746735
Facility number: 191604266
Facility name: COMMUNITY BAPTIST CHILD ENRICHMENT CENTER
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1243 ARTESIA BOULEVARD
City: MANHATTAN BEACH
State: CA
Zip: 90266
Alt. address: 1243 ARTESIA BOULEVARD
City: MANHATTAN BEACH
State: CA
Zip: 90266
Facility investor: COMMUNITY BAPTIST CHUCH OF MANHATTA BEACH
Licensee type: C
License effective date: 951106
License expiration date: Not Reported
License issue date: Not Reported
Program type: "COMBINATION CENTER: PRESCHOOL FOR AMBULATORY CHILDREN (118) AGES 2 THROUGH 5 YEARS OLD. X-197407071 INFANT CENTER, TOTAL (34) AMBULATORY (10) INFANT (BIRTH TO 2 YEARS OLD). TODDLER OPTION "18 MOS.-30 MOS. (24).
Original app. received date: 800911
Facility closed date: Not Reported
Mailing address: 1243 ARTESIA BOULEVARD
Mailing city: MANHATTAN BEACH
Mailing state: CA
Mailing zip: 90266
Contact person: SHIRLEY HIPPLER
Facility capacity: 118
Type of clients served: 950
Facility phone: 3103740583

N85 SRDCCA200741003
North Daycare
1-2 mi
7962
Higher

EDR ID:	SRDCCA200741003
Facility number:	197407071
Facility name:	COMMUNITY BAPTIST CHILD ENRICHMENT CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	1243 ARTESIA BLVD.
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	1243 ARTESIA BLVD.
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Facility investor:	COMMUNITY BAPTIST CHURCH
Licensee type:	C
License effective date:	991119
License expiration date:	Not Reported
License issue date:	991119
Program type:	COMBINATION CENTER: INFANT CENTER AMBULATORY (TOT CAP 34) (10 INFANT BIRTH TO 24 YRS. TODDLER OPTION (24) 18 MOS. TO 30 MOS. 191604266 PRESCHOOL (118) 2-5 YEARS OLD.
Original app. received date:	990808
Facility closed date:	Not Reported
Mailing address:	1243 ARTESIA BLVD.
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	TAMMY SORG
Facility capacity:	34
Type of clients served:	955
Facility phone:	3103740583

N86 SRPR20051024618
North Private Schools
1-2 mi
7962
Higher

Pss school id:	A9100695
Pss inst:	JOURNEY OF FAITH CHRISTIAN SCH
Lograde:	K
Higrade:	5
Pss address:	1243 ARTESIA BLVD
Pss city:	MANHATTAN BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90266
Pss phone:	3103743118
Pss sch days:	181
Pss stu day hrs:	6.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	31

Pss enroll 1:	10
Pss enroll 2:	14
Pss enroll 3:	8
Pss enroll 4:	14
Pss enroll 5:	2
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:	79
Pss enroll tk12:	79
Pss race ai:	0
Pss race as:	15
Pss race h:	5
Pss race b:	5
Pss race w:	54
Pss fte teach:	6.4
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:	18.99
Pss hisp pct:	6.33
Pss black pct:	6.33
Pss white pct:	68.35
Pss stdtch rt:	12.34
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:	SRPR20051024618

K87 SRDCCA200713459
NNE
1-2 mi
7979
Higher
Daycare

EDR ID:	SRDCCA200713459
Facility number:	197407556
Facility name:	CHAVEZ FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1704 CARNEGIE LANE
City:	REDONDO BEACH

State: CA
Zip: 90278
Alt. address: 1704 CARNEGIE LANE
City: REDONDO BEACH
State: CA
Zip: 90278
Facility investor: "CHAVEZ, MARTA L. "
Licensee type: A
License effective date: 1106
License expiration date: Not Reported
License issue date: 001106
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: 000414
Facility closed date: Not Reported
Mailing address: 1704 CARNEGIE LANE
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90278
Contact person: "CHAVEZ, MARTA L. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103723327

O88 SRDCCA200703493
NNW EDR ID: SRDCCA200703493 Daycare
1-2 mi Facility number: 191609701
7979 Facility name: "HACKETT, PATRICIA A. FAMILY DAY CARE "
Higher Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 543 25TH STREET
City: HERMOSA BEACH
State: CA
Zip: 90254
Alt. address: 543 25TH STREET
City: HERMOSA BEACH
State: CA
Zip: 90254
Facility investor: "HACKETT, PATRICIA "
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: 811215
Facility closed date: Not Reported
Mailing address: 543 25TH STREET
Mailing city: HERMOSA BEACH

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Mailing state:	CA
Mailing zip:	90254
Contact person:	"HACKETT, PACTRICIA "
Facility capacity:	6
Type of clients served:	960
Facility phone:	3103762189

P89 — SRDCCA200740112
East — Daycare
1-2 mi
8084
Higher

EDR ID:	SRDCCA200740112
Facility number:	197414124
Facility name:	HUTCHISON FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	19903 HINSDALE AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	19903 HINSDALE AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"HUTCHISON, DANA R. "
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 & 1 CHILD AT LEAST AGE 6. LICENSEE'S & ASSISTANTS CHILDREN "UNDER AGE 10 ARE COUNTED IN CAPACITY.
Original app. received date:	061208
Facility closed date:	Not Reported
Mailing address:	19903 HINSDALE AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	"HUTCHISON, DANA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103718397

O90 — SRDCCA200742139
NNW — Daycare
1-2 mi
8173
Higher

EDR ID:	SRDCCA200742139
Facility number:	191603062
Facility name:	SEASPRITES (INFANT)
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	417 25TH STREET

City: HERMOSA BEACH
State: CA
Zip: 90254
Alt. address: 417 25TH STREET
City: HERMOSA BEACH
State: CA
Zip: 90254
Facility investor: "SEASPRITES, INC. "
Licensee type: D
License effective date: 950702
License expiration date: Not Reported
License issue date: 880628
Program type: "COMBINATION CENTER: INFANTS (46) AGES 0 TO 2 YEARS IN BLDG C, ROOM 4 = 22 CHILDREN, BLDG D = 24 CHILDREN; SCHOOL-AGE (70) (X191603064) AND PRESCHOOL (104) (X191671060). "
Original app. received date: 880627
Facility closed date: Not Reported
Mailing address: 417 25TH STREET
Mailing city: HERMOSA BEACH
Mailing state: CA
Mailing zip: 90254
Contact person: "HOWARD, DOROTHA "
Facility capacity: 46
Type of clients served: 960
Facility phone: 3103182429

O91 SRDCCA200746904
NNW Daycare
1-2 mi
8173
Higher

EDR ID: SRDCCA200746904
Facility number: 191671060
Facility name: SEASPRITES PRESCHOOL
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 417 25TH ST.
City: HERMOSA BEACH
State: CA
Zip: 90254
Alt. address: 417 25TH ST.
City: HERMOSA BEACH
State: CA
Zip: 90254
Facility investor: SEASPRITES INC.
Licensee type: D
License effective date: 950702
License expiration date: Not Reported
License issue date: Not Reported
Program type: "COMBINATION CENTER: PRESCHOOL(104) AGES 2 TO 5 YEARS; INFANTS (46) AGES 0 TO 2 YEARS IN BLDG C, ROOM 4 = 22 CHILDREN;BLDG D = 24CHILDREN;SCHOOL-AGE (70) AGES 6 TO 12 YEARS IN BLDGS A, GREEN, BLUE, RED ROOMS."
Original app. received date: 840210
Facility closed date: Not Reported

Mailing address: 417 25TH ST.
Mailing city: HERMOSA BEACH
Mailing state: CA
Mailing zip: 90254
Contact person: "HOWARD, DOROTHA "
Facility capacity: 104
Type of clients served: 950
Facility phone: 3103182429

O92 SRDCCA200744195
NNW Daycare
1-2 mi
8173
Higher

EDR ID: SRDCCA200744195
Facility number: 191603064
Facility name: SEASPRITES (SCHOOL AGE)
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 417 25TH ST.
City: HERMOSA BEACH
State: CA
Zip: 90254
Alt. address: 417 25TH ST.
City: HERMOSA BEACH
State: CA
Zip: 90254
Facility investor: "SEASPRITES, INC. "
Licensee type: D
License effective date: 950703
License expiration date: Not Reported
License issue date: 880628
Program type: "COMBINATION CENTER: SCHOOL-AGE (70) AGES 6 TO 12 YEARS IN BLDG A, GREEN,BLUE,RED ROOMS; INFANTS (46) (X191603062); PRESCHOOL (104) (X191671060).
"
Original app. received date: 880627
Facility closed date: Not Reported
Mailing address: 417 25TH STREET
Mailing city: HERMOSA BEACH
Mailing state: CA
Mailing zip: 90254
Contact person: "HOWARD, DOROTHA "
Facility capacity: 70
Type of clients served: 950
Facility phone: 3103182429

Q93 SRDCCA200706247
ESE Daycare
1-2 mi
8204
Higher

EDR ID: SRDCCA200706247
Facility number: 191609704
Facility name: RAY FAMILY DAY CARE
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810

Facility status code:	03
Address:	5112 SPENCER
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	5112 SPENCER
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"RAY, DEBORAH AND ROBERT "
Licensee type:	A
License effective date:	931025
License expiration date:	Not Reported
License issue date:	931025
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:	930728
Facility closed date:	Not Reported
Mailing address:	5112 SPENCER
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	DEBORAH AND ROBERT RAY
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105420235

R94 SRPR20051023424
SE Private Schools
1-2 mi
8253
Higher

Pss school id:	00069889
Pss inst:	BISHOP MONTGOMERY HIGH SCHOOL
Lograde:	9
Higrade:	12
Pss address:	5430 TORRANCE BLVD
Pss city:	TORRANCE
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90503
Pss phone:	3105402021
Pss sch days:	Not Reported
Pss stu day hrs:	6.25
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:	312
Pss enroll 10:	314
Pss enroll 11:	293
Pss enroll 12:	264
Pss enroll t:	1183
Pss enroll tk12:	1183
Pss race ai:	3
Pss race as:	164
Pss race h:	334
Pss race b:	227
Pss race w:	455
Pss fte teach:	79.6
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	2
Pss relig:	1
Pss comm type:	1
Pss indian pct:	0.25
Pss asian pct:	13.86
Pss hisp pct:	28.23
Pss black pct:	19.19
Pss white pct:	38.46
Pss stdtch rt:	14.86
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:	SRPR20051023424

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95 SRDCCA200728895
NE Daycare
1-2 mi
8294
Higher

EDR ID:	SRDCCA200728895
Facility number:	197411923
Facility name:	"BETTES, JOYCE & BARNES SARAH FAMILY CHILD CARE "
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1200 RINDGE LANE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	1200 RINDGE LANE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	"BETTES, JOYCE E. & BARNES, SARAH J. "
Licensee type:	A

License effective date: 40916
License expiration date: Not Reported
License issue date: 040916
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: 040909
Facility closed date: Not Reported
Mailing address: 1200RINDGE LANE
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90278
Contact person: "BETTES, J. & BARNES, S. "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3107980058

S96 SRDCCA200746902
SSE Daycare
1-2 mi
8306
Higher

EDR ID: SRDCCA200746902
Facility number: 191671047
Facility name: CARDEN DOMINION SCHOOL
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 320 KNOB HILL
City: REDONDO BEACH
State: CA
Zip: 90277
Alt. address: 320 KNOB HILL
City: REDONDO BEACH
State: CA
Zip: 90277
Facility investor: CARDEN DOMINION SCHOOL INC.
Licensee type: D
License effective date: 930520
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY, AGES 2 THRU 6 YEARS OLD.
"
Original app. received date: 840208
Facility closed date: Not Reported
Mailing address: 320 KNOB HILL
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90277
Contact person: "SCOTT, THERESA "
Facility capacity: 48
Type of clients served: 950
Facility phone: 3103169733

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
S97			SRPR20051023956
SSE	Pss school id:	02009056	Private Schools
1-2 mi	Pss inst:	CARDEN DOMINION ELEMENTARY SCH	
8306	Lograde:	K	
Higher	Higrade:	6	
	Pss address:	320 KNOB HILL AVE	
	Pss city:	REDONDO BEACH	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90277	
	Pss phone:	3103164471	
	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:	17	
	Pss enroll 1:	16	
	Pss enroll 2:	13	
	Pss enroll 3:	7	
	Pss enroll 4:	4	
	Pss enroll 5:	10	
	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:	72	
	Pss enroll tk12:	72	
	Pss race ai:	Not Reported	
	Pss race as:	6	
	Pss race h:	10	
	Pss race b:	2	
	Pss race w:	54	
	Pss fte teach:	5	
	Pss locale:	3	
	Pss coed:	1	
	Pss type:	1	
	Pss level:	1	
	Pss relig:	3	
	Pss comm type:	2	
	Pss indian pct:	Not Reported	
	Pss asian pct:	8.33	
	Pss hisp pct:	13.89	
	Pss black pct:	2.78	
	Pss white pct:	75	
	Pss stdtch rt:	14.4	
	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:	SRPR20051023956

P98 SRDCCA200716684
East Daycare
1-2 mi
8345
Higher

EDR ID:	SRDCCA200716684
Facility number:	197408403
Facility name:	CHAO FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	19501 DONORA AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	19501 DONORA AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"CHAO, MARY "
Licensee type:	A
License effective date:	10911
License expiration date:	Not Reported
License issue date:	010911
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:	010831
Facility closed date:	Not Reported
Mailing address:	19501 DONORA AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	"CHAO, MARY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105423055

L99 SRPU20071006027
NE Public Schools
1-2 mi
8365
Higher

Ncessch:	060003204952
Schname05:	BIRNEY ELEMENTARY
Mstreet05:	1600 GREEN LN.
Mcity05:	REDONDO BEACH
Mstate05:	CA
Mzip05:	90278
Mzip405:	3999
Member05:	317
Phone05:	(310) 798-8626

Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071006027

T100 SRDCCA200700589
ENE Daycare
1-2 mi
8418
Higher

EDR ID:	SRDCCA200700589
Facility number:	191601785
Facility name:	RALSTON HOUSE
Facility eval. code:	0207
Facility office number:	34
Facility county number:	19
Facility type code:	730
Facility status code:	03
Address:	2312 RALSTON AVE.
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	130 W VICTORIA ST
City:	GARDENA
State:	CA
Zip:	90248
Facility investor:	"COUNSELING & RESEARCH ASSOCIATES, INC. "
Licensee type:	A
License effective date:	940307
License expiration date:	Not Reported
License issue date:	940307
Program type:	"EMOTIONALLY DISTURBED BOYS, AGES 13-17 YEARS. "
Original app. received date:	931110
Facility closed date:	Not Reported
Mailing address:	130 W VICTORIA ST
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90248
Contact person:	CHARLES HAPPOLD
Facility capacity:	6
Type of clients served:	950
Facility phone:	3103284813

Q101 SRPU20071009102
East Public Schools
1-2 mi
8439
Higher

Ncessch:	063942006580
Schname05:	WEST HIGH
Mstreet05:	20401 VICTOR ST.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90503
Mzip405:	2255
Member05:	2231
Phone05:	(310) 533-4299
Locale05:	2
Type05:	1

	Level05:	3
	Gslo05:	09
	Gshi05:	12
	Edr id:	SRPU20071009102

M102			SRPU20071005944
NNE	Ncessch:	060002506328	Public Schools
1-2 mi	Schname05:	MIRA COSTA HIGH	
8542	Mstreet05:	701 SOUTH PECK AVE.	
Higher	Mcity05:	MANHATTAN BEACH	
	Mstate05:	CA	
	Mzip05:	90266	
	Mzip405:	7157	
	Member05:	2323	
	Phone05:	(310) 318-7337	
	Locale05:	3	
	Type05:	1	
	Level05:	3	
	Gslo05:	09	
	Gshi05:	12	
	Edr id:	SRPU20071005944	

R103			SRHO20070145874
SE	Hospital type:	01	AHA Hospitals
1-2 mi	Num of times COO:	00	
8672	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	LAUREL J BROWN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950511	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0900937	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	5320 TORRANCE BOULEVARD	
	Phone num:	3105402411	
	Termination reason:	04	
	Term Date:	19970519	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	

Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145874

P104 SRDCCA200725717
East Daycare
1-2 mi
8826
Higher

EDR ID:	SRDCCA200725717
Facility number:	197411147
Facility name:	FICKE FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	19502 FLAVIAN AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	19502 FLAVIAN AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"FICIE, LINDA & HENRY "
Licensee type:	A
License effective date:	40114
License expiration date:	Not Reported
License issue date:	040114
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:	031219
Facility closed date:	Not Reported
Mailing address:	19502 FLAVIAN AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	"FICKE, LINDA & HENRY "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3103712039

U105 SRDCCA200747572
NNE Daycare
1-2 mi
8909
Higher

EDR ID:	SRDCCA200747572
Facility number:	191602063
Facility name:	"MANHATTAN BEACH NURSERY SCHOOL, INC "
Facility eval. code:	5040
Facility office number:	30

Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1520 NELSON AVE
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	1520 NELSON AVE
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Facility investor:	"MANHATTAN BEACH NURSERY SCHOOL, INC "
Licensee type:	C
License effective date:	930515
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY-LICENSEE PREFERS TO SERVE AGES 2 THRU 5 YEARS
Original app. received date:	770822
Facility closed date:	Not Reported
Mailing address:	1520 NELSON AVE
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	TERESA GRETSKY
Facility capacity:	30
Type of clients served:	950
Facility phone:	3103761910

V106 SRHO20070148067
North AHA Hospitals
1-2 mi
8924
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	RUTH C DEMONTEVERDE MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19961118
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0922181
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	500 SO SEPULVEDA BLVD #205
Phone num:	3103181608

Termination reason:	08
Term Date:	19961118
Purpose of action:	Not Reported
Provider control:	04
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148067

W107
ESE
1-2 mi
8929
Higher

SRDCCA200750107
Daycare

EDR ID:	SRDCCA200750107
Facility number:	191607036
Facility name:	TORRANCE NURSERY SCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4915 EMERALD STREET
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	4915 EMERALD STREET
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"TORRANCE NURSERY SCHOOL, INC. "
Licensee type:	C
License effective date:	941101
License expiration date:	Not Reported
License issue date:	911003
Program type:	CHILDREN AGES 2 THRU 5 YEARS. OPERATES FROM 9AM TO 11:45AM.
Original app. received date:	910830
Facility closed date:	Not Reported
Mailing address:	4915 EMERALD STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	"MCDONOUGH, MAURA "
Facility capacity:	24
Type of clients served:	950
Facility phone:	3105427644

X108
NNE
1-2 mi
8935
Higher

SRDCCA200754603
Daycare

EDR ID:	SRDCCA200754603
Facility number:	197407903

Facility name: "BEACH BABIES, LLC "
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1775 ARTESIA BLVD
City: MANHATTAN BEACH
State: CA
Zip: 90266
Alt. address: 1775 ARTESUA BKVD
City: MANHATTAN BEACH
State: CA
Zip: 90266
Facility investor: "TYNER, DENISE ANNE "
Licensee type: A
License effective date: 10326
License expiration date: Not Reported
License issue date: 010326
Program type: LICENSEE IS LICENSED TO CARE FOR 24 TODDLERS AND 72 PRESCHOOLERS TOTAL 96.
Original app. received date: 001107
Facility closed date: Not Reported
Mailing address: 561 35TH STREET
Mailing city: MANHATTAN BEACH
Mailing state: CA
Mailing zip: 90266
Contact person: LAURIE SHIMIZU
Facility capacity: 96
Type of clients served: 950
Facility phone: 3103769533

X109 SRDCCA200741126
NNE EDR ID: SRDCCA200741126 Daycare
1-2 mi Facility number: 197407904
8935 Facility name: "BEACH BABIES, LLC "
Higher Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 1775 ARTESIA BLVD
City: MANHATTAN BEACH
State: CA
Zip: 90266
Alt. address: 1775 ARTESIA BLVD
City: MANHATTAN BEACH
State: CA
Zip: 90266
Facility investor: "TYNER, DENISE ANNE "
Licensee type: A
License effective date: 10326
License expiration date: Not Reported
License issue date: 010326
Program type: FACILITY IS LICENSED FOR 24 INFANTS.

Original app. received date:	001107
Facility closed date:	Not Reported
Mailing address:	561 35TH STREET
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	LAURIE SHIMIZU
Facility capacity:	24
Type of clients served:	955
Facility phone:	3103769533

Y110 SRDCCA200750475
SSE Daycare
1-2 mi
9030
Higher

EDR ID:	SRDCCA200750475
Facility number:	197404997
Facility name:	IMMANUEL LUTHERAN PRESCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	706 KNOB HILL
City:	REDONDO BEACH
State:	CA
Zip:	90277
Alt. address:	706 KNOB HILL
City:	REDONDO BEACH
State:	CA
Zip:	90277
Facility investor:	IMMANUEL LUTHERAN CHURCH
Licensee type:	C
License effective date:	980803
License expiration date:	Not Reported
License issue date:	980803
Program type:	PREFERS TO SERVE CHILDREN AGES 2.5 THROUGH ENTRY INTO FIRST GRADE. CHILDREN IN CARE SHALL NOT BE ENROLLED IN ANY PUBLIC/PRIVATE SCHOOL. THE FACILITY OPERATES MONDAY-FRIDAY 8:30 AM-1:30 PM.
Original app. received date:	980619
Facility closed date:	Not Reported
Mailing address:	706 KNOB HILL
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90277
Contact person:	PAULA SIMPSON
Facility capacity:	48
Type of clients served:	950
Facility phone:	3103166040

T111 SRDCCA200704529
ENE Daycare
1-2 mi
9056
Higher

EDR ID:	SRDCCA200704529
Facility number:	191605952
Facility name:	ZYWOT FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19

Facility type code: 810
Facility status code: 03
Address: 2302 IVES LANE
City: REDONDO BEACH
State: CA
Zip: 90278
Alt. address: 2302 IVES LANE
City: REDONDO BEACH
State: CA
Zip: 90278
Facility investor: "ZYWOT, VIRGINIA & DON "
Licensee type: A
License effective date: 940320
License expiration date: Not Reported
License issue date: 910320
Program type: "MAXIMUM CAPACITY: 12 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: 910213
Facility closed date: Not Reported
Mailing address: 2302 IVES LANE
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90278
Contact person: "ZYWOT, VIRGINIA A. "
Facility capacity: 12
Type of clients served: 960
Facility phone: 2133748543

Q112 SRDCCA200744012
ESE EDR ID: SRDCCA200744012 Daycare
1-2 mi Facility number: 191602086
9069 Facility name: YMCA OF METRO L.A. - VICTOR ELEMENTARY
Higher Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 4820 SPENCER
City: TORRANCE
State: CA
Zip: 90503
Alt. address: 2900 W. SEPULVEDA BLVD
City: TORRANCE
State: CA
Zip: 90505
Facility investor: YMCA OF METROPOLITAN LOS ANGELES
Licensee type: C
License effective date: 940516
License expiration date: Not Reported
License issue date: 880516
Program type: AMBULATORY. LICENSEE PREFERS TO SERVE CHILDREN AGES 5 TO 12 YEARS.
Original app. received date: 871030
Facility closed date: Not Reported

Mailing address:	625 S. NEW HAMPSHIRE AVE
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90005
Contact person:	LISA ANDERSON
Facility capacity:	180
Type of clients served:	950
Facility phone:	3103704133

Q113 SRPU20071009100
ESE Public Schools
1-2 mi
9069
Higher

Ncessch:	063942006578
Schname05:	VICTOR ELEMENTARY
Mstreet05:	4820 SPENCER ST.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90503
Mzip405:	2254
Member05:	1083
Phone05:	(310) 533-4542
Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071009100

Z114 SRDCCA200703092
East Daycare
1-2 mi
9126
Higher

EDR ID:	SRDCCA200703092
Facility number:	197404985
Facility name:	GOOHARI FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	19421 ANZA AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	19421 ANZA AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"GOODHARI, MARYAM "
Licensee type:	A
License effective date:	980810
License expiration date:	Not Reported
License issue date:	980810
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:	980612
Facility closed date:	Not Reported

Mailing address:	19421 ANZA AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	MARYAM GOOHARI
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103717761

AA115 SRDCCA200735538
NE Daycare
1-2 mi
9240
Higher

EDR ID:	SRDCCA200735538
Facility number:	197413450
Facility name:	PERERA FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2011 VANDERBILT LANE #C
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	2011 VANDERBILT LANE #C
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	"PERERA, UDEEKSHA S. "
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:	060321
Facility closed date:	Not Reported
Mailing address:	2011 VANDERBILT LANE #C
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	"PERERA, UDEEKSHA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103741987

AB116 SRDCCA200713342
NE Daycare
1-2 mi
9280
Higher

EDR ID:	SRDCCA200713342
Facility number:	197407570
Facility name:	GARCIA FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03

Address:	2216 GRANT AVE. #A
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	2216 GRANT AVE. #A
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	"GARCIA, MARINA D. "
Licensee type:	A
License effective date:	530
License expiration date:	Not Reported
License issue date:	000530
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:	000426
Facility closed date:	Not Reported
Mailing address:	2216 GRANT AVE. #A
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	"GARCIA, MARINA D. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103767511

P117 SRPU20071009089
East Public Schools
1-2 mi
9327
Higher

Ncessch:	063942006564
Schname05:	BERT M. LYNN MIDDLE
Mstreet05:	5038 HALISON ST.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90503
Mzip405:	1920
Member05:	761
Phone05:	(310) 533-4495
Locale05:	2
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071009089

V118 SRHO20070131783
North AHA Hospitals
1-2 mi
9369
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported

FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GENE L HAWKINS MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930317
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0548851
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	400 SOUTH SEPULVEDA BOULEVARD #260
Phone num:	3103724488
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131783

V119 — SRHO20070010734
North — AHA Hospitals
1-2 mi
9369
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN 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:	20020710
Medicare/Medicaid:	1
Facility name:	PHYSIOTHERAPY MANHATTAN BEACH
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19970529
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	056824
Record Status:	A

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:	L1
street address:	400 S SEPULVEDA BLVD SUITE 200
Phone num:	3103764174
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	06
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070010734

V120 SRHO20070138855
North AHA Hospitals
1-2 mi
9369
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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-MANHATTAN BEACH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930512
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0694863
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	400 SOUTH SEPULVEDA BOULEVARD
Phone num:	3103724300
Termination reason:	08
Term Date:	20010228
Purpose of action:	Not Reported
Provider control:	04

Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138855

V121 SRDCCA200750196
North Daycare
1-2 mi
9419
Higher

EDR ID:	SRDCCA200750196
Facility number:	191607272
Facility name:	O. K. CORRAL CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	739 LONGFELLOW AVE.
City:	HERMOSA BEACH
State:	CA
Zip:	90254
Alt. address:	739 LONGFELLOW AVENUE
City:	HERMOSA BEACH
State:	CA
Zip:	90254
Facility investor:	"BECK, BILL & JULI "
Licensee type:	B
License effective date:	950526
License expiration date:	Not Reported
License issue date:	920526
Program type:	AMBULATORY; CHILDREN AGES 2 THRU 5 YEARS
Original app. received date:	911025
Facility closed date:	Not Reported
Mailing address:	739 LONGFELLOW AVENUE
Mailing city:	HERMOSA BEACH
Mailing state:	CA
Mailing zip:	90254
Contact person:	"BECK, JULI "
Facility capacity:	26
Type of clients served:	950
Facility phone:	3103767088

W122 SRDCCA200747511
ESE Daycare
1-2 mi
9449
Higher

EDR ID:	SRDCCA200747511
Facility number:	191601892
Facility name:	GOOD SHEPHERD PRE-SCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19

Facility type code:	850
Facility status code:	03
Address:	21100 VICTOR ST
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	21100 VICTOR ST
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	LUTHERAN CHURCH OF THE GOOD SHEPHERD
Licensee type:	C
License effective date:	931006
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY, LICENSEE PREFERS AGES 2 YEARS 6 MONTHS TO 6 YEARS. "
Original app. received date:	770822
Facility closed date:	Not Reported
Mailing address:	21100 VICTOR ST.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	WORDEN GLORIA
Facility capacity:	60
Type of clients served:	950
Facility phone:	3105421649

X123 SRHO20070005867
NNE AHA Hospitals
1-2 mi
9452
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO 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:	19870120
Medicare/Medicaid:	1
Facility name:	STAT MOBILE MED INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19820127
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05X0009926
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	1989 ARTESIA BLVD

Phone num:	2138299915
Termination reason:	01
Term Date:	19951130
Purpose of action:	2
Provider control:	03
Zip:	90278
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070005867

Z124			SRDCCA200723058
East	EDR ID:	SRDCCA200723058	Daycare
1-2 mi	Facility number:	197410760	
9547	Facility name:	MACHUCA FAMILY CHILD CARE	
Higher	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	19606 ANZA AVENUE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90503	
	Alt. address:	19606 ANZA AVENUE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90503	
	Facility investor:	"MACHUCA, ISABEL "	
	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 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:	030915	
	Facility closed date:	Not Reported	
	Mailing address:	19606 ANZA AVENUE	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90503	
	Contact person:	"MACHUCA, ISABEL "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3103717968	

Z125 SRDCCA200709216
East Daycare
1-2 mi
9558
Higher

EDR ID:	SRDCCA200709216
Facility number:	197405602
Facility name:	ABRAIRA FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	19614 ANZA AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	19614 ANZA AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"ABRAIRA, SILVIA "
Licensee type:	A
License effective date:	990202
License expiration date:	Not Reported
License issue date:	990202
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:	981205
Facility closed date:	Not Reported
Mailing address:	19614 ANZA AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	SILVIA ABRAIRA
Facility capacity:	8
Type of clients served:	960
Facility phone:	3102148379

AA126 SRPR20051023957
NNE Private Schools
1-2 mi
9570
Higher

Pss school id:	K9300180
Pss inst:	DER KINDER GARDEN PRE SCHOOL
Lograde:	PK
Higrade:	K
Pss address:	2019 ARTESIA BLVD
Pss city:	REDONDO BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90278
Pss phone:	3103727272
Pss sch days:	230
Pss stu day hrs:	6
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	50

Pss enroll k:	5
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:	55
Pss enroll tk12:	5
Pss race ai:	0
Pss race as:	1
Pss race h:	0
Pss race b:	1
Pss race w:	3
Pss fte teach:	2.8
Pss locale:	3
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	20
Pss hisp pct:	0
Pss black pct:	20
Pss white pct:	60
Pss stdtch rt:	1.79
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:	SRPR20051023957

Y127 SRDCCA200755088
SSE Daycare
1-2 mi
9587
Higher

EDR ID:	SRDCCA200755088
Facility number:	197413649
Facility name:	ALTA VISTA CHILD DEVELOPMENT CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	815 KNOB HILL

City:	REDONDO BEACH
State:	CA
Zip:	90277
Alt. address:	815 KNOB HILL
City:	REDONDO BEACH
State:	CA
Zip:	90277
Facility investor:	REDONDO BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	60918
License expiration date:	Not Reported
License issue date:	060918
Program type:	AMBULATORY ONLY; PRESCHOOL CHILDREN AGES 3 THROUGH ENTRY TO FIRST GRADE. WAIVER ATTACHED.
Original app. received date:	060601
Facility closed date:	Not Reported
Mailing address:	1401 INGLEWOOD AVENUE
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	"SPIGLANIN, VIVIAN "
Facility capacity:	120
Type of clients served:	950
Facility phone:	3103166956

Y128 SRPU20071006025
SSE Public Schools
1-2 mi
9587
Higher

Ncessch:	060003204950
Schname05:	ALTA VISTA ELEMENTARY
Mstreet05:	815 KNOB HILL AVE.
Mcity05:	REDONDO BEACH
Mstate05:	CA
Mzip05:	90278
Mzip405:	3999
Member05:	564
Phone05:	(310) 798-8650
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071006025

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129 SRHO20070145769
SSE AHA Hospitals
1-2 mi
9616
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO 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:	20060315
Medicare/Medicaid:	1

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Facility name:	OCEAN MEDICAL FAMILY AND URGENT CARE	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0869299	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1106 S PACIFIC COAST HIGHWAY	
	Phone num:	3103161661	
	Termination reason:	00	
	Term Date:	20080916	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90277	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070145769	
U130			SRPU20071005941
NNE	Ncessch:	060002503575	Public Schools
1-2 mi	Schname05:	MEADOWS AVENUE ELEMENTARY	
9799	Mstreet05:	325 SOUTH PECK AVE.	
Higher	Mcity05:	MANHATTAN BEACH	
	Mstate05:	CA	
	Mzip05:	90266	
	Mzip405:	4059	
	Member05:	470	
	Phone05:	(310) 546-8022	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071005941	
U131			SRPU20071005939
NNE	Ncessch:	060002503570	Public Schools
1-2 mi	Schname05:	AURELIA PENNEKAMP ELEMENTARY	
9799	Mstreet05:	325 SOUTH PECK AVE.	
Higher	Mcity05:	MANHATTAN BEACH	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mstate05:	CA	
	Mzip05:	90266	
	Mzip405:	6962	
	Member05:	564	
	Phone05:	(310) 798-6223	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071005939	
U132			SRPU20071005942
NNE	Ncessch:	060002503576	Public Schools
1-2 mi	Schname05:	PACIFIC ELEMENTARY	
9799	Mstreet05:	325 SOUTH PECK AVE.	
Higher	Mcity05:	MANHATTAN BEACH	
	Mstate05:	CA	
	Mzip05:	90266	
	Mzip405:	6550	
	Member05:	609	
	Phone05:	(310) 546-8044	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071005942	
U133			SRPU20071005945
NNE	Ncessch:	060002507535	Public Schools
1-2 mi	Schname05:	MANHATTAN BEACH MIDDLE	
9799	Mstreet05:	325 SOUTH PECK AVE.	
Higher	Mcity05:	MANHATTAN BEACH	
	Mstate05:	CA	
	Mzip05:	90266	
	Mzip405:	Not Reported	
	Member05:	1228	
	Phone05:	(310) 545-4878	
	Locale05:	3	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071005945	
U134			SRDCCA200747574
NNE	EDR ID:	SRDCCA200747574	Daycare
1-2 mi	Facility number:	191602098	
9833	Facility name:	MONTESSORI SCHOOL OF MANHATTAN BEACH - #1	
Higher	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	

Facility type code:	850
Facility status code:	03
Address:	315 S. PECK
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	315 S. PECK
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Facility investor:	"ERNST, JUDY & JOHN "
Licensee type:	A
License effective date:	950905
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	MAXIMUM CAPACITY - 300 PRESCHOOL CHILDREN AGES 2 YEARS OLD THROUGH ENTRY INTO FIRST GRADE. AMBULATORY CARE.
Original app. received date:	770822
Facility closed date:	Not Reported
Mailing address:	315 S. PECK
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	"MOORE, ERNA "
Facility capacity:	300
Type of clients served:	950
Facility phone:	3103799462

U135 SRPR20051022074
NNE Private Schools
1-2 mi
9833
Higher

Pss school id:	BB020233
Pss inst:	MONTESSORI SCHOOL OF MANHATTAN
Lograde:	PK
Higrade:	1
Pss address:	315 S PECK AVE
Pss city:	MANHATTAN BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90266
Pss phone:	3103799462
Pss sch days:	225
Pss stu day hrs:	6
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	250
Pss enroll k:	26
Pss enroll 1:	26
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:	302
Pss enroll tk12:	52
Pss race ai:	0
Pss race as:	5
Pss race h:	3
Pss race b:	2
Pss race w:	42
Pss fte teach:	4
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:	9.62
Pss hisp pct:	5.77
Pss black pct:	3.85
Pss white pct:	80.77
Pss stdtch rt:	13
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:	SRPR20051022074

AA136 SRPU20071013041
NE Public Schools
1-2 mi
9876
Higher

Ncessch:	062271010850
Schname05:	SOUTHERN CALIFORNIA SCHOOL OF ARTS AND SCIENCES
Mstreet05:	2110 ARTESIA BLVD., STE. B224
Mcity05:	REDONDO BEACH
Mstate05:	CA
Mzip05:	90278
Mzip405:	Not Reported
Member05:	206
Phone05:	(323) 755-5566
Locale05:	3
Type05:	1
Level05:	4
Gslo05:	06
Gshi05:	11
Edr id:	SRPU20071013041

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AA137			SRHO20070130810
NE	Hospital type:	01	AHA Hospitals
1-2 mi	Num of times COO:	00	
9891	Owner date:	Not Reported	
Higher	City:	REDONDO 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:	19980807	
	Medicare/Medicaid:	1	
	Facility name:	SOUTH BAY FAMILY HEALTHCARE CLINIC-REDONDO BEACH	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0548498	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	2114 ARTESIA BOULEVARD	
	Phone num:	3103182521	
	Termination reason:	00	
	Term Date:	20070314	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90278	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070130810	

AA138			SRHO20070109234
NE	Hospital type:	01	AHA Hospitals
1-2 mi	Num of times COO:	00	
9891	Owner date:	Not Reported	
Higher	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 BAY FAMILY HEALTH CARE CENTER
Intermediary/Carrier:	00450
Medicaid number:	Not Reported
Partcipation date:	20040306
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	551960
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	L3
street address:	2114 ARTESIA BLVD
Phone num:	3103182521
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	02
Zip:	90278
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070109234

AA139 SRHO20070131784
NE AHA Hospitals
1-2 mi
9891
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO 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:	19950403
Medicare/Medicaid:	1
Facility name:	SOUTH BAY MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0548871
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2114 ARTESIA BLVD
Phone num:	3103760555
Termination reason:	04
Term Date:	19990115
Purpose of action:	1
Provider control:	04
Zip:	90278
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131784

140			SRPR20051023220
ESE	Pss school id:	00070952	Private Schools
1-2 mi	Pss inst:	ST JAMES ELEMENTARY SCHOOL	
9910	Lograde:	K	
Higher	Higrade:	8	
	Pss address:	4625 GARNET STREET	
	Pss city:	TORRANCE	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90503	
	Pss phone:	3103710416	
	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:	30	
	Pss enroll 1:	33	
	Pss enroll 2:	34	
	Pss enroll 3:	38	
	Pss enroll 4:	38	
	Pss enroll 5:	38	
	Pss enroll 6:	35	
	Pss enroll 7:	29	
	Pss enroll 8:	34	
	Pss enroll 9:	Not Reported	
	Pss enroll 10:	Not Reported	
	Pss enroll 11:	Not Reported	
	Pss enroll 12:	Not Reported	
	Pss enroll t:	309	
	Pss enroll tk12:	309	

Pss race ai:	Not Reported
Pss race as:	43
Pss race h:	66
Pss race b:	9
Pss race w:	191
Pss fte teach:	12
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	1
Pss indian pct:	Not Reported
Pss asian pct:	13.92
Pss hisp pct:	21.36
Pss black pct:	2.91
Pss white pct:	61.81
Pss stdtch rt:	25.75
Pss orient:	1
Pss county name:	LOS ANGELES
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:	SRPR20051023220

AA141 — SRHO20070160528
NE — AHA Hospitals
1-2 mi
9933
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 #6189
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050328
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1038800
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1

street address:	2115 ARTESIA BLVD
Phone num:	3103701513
Termination reason:	00
Term Date:	20070327
Purpose of action:	Not Reported
Provider control:	04
Zip:	90278
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160528

AB142 SRDCCA200704701
NE Daycare
1-2 mi
10228
Higher

EDR ID:	SRDCCA200704701
Facility number:	191606346
Facility name:	WONG FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2315 CARNEGIE LANE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	2315 CARNEGIE LANE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	"WONG, YUET BUN "
Licensee type:	A
License effective date:	940605
License expiration date:	Not Reported
License issue date:	910605
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:	910507
Facility closed date:	Not Reported
Mailing address:	2315 CARNEGIE LANE
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	"WONG, YUET BUN "
Facility capacity:	6
Type of clients served:	960
Facility phone:	3103799600

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
143 North 1-2 mi 10279 Higher			SRDCCA200751715 Daycare
	EDR ID:	SRDCCA200751715	
	Facility number:	197404099	
	Facility name:	LA MARINA PRE-SCHOOL	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	115 SOUTH SEPULVEDA BOULEVARD	
	City:	MANHATTAN BEACH	
	State:	CA	
	Zip:	90266	
	Alt. address:	115 SOUTH SEPULVEDA BOULEVARD	
	City:	MANHATTAN BEACH	
	State:	CA	
	Zip:	90266	
	Facility investor:	ISABEL AND GEORGE CURRIE	
	Licensee type:	A	
	License effective date:	971002	
	License expiration date:	Not Reported	
	License issue date:	971002	
	Program type:	PRE SCHOOL (90) CHILDREN AGES 2 YEARS OLD THROUGH ENTRY INTO FIRST GRADE. AMBULATORY CARE.	
	Original app. received date:	970905	
	Facility closed date:	Not Reported	
	Mailing address:	115 SO. SEPULVEDA BLVD.	
	Mailing city:	MANHATTAN BEACH	
	Mailing state:	CA	
	Mailing zip:	90266	
	Contact person:	KATRINA WILLIAMS	
	Facility capacity:	90	
	Type of clients served:	950	
	Facility phone:	3103722974	

144 NNW 1-2 mi 10452 Higher			SRPU20071005943 Public Schools
	Ncessch:	060002505922	
	Schname05:	OPAL ROBINSON ELEMENTARY	
	Mstreet05:	80 MORNINGSIDE DR.	
	Mcity05:	MANHATTAN BEACH	
	Mstate05:	CA	
	Mzip05:	90266	
	Mzip405:	4059	
	Member05:	375	
	Phone05:	(310) 318-5120	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071005943	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AC145 SE 1-2 mi 10473 Higher			SRDCCA200742945 Daycare
	EDR ID:	SRDCCA200742945	
	Facility number:	191608526	
	Facility name:	L.A. METROPOLITAN YMCA - ANZA ELEMENTARY	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	840	
	Facility status code:	03	
	Address:	21400 ELLINWOOD DR	
	City:	TORRANCE	
	State:	CA	
	Zip:	90503	
	Alt. address:	21400 ELLINWOOD DR	
	City:	TORRANCE	
	State:	CA	
	Zip:	90503	
	Facility investor:	YMCA OF METROPOLITAN LOS ANGELES	
	Licensee type:	A	
	License effective date:	951105	
	License expiration date:	Not Reported	
	License issue date:	921105	
	Program type:	"AMBULATORY ONLY, LICENSEE PREFERS TO SERVE CHILDREN AGES 5 THRU 12. "	
	Original app. received date:	920902	
	Facility closed date:	Not Reported	
	Mailing address:	21400 ELLINWOOD DR	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90503	
	Contact person:	GINA CROOKS	
	Facility capacity:	80	
	Type of clients served:	950	
	Facility phone:	3103168072	

AC146 SE 1-2 mi 10473 Higher			SRPU20071009078 Public Schools
	Ncessch:	063942006550	
	Schname05:	ANZA ELEMENTARY	
	Mstreet05:	21400 ELLINWOOD DR.	
	Mcity05:	TORRANCE	
	Mstate05:	CA	
	Mzip05:	90503	
	Mzip405:	5410	
	Member05:	573	
	Phone05:	(310) 533-4550	
	Locale05:	2	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071009078	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

AD147 — SRDCCA200742412
East — Daycare
1-2 mi
10477
Higher

EDR ID:	SRDCCA200742412
Facility number:	191602932
Facility name:	DISCOVERYLAND INFANT CARE OF SOUTH BAY JR. ACADEMY
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	4400 DEL AMO BLVD.
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	4400 DEL AMO BLVD.
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	SO. CAL. ASSOC. OF S. D. A.
Licensee type:	C
License effective date:	930701
License expiration date:	Not Reported
License issue date:	881108
Program type:	LICENSEE PREFERS TO SERVE INFANTS AGES O TO 2 YEARS OF AGE.
Original app. received date:	880719
Facility closed date:	Not Reported
Mailing address:	P. O. BOX 969
Mailing city:	GLENDALE
Mailing state:	CA
Mailing zip:	91209
Contact person:	ELEANORE DINWIDDIE
Facility capacity:	18
Type of clients served:	960
Facility phone:	3103717274

AD148 — SRDCCA200747688
East — Daycare
1-2 mi
10477
Higher

EDR ID:	SRDCCA200747688
Facility number:	191600276
Facility name:	DISCOVERYLAND PRESCHOOL OF SOUTH BAY JR. ACADEMY
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4400 DEL AMO BLVD.
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	4400 DEL AMO BLVD.
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	SOUTHERN CALIF. ASSN. OF S. D. A.
Licensee type:	C
License effective date:	922
License expiration date:	Not Reported

License issue date: 000922
Program type: COMBO CENTER: CHILD CARE (78); AGES 2 THROUGH 5 YEARS OF AGE. INFANT CARE 18; AGES 0-2 YEARS X-191602932.
Original app. received date: 860321
Facility closed date: Not Reported
Mailing address: P.O. BOX 969
Mailing city: GLENDALE
Mailing state: CA
Mailing zip: 91209
Contact person: ELEANORE DINWIDDIE
Facility capacity: 78
Type of clients served: 950
Facility phone: 3103714503

AD149 SRPR20051022327
East Private Schools
1-2 mi
10477
Higher

Pss school id: 00096143
Pss inst: SOUTH BAY JUNIOR ACADEMY
Lograde: K
Higrade: 10
Pss address: 4400 DEL AMO BOULEVARD
Pss city: TORRANCE
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90503
Pss phone: 3103706215
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: 25
Pss enroll 1: 21
Pss enroll 2: 19
Pss enroll 3: 24
Pss enroll 4: 21
Pss enroll 5: 26
Pss enroll 6: 18
Pss enroll 7: 19
Pss enroll 8: 23
Pss enroll 9: 8
Pss enroll 10: 5
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 209
Pss enroll tk12: 209
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: 10
Pss locale: 2
Pss coed: 1

Pss type:	1
Pss level:	3
Pss relig:	2
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:	20.9
Pss orient:	27
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:	SRPR20051022327

AE150
SE
1-2 mi
10505
Higher

SRDCCA200747635
Daycare

EDR ID:	SRDCCA200747635
Facility number:	191602309
Facility name:	TUVIA PRESCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1101 CAMINO REAL
City:	REDONDO BEACH
State:	CA
Zip:	90277
Alt. address:	1101 CAMINO REAL
City:	REDONDO BEACH
State:	CA
Zip:	90277
Facility investor:	TUVIA PRESCHOOL OF TEMPLE MENORAH
Licensee type:	C
License effective date:	940922
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	LICENSEE PREFERS AGES 2 YEARS THRU 5 YEARS
Original app. received date:	770822
Facility closed date:	Not Reported
Mailing address:	1101 CAMINO REAL
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90277
Contact person:	RANDI SHER
Facility capacity:	83
Type of clients served:	950
Facility phone:	3103168997

AE151 SRPR20051023820
SE Private Schools
1-2 mi
10505
Higher

Pss school id:	A9101443
Pss inst:	MENORAH COMMUNITY DAY SCHOOL
Lograde:	PK
Higrade:	K
Pss address:	1101 CAMINO REAL
Pss city:	REDONDO BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90277
Pss phone:	3103162829
Pss sch days:	190
Pss stu day hrs:	6.25
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	72
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:	81
Pss enroll tk12:	9
Pss race ai:	0
Pss race as:	0
Pss race h:	0
Pss race b:	3
Pss race w:	6
Pss fte teach:	2.9
Pss locale:	3
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	2
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:	3.1
Pss orient:	17
Pss county name:	LOS ANGELES
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:	SRPR20051023820

AC152 SRDCCA200708327
SE Daycare
1-2 mi
10556
Higher

EDR ID:	SRDCCA200708327
Facility number:	197402692
Facility name:	ULLFIG FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5016 RUBY STREET
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	5016 RUBY STREET
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"ULLFIG, MARTHA AND DANIEL "
Licensee type:	A
License effective date:	960910
License expiration date:	Not Reported
License issue date:	960910
Program type:	FACILITY IS ON INACTIVE STATUS EFFECTIVE 5-14-07. FACILITY SHALL REMAIN ON INACTIVE STATUS UNTIL 5-15-08. EFFECTIVE 5-30-08 THE LICENSEE SHALL MAKE A DECISION TO CLOSE THE FACILITY OR THE DEPT.SHALL CONDUCT A HOME INSPECTION.
Original app. received date:	960702
Facility closed date:	Not Reported
Mailing address:	5016 RUBY STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	MARTHA AND DANIEL ULLFIG
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105404221

AF153 SRDCCA200747447
ENE Daycare
2-4 mi
10653
Higher

EDR ID:	SRDCCA200747447
Facility number:	191601546
Facility name:	ADAMS CHILD DEVELOPMENT CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2600 RIPLEY AVENUE

City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	2600 RIPLEY AVENUE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	REDONDO BEACH CITY SCHOOL DISTRICT
Licensee type:	F
License effective date:	930921
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY ONLY, LICENSEE PREFERS TO SERVE CHILDREN AGES 2 THRU 4.9 YEARS. ROOM #2 "
Original app. received date:	870604
Facility closed date:	Not Reported
Mailing address:	1401 INGLEWOOD AVENUE
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	BRENDA HERRERA
Facility capacity:	24
Type of clients served:	950
Facility phone:	3103799511

AF154 SRPU20071006024
ENE Public Schools
2-4 mi
10653
Higher

Ncessch:	060003204949
Schname05:	ADAMS MIDDLE
Mstreet05:	2600 RIPLEY AVE.
Mcity05:	REDONDO BEACH
Mstate05:	CA
Mzip05:	90278
Mzip405:	4555
Member05:	809
Phone05:	(310) 798-8636
Locale05:	3
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071006024

AG155 SRHO20070158407
ESE AHA Hospitals
2-4 mi
10672
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 #9568
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050110
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1035744
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4625 TORRENCE BLVD
Phone num:	3103707919
Termination reason:	08
Term Date:	20050712
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158407

156
ENE
2-4 mi
10685
Higher

SRDCCA200756318
Daycare

EDR ID:	SRDCCA200756318
Facility number:	197411827
Facility name:	BEACH CITIES CHILD DEVELOPMENT CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	850 INGLEWOOD AVENUE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	20323 DONORA AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"HAJI, ZOHRA "
Licensee type:	A
License effective date:	40812
License expiration date:	Not Reported
License issue date:	040812

Program type: AMBULATORY ONLY: PRESCHOOL AGE CHILDREN WITH TODDLER OPTION. (72) PRESCHOOL CHILDREN AGES 2 YEARS - KINDERGARTEN; (60) TODDLER OPTION CHILDREN AGES 18 - 30 MONTHS.
Original app. received date: 040720
Facility closed date: Not Reported
Mailing address: 20323 DONORA AVENUE
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90503
Contact person: JANET ROBBINS
Facility capacity: 132
Type of clients served: 950
Facility phone: 3103704966

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157 SRDCCA200713286
SSE Daycare
2-4 mi
10728
Higher

EDR ID: SRDCCA200713286
Facility number: 197407536
Facility name: LA BOUFF FAMILY CHILD CARE
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1235 S. HELBERTA AVENUE
City: REDONDO BEACH
State: CA
Zip: 90277
Alt. address: 1235 S. HELBERTA AVENUE
City: REDONDO BEACH
State: CA
Zip: 90277
Facility investor: ELIZABETH AND THOMAS LA BOUFF
Licensee type: A
License effective date: 619
License expiration date: Not Reported
License issue date: 000619
Program type: MAXIMUM CAPACITY (WHEN THERE IS AN ASSISTANT PRESENT)12 CHILDREN NO MORE THAN 4 INFANTS. CAPACITY 14 - NO MORE THAN 3 INFANTS & 1 CHILD ENROLLED IN KINDERGARTEN OR ELEMENTARY SCHOOL & 1 CHILD AT LEASTAGE 6.
Original app. received date: 000407
Facility closed date: Not Reported
Mailing address: 1235 S. HELBERTA AVENUE
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90277
Contact person: ELIZABETH LA BOUFF
Facility capacity: 14
Type of clients served: 960
Facility phone: 3105400286

AH158 SRDCCA200754647
NE Daycare
2-4 mi
10793
Higher

EDR ID: SRDCCA200754647
Facility number: 197407800
Facility name: SAND TOTS PARENT PARTICIPATION NURSERY SCHOOL

Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2224 MATHEWS AVENUE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	P.O. BOX 1599
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	"ROJAS,SANDRA & BEHREN,KATHLEEN & ERICKSON, MICHELL"
Licensee type:	C
License effective date:	926
License expiration date:	Not Reported
License issue date:	000926
Program type:	PRE-SCHOOL CHILDREN AGES 2 - 5 YEARS OLD MAXIMUM CAPACITY(65).
Original app. received date:	000907
Facility closed date:	Not Reported
Mailing address:	719 W. OAK AVE.
Mailing city:	EL SEGUNDO
Mailing state:	CA
Mailing zip:	90245
Contact person:	"ROJAS, SANDRA "
Facility capacity:	65
Type of clients served:	950
Facility phone:	3103704300

159
NNE
2-4 mi
11056
Higher

SRDCCA200703639
Daycare

EDR ID:	SRDCCA200703639
Facility number:	191614259
Facility name:	"CROSSLEY, D. J. FAMILY DAY CARE "
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1764 1ST ST.
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	1764 1ST ST.
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Facility investor:	"CROSSLEY, DONNA J. "
Licensee type:	A
License effective date:	941002
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:	850819
Facility closed date:	Not Reported
Mailing address:	1764 1ST ST.
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	"CROSSLEY, DONNA J. "
Facility capacity:	6
Type of clients served:	960
Facility phone:	3103795326

AH160 SRDCCA200754407
NE Daycare
2-4 mi
11086
Higher

EDR ID:	SRDCCA200754407
Facility number:	197407844
Facility name:	"GROWING GARDEN PRESCHOOL, THE "
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2108 VAIL STREET
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	2108 VAIL STREET
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	BEACH CITES CHABAD
Licensee type:	C
License effective date:	10207
License expiration date:	Not Reported
License issue date:	010207
Program type:	MAXIMUM CAPACITY: 81 CHILDREN AGES 2 YEARS OLD THROUGH ENTRY INTO FIRST GRADE. AMBULATORY CARE. THE FACILITY OPERATES FROM 8:00-5:30 THE PROGRAM OPERATES FROM 9:00-12:30.
Original app. received date:	001006
Facility closed date:	Not Reported
Mailing address:	2108 VAIL STREET
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	"MINTZ, SARA "
Facility capacity:	81
Type of clients served:	950
Facility phone:	3102144999

AG161 SRHO20070010827
ESE AHA Hospitals
2-4 mi
11107
Higher

Hospital type:	03
Num of times COO:	05
Owner date:	20051101
City:	TORRANCE
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:	20060118
Medicare/Medicaid:	1
Facility name:	LITTLE COMPANY OF MARY TRANSITIONAL CARE CENTER
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	19800208
Prior COO date:	19861223
Prior carrier:	00040
Provider ID:	056499
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	4320 MARICOPA STREET
Phone num:	3105435900
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0197
Num cert beds:	0197
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070010827

AG162 SRHO20070006721
ESE AHA Hospitals
2-4 mi
11107
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19831019
Medicare/Medicaid:	1
Facility name:	MIRA COSTA CONVALESCENT HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	06102H
Partcipation date:	19800208
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Provider ID:	05E409
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	4320 MARICOPA ST
Phone num:	2135725555
Termination reason:	07
Term Date:	19850201
Purpose of action:	2
Provider control:	03
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0124
Num cert beds:	0124
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070006721

AG163
ESE
2-4 mi
11107
Higher

SRNH20060901279
Nursing Homes

Provnum:	056499
Nursinghomename:	LITTLE COMPANY OF MARY TRANSITIONAL CARE CENTER
Street:	4320 MARICOPA STREET
City:	TORRANCE
State:	CA
Zipcode:	90503
Phonenumber:	3105435900
Dateoflastinspection:	20060118
Certifiednumberofbeds:	197
Totalnumberofresidents:	83
Percofoccupiedbeds:	42
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	Non profit - Church related
Locatedwithinahospital:	YES
Multinursinghomeownership:	YES
Residentandfamilycouncils:	NONE
Edr id:	SRNH20060901279

AH164
NE
2-4 mi
11137
Higher

SRDCCA200714933
Daycare

EDR ID:	SRDCCA200714933
Facility number:	197407983
Facility name:	SCHIMMEL FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03

Address:	2008 MACKAY LANE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	2008 MACKAY LANE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	"SCHIMMEL, TRUUS "
Licensee type:	A
License effective date:	10112
License expiration date:	Not Reported
License issue date:	010112
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:	001226
Facility closed date:	Not Reported
Mailing address:	2008 MACKAY LANE
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	"SCHIMMEL, TRUUS "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105420103

AF165 SRPU20071006023
ENE Public Schools
2-4 mi
11279
Higher

Ncessch:	060003202227
Schname05:	REDONDO SHORES HIGH (CONTINUATION)
Mstreet05:	1401 INGLEWOOD AVE.
Mcity05:	REDONDO BEACH
Mstate05:	CA
Mzip05:	90278
Mzip405:	3912
Member05:	257
Phone05:	(310) 798-8690
Locale05:	3
Type05:	4
Level05:	3
Gslo05:	11
Gshi05:	12
Edr id:	SRPU20071006023

AF166 SRPU20071006033
ENE Public Schools
2-4 mi
11279
Higher

Ncessch:	060003204961
Schname05:	WASHINGTON ELEMENTARY
Mstreet05:	1401 INGLEWOOD AVE.
Mcity05:	REDONDO BEACH
Mstate05:	CA
Mzip05:	90278
Mzip405:	4557
Member05:	541
Phone05:	(310) 798-8641

Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071006033

AI167 SRDCCA200747075
ESE Daycare
2-4 mi
11384
Higher

EDR ID:	SRDCCA200747075
Facility number:	191604614
Facility name:	"SALVATION ARMY CHILD CARE CENTER, THE "
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4223 EMERALD AVE.
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	4223 EMERALD AVE.
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"SALVATION ARMY, THE "
Licensee type:	C
License effective date:	940809
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY, LICENSEE PREFERS TO SERVE CHILDREN AGES 2 YEARS TO 6 YEARS. "
Original app. received date:	810327
Facility closed date:	Not Reported
Mailing address:	900 WEST 9TH ST.
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90015
Contact person:	GUYLA DEVILBISS
Facility capacity:	60
Type of clients served:	950
Facility phone:	3103704515

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168 SRHO20070156226
North AHA Hospitals
2-4 mi
11473
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN BEACH
Has plan of corr:	Not 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 ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicare/Medicaid:	Not Reported
Facility name:	PECK HOUSE/FREDERICK HOSKINS INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020910
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1003768
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	514 NORTH PECK AVE
Phone num:	3103798297
Termination reason:	08
Term Date:	20060909
Purpose of action:	Not Reported
Provider control:	04
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156226

AI169 SRHO20070144330
ESE AHA Hospitals
2-4 mi
11499
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	EARLWOOD CARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940414
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0885000
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	20820 EARL STREET
Phone num:	3103711228
Termination reason:	00
Term Date:	20080413
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144330

AI170			SRHO20070009290
ESE	Hospital type:	03	AHA Hospitals
2-4 mi	Num of times COO:	02	
11499	Owner date:	20030815	
Higher	City:	TORRANCE	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	20040813	
	Current survey date:	20060621	
	Medicare/Medicaid:	1	
	Facility name:	THE EARLWOOD	
	Intermediary/Carrier:	00454	
	Medicaid number:	ZZT05032G	
	Partcipation date:	19670101	
	Prior COO date:	19831228	
	Prior carrier:	00040	
	Provider ID:	055032	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	20820 EARL STREET	
	Phone num:	3103711228	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90503	
	Fips state:	06	

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:	0087	
	Num cert beds:	0087	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070009290	
AI171			SRNH20060900697
ESE	Provnum:	055032	Nursing Homes
2-4 mi	Nursinghomename:	THE EARLWOOD	
11499	Street:	20820 EARL STREET	
Higher	City:	TORRANCE	
	State:	CA	
	Zipcode:	90503	
	Phonenumber:	3103711228	
	Dateoflastinspection:	20050428	
	Certifiednumberofbeds:	87	
	Totalnumberofresidents:	83	
	Percofoccupiedbeds:	95	
	Categorydescription:	Participating in Medicare and Medicaid	
	Typeofownership:	For profit - Corporation	
	Locatedwithinahospital:	NO	
	Multinursinghomeownership:	YES	
	Residentandfamilycouncils:	RESIDENT	
	Edr id:	SRNH20060900697	
AG172			SRHO20070011861
ESE	Hospital type:	03	AHA Hospitals
2-4 mi	Num of times COO:	04	
11512	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20060920	
	Medicare/Medicaid:	1	
	Facility name:	TORRANCE CARE CENTER WEST	
	Intermediary/Carrier:	52280	
	Medicaid number:	ZZT0525H	
	Partcipation date:	19730101	
	Prior COO date:	20001101	
	Prior carrier:	00363	
	Provider ID:	055952	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	state region cd:	L1	
	street address:	4333 TORRANCE BLVD	
	Phone num:	3103704561	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0096	
	Num cert beds:	0096	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070011861	
AG173			SRHO20070149640
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11512	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 TORRANCE CARE CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19970812	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0932111	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4333 TORRANCE BLVD	
	Phone num:	3103704561	
	Termination reason:	00	
	Term Date:	20070811	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	

SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149640

AG174 SRNH20060900844
ESE Nursing Homes
2-4 mi
11512
Higher

Provnum:	055952
Nursinghomename:	TORRANCE CARE CENTER WEST
Street:	4333 TORRANCE BLVD
City:	TORRANCE
State:	CA
Zipcode:	90503
Phonenumber:	3103704561
Dateoflastinspection:	20050728
Certifiednumberofbeds:	96
Totalnumberofresidents:	92
Percofoccupiedbeds:	96
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	BOTH
Edr id:	SRNH20060900844

AG175 SRHO20070131644
ESE AHA Hospitals
2-4 mi
11569
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TORRANCE CARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550789
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4315 TORRANCE BLVD

Phone num:	3103705611
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131644

AG176 SRHO20070007143
ESE AHA Hospitals
2-4 mi
11569
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19830729
Medicare/Medicaid:	1
Facility name:	TORRANCE CONVALESCENT HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19741201
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05E218
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	4315 TORRANCE BLVD
Phone num:	2133705611
Termination reason:	07
Term Date:	19850201
Purpose of action:	2
Provider control:	03
Zip:	90503
Fips state:	06
Fips cnty:	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:	SRHO20070007143

AG177 — SRHO20070010598
ESE — AHA Hospitals
2-4 mi
11569
Higher

Hospital type:	03
Num of times COO:	04
Owner date:	Not Reported
City:	TORRANCE
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:	20051227
Medicare/Medicaid:	1
Facility name:	TORRANCE CARE CENTER EAST
Intermediary/Carrier:	52280
Medicaid number:	LTC06352G
Partcipation date:	19730522
Prior COO date:	20001101
Prior carrier:	00363
Provider ID:	056352
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	4315 TORRANCE BLVD
Phone num:	3103705611
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	90503
Fips state:	06
Fips cnty:	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:	SRHO20070010598

AG178 — SRNH20060901062
ESE — Nursing Homes
2-4 mi
11569
Higher

Provnum:	056352
Nursinghomename:	TORRANCE CARE CENTER EAST

Street:	4315 TORRANCE BLVD
City:	TORRANCE
State:	CA
Zipcode:	90503
Phonenumber:	3103705611
Dateoflastinspection:	20051221
Certifiednumberofbeds:	99
Totalnumberofresidents:	72
Percofoccupiedbeds:	73
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	BOTH
Edr id:	SRNH20060901062

AD179 SRDCCA200711229
East Daycare
2-4 mi
11601
Higher

EDR ID:	SRDCCA200711229
Facility number:	197407208
Facility name:	NOEL FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	20122 GREVILLEA AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	20122 GREVILLEA AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"NOEL, ROSALEA "
Licensee type:	A
License effective date:	991022
License expiration date:	Not Reported
License issue date:	991022
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:	990927
Facility closed date:	Not Reported
Mailing address:	20122 GREVILLEA AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	"NOEL, ROSALEA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105425317

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AG180 ESE 2-4 mi 11603 Higher			SRHO20070139344 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	JOHN P VOGEL MD	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0686016	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4305 TORRANCE BLVD 400	
	Phone num:	3103702567	
	Termination reason:	08	
	Term Date:	19970615	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070139344	

AG181 ESE 2-4 mi 11603 Higher			SRHO20070132037 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	SANG HOON LEE MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930323
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550578
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4305 TORRANCE BLVD,SUITE 201
Phone num:	3103704600
Termination reason:	01
Term Date:	20060101
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132037

AG182 SRHO20070132051
ESE AHA Hospitals
2-4 mi
11603
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 R BROWN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930513
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550590
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4305 TORRANCE BL 100
Phone num:	3103705694
Termination reason:	12
Term Date:	20000801
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132051

AG183 SRHO20070131357
ESE AHA Hospitals
2-4 mi
11603
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HAYDEE T ARBOLEDA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921223
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550623
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4305 TORRANCE BLVD SUITE 100
Phone num:	3105426969
Termination reason:	01
Term Date:	19991202
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06

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:	SRHO20070131357	
AG184			SRHO20070154852
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11603	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	HAYDEE ARBOLEDA MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20010524	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0986958	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4305 TORRANCE BLVD #200	
	Phone num:	3104266969	
	Termination reason:	00	
	Term Date:	20070523	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070154852	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AG185 ESE 2-4 mi 11603 Higher			SRHO20070153244 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 HOUSECALLS MEDICAL ASSOCIATE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990903	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0964808	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4305 TORRANCE BLVD STE 209	
	Phone num:	3103254450	
	Termination reason:	12	
	Term Date:	20010517	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070153244	

AG186 ESE 2-4 mi 11603 Higher			SRHO20070140075 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	JOYCE A GRINKER MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940226
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0726233
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4305 TORRANCE BOULEVARD, SUITE 208
Phone num:	3105423151
Termination reason:	08
Term Date:	20050809
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140075

AG187 SRHO20070139783
ESE AHA Hospitals
2-4 mi
11603
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MOYEEN KHALEELI MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921229
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0718013
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4305 TORRANCE BLVD STE 306
Phone num:	3103712110
Termination reason:	08
Term Date:	20011222
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139783

AG188 SRHO20070154526
ESE AHA Hospitals
2-4 mi
11603
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20000725
Medicare/Medicaid:	1
Facility name:	E-SAT LABORATORY INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19980428
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0945285
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4305 TORRANCE BOULEVARD SUITE 100
Phone num:	3105420316
Termination reason:	08
Term Date:	20000527
Purpose of action:	2
Provider control:	04
Zip:	90503
Fips state:	06

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:	SRHO20070154526	

AG189			SRHO20070160196
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11603	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	EMAD KHALEELI MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20030613	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1013667	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4305 TORRANCE BLVD, SUITE 305	
	Phone num:	3107934327	
	Termination reason:	00	
	Term Date:	20070612	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070160196	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AG190 ESE 2-4 mi 11603 Higher			SRHO20070145694 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	URGENT CARE PHYSICIAN MEDICAL GRP INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19941027	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0893733	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4305 TORRANCE BOULEVARD	
	Phone num:	3103704558	
	Termination reason:	08	
	Term Date:	20001028	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070145694	

AG191 ESE 2-4 mi 11603 Higher			SRHO20070151692 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	20050405	

Medicare/Medicaid:	1
Facility name:	LOS ANGELES DIAGNOSTIC LABORATORIES INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990222
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0957494
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4305 TORRANCE BOULEVARD SUITE #104
Phone num:	3109212022
Termination reason:	05
Term Date:	20051201
Purpose of action:	2
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151692

AG192 SRHO20070140556
ESE AHA Hospitals
2-4 mi
11603
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20010815
Medicare/Medicaid:	1
Facility name:	BIO-CLINICAL LABORATORIES
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0708975
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4305 TORRANCE BOULEVARD, SUITE #104
Phone num:	3109213936
Termination reason:	99
Term Date:	20020124
Purpose of action:	2
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140556

AH193			SRDCCA200747708
NE	EDR ID:	SRDCCA200747708	Daycare
2-4 mi	Facility number:	191604114	
11605	Facility name:	SUNFLOWER PRESCHOOL	
Higher	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	2400 NELSON AVENUE	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90278	
	Alt. address:	2400 NELSON AVENUE	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90278	
	Facility investor:	"LOCHHEAD, GEORGE & CAROLYN "	
	Licensee type:	A	
	License effective date:	941029	
	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. "	
	Original app. received date:	800502	
	Facility closed date:	Not Reported	
	Mailing address:	125 PASEO DE LAS DELICIAS	
	Mailing city:	REDONDO BEACH	
	Mailing state:	CA	
	Mailing zip:	90277	
	Contact person:	JULIE TAKATA STAFFORD	
	Facility capacity:	53	

Type of clients served:	950
Facility phone:	3103713731

AH194 — SRPU20071006031
NE — Public Schools
2-4 mi
11608
Higher

Ncessch:	060003204958
Schname05:	MADISON ELEMENTARY
Mstreet05:	2200 MACKAY LN.
Mcity05:	REDONDO BEACH
Mstate05:	CA
Mzip05:	90278
Mzip405:	3999
Member05:	422
Phone05:	(310) 798-8623
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071006031

AI195 — SRHO20070131085
ESE — AHA Hospitals
2-4 mi
11615
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19950914
Medicare/Medicaid:	1
Facility name:	SOUTH BAY UROLOGY MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553069
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	20911 EARL STREET SUITE 240
Phone num:	3105420199
Termination reason:	00
Term Date:	20070913
Purpose of action:	1
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037

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:	SRHO20070131085	

AI196			SRHO20070131356
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11615	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SYLVIA MANSOUR MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950628	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0550611	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	20911 EARL ST STE 100	
	Phone num:	3102142213	
	Termination reason:	00	
	Term Date:	20080919	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131356	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI197 ESE 2-4 mi 11615 Higher			SRHO20070137694 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SUNNY MELENDEZ MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930511	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0678692	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	20911 EARL ST #220	
	Phone num:	3105427733	
	Termination reason:	00	
	Term Date:	20090121	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070137694	

AI198 ESE 2-4 mi 11615 Higher			SRHO20070132036 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	19970929	

Medicare/Medicaid:	1
Facility name:	BEVERLY M GATES MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550577
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	20911 EARL ST #100
Phone num:	3102142246
Termination reason:	00
Term Date:	20081023
Purpose of action:	2
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132036

AI199 SRHO20070008907
ESE AHA Hospitals
2-4 mi
11615
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	19970101
City:	TORRANCE
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:	20041103
Medicare/Medicaid:	1
Facility name:	BEACH CITIES DIALYSIS/TORRANCE
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19901102
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	052701
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	20911 EARL ST #160
Phone num:	3103714244
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070008907

AI200			SRHO20070129184
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11615	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 G LEE MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930212	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0548198	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	20911 EARL STRET #250	
	Phone num:	3103704337	
	Termination reason:	00	
	Term Date:	20080430	
	Purpose of action:	Not Reported	
	Provider control:	10	
	Zip:	90506	
	Fips state:	06	

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:	SRHO20070129184	

AI201			SRHO20070148583
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11615	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	19960412	
	Medicare/Medicaid:	1	
	Facility name:	ALICE GOLDIN, MD	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19951011	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0907245	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	20911 EARL STREET #100	
	Phone num:	3103707759	
	Termination reason:	00	
	Term Date:	20081011	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070148583	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI202 ESE 2-4 mi 11615 Higher			SRHO20070143986 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 H KUWATH MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930219	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0862362	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	20911 EARL STREET	
	Phone num:	3102145242	
	Termination reason:	01	
	Term Date:	19950324	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070143986	

AI203 ESE 2-4 mi 11615 Higher			SRHO20070141292 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not 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 ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicare/Medicaid:	Not Reported
Facility name:	DRS FISHER & SCHARFFENBERGER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950414
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0722699
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	20911 EARL ST SUITE 480
Phone num:	3103707277
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141292

AI204 SRHO20070140104
ESE AHA Hospitals
2-4 mi
11615
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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'S CHANG SCOTT AND WONG
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930617
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0706071
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	20911 EARL STREET SUITE 340
Phone num:	3105420777
Termination reason:	12
Term Date:	20030312
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140104

AI205 SRHO20070156718
ESE AHA Hospitals
2-4 mi
11615
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 L WILLIAMS MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010917
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0991301
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	20911 EARL ST STE 340
Phone num:	3105426333
Termination reason:	00
Term Date:	20080822
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06

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:	SRHO20070156718	

AI206			SRHO20070155656
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11615	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 BAY ENDOCRINE ASSOCIATES	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20020620	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1000723	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	20911 EARL ST STE 220	
	Phone num:	3105426333	
	Termination reason:	00	
	Term Date:	20070604	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070155656	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI207 ESE 2-4 mi 11615 Higher			SRHO20070149428 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 DOUGLASS, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19951010	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0907127	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	20911 EARL STREET #100	
	Phone num:	3105403021	
	Termination reason:	14	
	Term Date:	19960412	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149428	

AI208 ESE 2-4 mi 11615 Higher			SRHO20070148522 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not 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 ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicare/Medicaid:	Not Reported
Facility name:	DAVID S LU, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970627
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0930051
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	20911 EARL STREET #290
Phone num:	3103717801
Termination reason:	00
Term Date:	20070626
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148522

AI209 SRHO20070131497
ESE AHA Hospitals
2-4 mi
11615
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 SUNILA N FUSTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930419
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550973
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	20911 EARL ST #20090
Phone num:	3102148211
Termination reason:	01
Term Date:	19950327
Purpose of action:	Not Reported
Provider control:	02
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131497

AI210 SRHO20070137499
ESE AHA Hospitals
2-4 mi
11615
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19941117
Medicare/Medicaid:	1
Facility name:	GASTROENTEROLOGY ASSOCS OF SOUTH BAY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0693412
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	20911 EARL STREET SUITE 280
Phone num:	3102147236
Termination reason:	00
Term Date:	20081116
Purpose of action:	1
Provider control:	04
Zip:	90503
Fips state:	06

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:	SRHO20070137499	

AI211			SRHO20070137341
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11615	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	19951025	
	Medicare/Medicaid:	1	
	Facility name:	MEDICAL INSTITUTE OF LITTLE CO OF MARY	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0642583	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	20911 EARL STREET	
	Phone num:	3105427732	
	Termination reason:	08	
	Term Date:	19980112	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070137341	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI212 ESE 2-4 mi 11615 Higher			SRHO20070158178 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	05D0696136	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	JOHN M TSAO MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20000504	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0973405	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	20911 EARL ST STE 180	
	Phone num:	3105426333	
	Termination reason:	08	
	Term Date:	20020503	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070158178	

AI213 ESE 2-4 mi 11615 Higher			SRHO20070139433 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	YU CHIN LIU MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930113
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0698695
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	20911 EARL ST 290
Phone num:	3103709891
Termination reason:	12
Term Date:	19960201
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139433

AI214 SRHO20070151123
ESE AHA Hospitals
2-4 mi
11615
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	05D0687721
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LITTLE CO OF MARY HOSP BLOOD DONOR CTR
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19981026
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0953061
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	20911 EARL STREET SUITE 380
Phone num:	3105435843
Termination reason:	13
Term Date:	20020802
Purpose of action:	Not Reported
Provider control:	01
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151123

AI215 SRHO20070139810
ESE AHA Hospitals
2-4 mi
11615
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DONALD W INADOMI, MD, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930107
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0707098
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	20911 EARL STREET SUITE 320
Phone num:	3105427997
Termination reason:	00
Term Date:	20090106
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06

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:	SRHO20070139810	

AI216			SRHO20070150901
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11615	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	STEVEN A SAWELSON MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19981203	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0954637	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	20911 EARL ST #220	
	Phone num:	3105427997	
	Termination reason:	00	
	Term Date:	20070321	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070150901	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI217 ESE 2-4 mi 11615 Higher			SRHO20070139851 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	BEACH CITIES DIALYSIS TORRANCE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930105	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0711686	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	20911 EARL ST #160	
	Phone num:	3103714244	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070139851	

AI218 ESE 2-4 mi 11615 Higher			SRHO20070138590 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not 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 ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicare/Medicaid:	Not Reported
Facility name:	JOHN M TSAO MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930107
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0696136
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	20911 EARL STREET SUITE 220
Phone num:	3105426333
Termination reason:	99
Term Date:	20000520
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138590

AI219 SRHO20070138586
ESE AHA Hospitals
2-4 mi
11615
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DRS EDWARD BUCHSBAUM JOYCE SCHOETTLER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921222
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0695721
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	20911 EARL ST 301
Phone num:	3103711388
Termination reason:	12
Term Date:	19980831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138586

AI220			SRHO20070147587
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11615	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SUNILA N FUSTER MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930416	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0867016	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	20911 EARL STREET SUITE 200	
	Phone num:	3105427732	
	Termination reason:	00	
	Term Date:	20080421	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	

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:	SRHO20070147587	
AI221			SRHO20070143959
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11615	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	STEVE C K LIU MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930219	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0862329	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	20911 EARL STREET SUITE 220	
	Phone num:	3102145242	
	Termination reason:	33	
	Term Date:	19960831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070143959	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI222 ESE 2-4 mi 11615 Higher			SRHO20070149819 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	19960412	
	Medicare/Medicaid:	1	
	Facility name:	CHRISTINE CURTIS	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19960221	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0912042	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	20911 EARL STREET, SUITE 100	
	Phone num:	3103711458	
	Termination reason:	14	
	Term Date:	19960412	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149819	

223 East 2-4 mi 11663 Higher			SRHO20070150650 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	19990528	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicare/Medicaid:	1
Facility name:	DLZ LAB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990210
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0957076
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4030 SPENCER ST SUITE 102
Phone num:	3102148063
Termination reason:	00
Term Date:	20070626
Purpose of action:	1
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150650

AI224 SRHO20070156656
ESE AHA Hospitals
2-4 mi
11670
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DRIFTWOOD TORRANCE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021015
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1005129
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4109 EMERALD STREET
Phone num:	3103714628
Termination reason:	00
Term Date:	20081014
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156656

AI225 SRHO20070142793
ESE AHA Hospitals
2-4 mi
11670
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DRIFTWOOD HEALTHCARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930929
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0877131
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4109 EMERALD STREET
Phone num:	3103714628
Termination reason:	08
Term Date:	20010928
Purpose of action:	Not Reported
Provider control:	10
Zip:	90503
Fips state:	06

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:	SRHO20070142793	
AI226			SRHO20070110764
ESE	Hospital type:	03	AHA Hospitals
2-4 mi	Num of times COO:	03	
11670	Owner date:	19970305	
Higher	City:	TORRANCE	
	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:	20060920	
	Medicare/Medicaid:	1	
	Facility name:	DRIFTWOOD HEALTH CARE CENTER	
	Intermediary/Carrier:	52280	
	Medicaid number:	ZZT06034H	
	Partcipation date:	19790314	
	Prior COO date:	19910927	
	Prior carrier:	99990	
	Provider ID:	555114	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	4109 EMERALD ST	
	Phone num:	3103714628	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	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:	SRHO20070110764	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI227 ESE 2-4 mi 11670 Higher			SRNH20060915731 Nursing Homes
	Provnum:	555114	
	Nursinghomename:	DRIFTWOOD HEALTH CARE CENTER	
	Street:	4109 EMERALD ST	
	City:	TORRANCE	
	State:	CA	
	Zipcode:	90503	
	Phonenumber:	3103714628	
	Dateoflastinspection:	20050829	
	Certifiednumberofbeds:	96	
	Totalnumberofresidents:	88	
	Percofoccupiedbeds:	92	
	Categorydescription:	Participating in Medicare and Medicaid	
	Typeofownership:	For profit - Corporation	
	Locatedwithinahospital:	NO	
	Multinursinghomeownership:	YES	
	Residentandfamilycouncils:	RESIDENT	
	Edr id:	SRNH20060915731	

AJ228 ENE 2-4 mi 11678 Higher			SRDCCA200737851 Daycare
	EDR ID:	SRDCCA200737851	
	Facility number:	197414060	
	Facility name:	VENTRE FAMILY CHILD CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4613 W. 191ST STREET	
	City:	TORRANCE	
	State:	CA	
	Zip:	90503	
	Alt. address:	4613 W. 191ST STREET	
	City:	TORRANCE	
	State:	CA	
	Zip:	90503	
	Facility investor:	"VENTRE, KAREN L. "	
	Licensee type:	A	
	License effective date:	70202	
	License expiration date:	Not Reported	
	License issue date:	070202	
	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:	061107	
	Facility closed date:	Not Reported	
	Mailing address:	4613 W. 191ST STREET	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90503	
	Contact person:	"VENTRE, KAREN "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3103873746	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AK229 SE 2-4 mi 11795 Higher	EDR ID:	SRDCCA200711734	SRDCCA200711734 Daycare
	Facility number:	197406833	
	Facility name:	DAYWALT-PAREDES FAMILY CHILD CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4931 LAURETTE STREET	
	City:	TORRANCE	
	State:	CA	
	Zip:	90503	
	Alt. address:	4931 LAURETTE STREET	
	City:	TORRANCE	
	State:	CA	
	Zip:	90503	
	Facility investor:	THERESA DAYWALT-PAREDES	
	Licensee type:	A	
	License effective date:	990909	
	License expiration date:	Not Reported	
	License issue date:	990909	
	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/LANDLAORD CONSENT REQUIRED. "	
	Original app. received date:	990527	
	Facility closed date:	Not Reported	
	Mailing address:	4931 LAURETTE STREET	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90503	
	Contact person:	"PAREDES-DAYWALT, THERESA "	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	3107509298	

AJ230 ENE 2-4 mi 11854 Higher	EDR ID:	SRDCCA200702034	SRDCCA200702034 Daycare
	Facility number:	191601766	
	Facility name:	OMANSON FAMILY DAY CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2810 FISK LANE	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90278	
	Alt. address:	2810 FISK LANE	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90278	
	Facility investor:	"OMANSON, TERRY L. "	

Licensee type: A
License effective date: 930909
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: 870727
Facility closed date: Not Reported
Mailing address: 2810 FISK LANE
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90278
Contact person: "OMANSON, TERRY "
Facility capacity: 6
Type of clients served: 960
Facility phone: 3103713478

AL231 SRDCCA200730624
ESE Daycare
2-4 mi
11857
Higher

EDR ID: SRDCCA200730624
Facility number: 197412382
Facility name: NARR FAMILY CHILD CARE
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 21406 LADEENE AVENUE
City: TORRANCE
State: CA
Zip: 90503
Alt. address: 21406 LADEENE AVENUE
City: TORRANCE
State: CA
Zip: 90503
Facility investor: "NARR, JODY L. "
Licensee type: A
License effective date: 50324
License expiration date: Not Reported
License issue date: 050324
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: 050207
Facility closed date: Not Reported
Mailing address: 21406 LADEENE AVENUE
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90503
Contact person: "NARR, JODY L. "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3103165791

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AJ232 ENE 2-4 mi 11866 Higher			SRDCCA200708948 Daycare
	EDR ID:	SRDCCA200708948	
	Facility number:	197405340	
	Facility name:	ALYEA-ZEBROWSKI FAMILY CHILD CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2812 FISK LANE	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90278	
	Alt. address:	2812 FISK LANE	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90278	
	Facility investor:	"ALYEA-ZEBROWSKI, LINDA "	
	Licensee type:	A	
	License effective date:	980921	
	License expiration date:	Not Reported	
	License issue date:	980921	
	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:	980910	
	Facility closed date:	Not Reported	
	Mailing address:	2812 FISK LANE	
	Mailing city:	REDONDO BEACH	
	Mailing state:	CA	
	Mailing zip:	90278	
	Contact person:	LINDA ZEBROWSKI-ALYEA	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	3103710025	

AJ233 East 2-4 mi 11889 Higher			SRDCCA200738307 Daycare
	EDR ID:	SRDCCA200738307	
	Facility number:	197413958	
	Facility name:	HUMBERT FAMILY CHILD CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4544 TALISMAN STREET	
	City:	TORRANCE	
	State:	CA	
	Zip:	90503	
	Alt. address:	4544 TALISMAN STREET	
	City:	TORRANCE	
	State:	CA	
	Zip:	90503	
	Facility investor:	"HUMBERT, CAROLE B. "	
	Licensee type:	A	

License effective date: 61108
License expiration date: Not Reported
License issue date: 061108
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH A MAXIMUM OF 4 INFANTS (WHEN A QUALIFIED ASSISTANT IS PRESENT). AGES TO BE SERVED 2MOS. - 5 Y/O. DAYS AND HOURS OF OPERATION: MONDAY TO FRIDAY, 7:30AM - 5:30PM "
Original app. received date: 061013
Facility closed date: Not Reported
Mailing address: 4544 TALISMAN STREET
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90503
Contact person: "HUMBERT, CAROLE "
Facility capacity: 12
Type of clients served: 960
Facility phone: 3103715571

AL234 SRHO20070144820
ESE AHA Hospitals
2-4 mi
11940
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: TORRANCE
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA 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 K NAGAMOTO MD TADAMI YAMANAKA
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19930507
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0868225
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 4201 TORRANCE BLVD NUMBER 310
Phone num: 3105405599
Termination reason: 08
Term Date: 20000831
Purpose of action: Not Reported
Provider control: 04
Zip: 90503
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported

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:	SRHO20070144820	
AL235 ESE 2-4 mi 11940 Higher			SRHO20070141275 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ULLRICH & COWAN MED CORP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930518	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0721608	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4201 TORRANCE BLVD SUITE 600	
	Phone num:	3105405503	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	10	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070141275	
AL236 ESE 2-4 mi 11940 Higher			SRHO20070136698 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	

Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JOEL A SHAPIRO MD PH D FACC FSCAI
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930105
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0666590
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4201 TORRANCE BOULEVARD, #790
Phone num:	3103704558
Termination reason:	00
Term Date:	20070616
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070136698

AL237 SRHO20070143106
ESE AHA Hospitals
2-4 mi
11940
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19940323
Medicare/Medicaid:	1
Facility name:	NOVAMED LABORATORY
Intermediary/Carrier:	02050

Medicaid number:	Not Reported
Partcipation date:	19940323
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0884006
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4201 TORRANCE BLVD SUITE 680
Phone num:	3105170969
Termination reason:	12
Term Date:	19950331
Purpose of action:	1
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143106

AL238 SRHO20070005521
ESE AHA Hospitals
2-4 mi
11940
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19891221
Medicare/Medicaid:	1
Facility name:	SOUTHWEST SURGICAL CLINIC INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19840229
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001023
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

street address:	4201 TORRANCE BLVD
Phone num:	2135407803
Termination reason:	01
Term Date:	19970630
Purpose of action:	2
Provider control:	01
Zip:	90503
Fips 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:	SRHO20070005521

AL239			SRHO20070151001
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11940	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 S LU MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990303	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0957839	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4201 TORRANCE BLVD #370	
	Phone num:	3107922977	
	Termination reason:	00	
	Term Date:	20070302	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	

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:	SRHO20070151001	

AL240			SRHO20070164673
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11940	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 BAY ELECTROPHYSIOLOGY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20061024	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1060472	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4201 TORRANCE BLVD #560	
	Phone num:	3107925800	
	Termination reason:	00	
	Term Date:	20081023	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070164673	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AL241 ESE 2-4 mi 11940 Higher			SRHO20070135440 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SOUTHWEST SURGICAL CLINIC INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930519	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0667862	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4201 TORRANCE BLVD #240	
	Phone num:	3105407803	
	Termination reason:	08	
	Term Date:	19980831	
	Purpose of action:	Not Reported	
	Provider control:	08	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070135440	

AL242 ESE 2-4 mi 11940 Higher			SRHO20070139760 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not 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 ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicare/Medicaid:	Not Reported
Facility name:	ARTHUR BASSIN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950616
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0712793
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4201 TORRANCE BLVD 660
Phone num:	3105434500
Termination reason:	08
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139760

AL243 — SRHO20070153171
ESE — AHA Hospitals
2-4 mi
11940
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	STEVEN R WEINSTEIN MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980406
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0943870
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4201 TORRANCE BOULEVARD SUITE 750
Phone num:	3105401953
Termination reason:	00
Term Date:	20070610
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153171

AL244 SRHO20070151907
ESE AHA Hospitals
2-4 mi
11940
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	STEPHANIE M CULVER MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990716
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0962903
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4201 TORRANCE BLVD STE 260
Phone num:	3105403610
Termination reason:	00
Term Date:	20070715
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06

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:	SRHO20070151907	

AL245			SRHO20070141818
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11940	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	DONALD M OKADA MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950627	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0719003	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4201 TORRANCE BLVD SUITE 380	
	Phone num:	3105408555	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070141818	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AL246 ESE 2-4 mi 11940 Higher			SRHO20070157147 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ASTRIS MENDOZA DO	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20040402	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1024149	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4201 TORRANCE BLVD #780	
	Phone num:	3105432532	
	Termination reason:	00	
	Term Date:	20080401	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070157147	

AL247 ESE 2-4 mi 11940 Higher			SRHO20070151053 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	MRIDULA KEDIA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19981116
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0953971
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4201 TORRANCE BOULEVARD,SUITE 740
Phone num:	3105405676
Termination reason:	00
Term Date:	20081115
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151053

AL248 SRHO20070155687
ESE AHA Hospitals
2-4 mi
11940
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20060523
Medicare/Medicaid:	1
Facility name:	WESTCLIFF MEDICAL LABORATORIES INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020726
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1002048
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4201 TORRANCE BOULEVARD #240
Phone num:	3105430563
Termination reason:	00
Term Date:	20090114
Purpose of action:	2
Provider control:	02
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155687

AL249 — SRHO20070157779
ESE — AHA Hospitals
2-4 mi
11940
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TORRANCE ORTHOPAEDIC AND SPORTS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040115
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1021229
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4201 TORRANCE BLVD SUITE 640
Phone num:	3103166190
Termination reason:	01
Term Date:	20051104
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06

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:	SRHO20070157779	

AL250			SRHO20070136816
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11940	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 ASTONE MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930105	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0666593	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4201 TORRANCE BLVD	
	Phone num:	3103704558	
	Termination reason:	04	
	Term Date:	19961231	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070136816	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AL251 ESE 2-4 mi 11940 Higher			SRHO20070158524 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	RENUKA BOYAPALLI MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050209	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1036759	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4201 TORRANCE BLVD #250	
	Phone num:	3105402916	
	Termination reason:	00	
	Term Date:	20070208	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070158524	

AL252 ESE 2-4 mi 11940 Higher			SRHO20070157330 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	CHRIS M TSUNEISHI MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000822
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0977157
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4201 TORRANCE BLVD, SUITE 360
Phone num:	3105431050
Termination reason:	00
Term Date:	20080821
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157330

AL253 SRHO20070131627
ESE AHA Hospitals
2-4 mi
11940
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 L WISOT MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930120
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550685
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4201 TORRANCE BLVD 350
Phone num:	3103167000
Termination reason:	08
Term Date:	19980831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131627

AL254 SRHO20070131355
ESE AHA Hospitals
2-4 mi
11940
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HOWARD M SAVITT MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930104
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550600
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4201 TORRANCE BOULEVARD SUITE 735
Phone num:	3105400202
Termination reason:	00
Term Date:	20070207
Purpose of action:	Not Reported
Provider control:	02
Zip:	90503
Fips state:	06

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:	SRHO20070131355	
AL255			SRHO20070137635
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11940	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20051110	
	Medicare/Medicaid:	1	
	Facility name:	DUFFY DAVID MD	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0694217	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4201 TORRANCE BOULEVARDE SUITE 710	
	Phone num:	3103705679	
	Termination reason:	00	
	Term Date:	20080128	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070137635	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AL256 ESE 2-4 mi 11940 Higher			SRHO20070136696 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 JAMES LEWIS MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930105	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0666586	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4201 TORRANCE BOULEVARD, SUITE #790	
	Phone num:	3103704558	
	Termination reason:	00	
	Term Date:	20070616	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070136696	

AL257 ESE 2-4 mi 11940 Higher			SRHO20070146370 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 KWON MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930507
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0867918
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4201 TORRANCE BLVD, #600
Phone num:	3105344431
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146370

AL258 SRHO20070146920
ESE AHA Hospitals
2-4 mi
11940
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WILIAM J SCHECTER MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930527
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0871225
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4201 TORRANCE BLVD STE 680
Phone num:	3105406116
Termination reason:	04
Term Date:	19940612
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146920

AL259 SRHO20070131642
ESE AHA Hospitals
2-4 mi
11940
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	IRAJ AKHLAGHI MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921215
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550723
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4201 TORRANCE BLVD SUITE 730
Phone num:	3105406600
Termination reason:	00
Term Date:	20070809
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131642

AL260			SRHO20070145963
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11940	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	05D0884006	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	NOVAMED LABORATORY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940409	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0884741	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4201 TORRANCE BLVD STE 680	
	Phone num:	3105170969	
	Termination reason:	01	
	Term Date:	19960408	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070145963	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AL261 ESE 2-4 mi 11940 Higher			SRHO20070142790 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 M DEITS MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930921	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0876631	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4201 TORRANCE BOULEVARD #250	
	Phone num:	3105435566	
	Termination reason:	12	
	Term Date:	20030910	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070142790	

AL262 ESE 2-4 mi 11940 Higher			SRHO20070141711 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	19980202	

Medicare/Medicaid:	1
Facility name:	DANIEL K KAO MD INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0681354
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4201 TORRANCE BLVD 560
Phone num:	3105408705
Termination reason:	01
Term Date:	19960831
Purpose of action:	1
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141711

AL263 SRHO20070156043
ESE AHA Hospitals
2-4 mi
11940
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HOSAYN KHALEELI MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020510
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0999370
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4201 TORRANCE BLVD SUITE 250
Phone num:	3106435566
Termination reason:	00
Term Date:	20080509
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156043

AL264 SRHO20070153853
ESE AHA Hospitals
2-4 mi
11940
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 L FRIEDMAN MD, INC LAB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980319
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0942955
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4201 TORRANCE BLVD
Phone num:	3103164373
Termination reason:	00
Term Date:	20080318
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153853

AL265			SRHO20070163674
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11940	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	KENNETH K SAKAMOTO MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20060503	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1053760	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4201 TORRANCE BLVD STE 530	
	Phone num:	3107928916	
	Termination reason:	00	
	Term Date:	20080502	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070163674	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AL266 ESE 2-4 mi 11940 Higher			SRHO20070152145 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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	
	Partcipation date:	19990419	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0959753	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4201 TORRANCE BOULEVARD #350	
	Phone num:	3105409600	
	Termination reason:	00	
	Term Date:	20070418	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070152145	

AL267 ESE 2-4 mi 11940 Higher			SRHO20070151679 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not 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 ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicare/Medicaid:	Not Reported
Facility name:	STEPHEN W MCCANN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980805
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0949587
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4201 TORRANCE BLVD STE 520
Phone num:	3105402282
Termination reason:	08
Term Date:	20060804
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151679

AL268 — SRHO20070150284
ESE — AHA Hospitals
2-4 mi
11940
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20060614
Medicare/Medicaid:	1
Facility name:	RAMANEY & HYNES, MD'S INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970721
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0931029
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4201 TORRANCE BOULEVARD SUITE 280
Phone num:	3105404060
Termination reason:	00
Term Date:	20070308
Purpose of action:	2
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150284

AL269			SRHO20070140884
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11940	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20051019	
	Medicare/Medicaid:	1	
	Facility name:	T GWEN IWASAKI MD	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0722412	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4201 TORRANCE BOULEVARD, SUITE 340	
	Phone num:	3105400079	
	Termination reason:	00	
	Term Date:	20071211	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	90503	
	Fips state:	06	

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:	SRHO20070140884	

AL270			SRHO20070145714
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
11940	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	NILSA LABORDE MD PHD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950404	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0899644	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4201 TORRANCE BLVD STE 110	
	Phone num:	3106790673	
	Termination reason:	00	
	Term Date:	20070403	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070145714	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AL271 ESE 2-4 mi 11940 Higher			SRHO20070145089 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ROBRT K NAGAMOTO MD TADAMI YAMANAKA MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930510	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0868750	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4201 TORRANCE BLVD STE 310	
	Phone num:	3103274586	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070145089	

AL272 ESE 2-4 mi 11940 Higher			SRHO20070149175 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	20050823	

Medicare/Medicaid:	1
Facility name:	ROY B BLUMENSTRAUCH MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19970819
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0932355
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4201 TORRANCE BOULEVARD, SUITE #220
Phone num:	3105434444
Termination reason:	00
Term Date:	20071028
Purpose of action:	2
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149175

AM273 SRDCCA200753066
SE Daycare
2-4 mi
12001
Higher

EDR ID:	SRDCCA200753066
Facility number:	197410866
Facility name:	LEAP AND BOUND ACADEMY
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	22410 PALOS VERDES BLVD
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	2119 NELSON AVENUE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	"LEAP AND BOUND CHILD DEVELOPMENT CENTER,LLC "
Licensee type:	G
License effective date:	40203
License expiration date:	Not Reported
License issue date:	040203

Program type:	AMBULATORY ONLY: PRE-SCHOOL CHILDREN AGES 2 THROUGH 6 YEARS OLD MAXIMUM CAPACITY (120)
Original app. received date:	031020
Facility closed date:	Not Reported
Mailing address:	2119 NELSON AVENUE
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	"COHEN, REYNA "
Facility capacity:	120
Type of clients served:	950
Facility phone:	3105437650

AN274 SRHO20070131756
South AHA Hospitals
2-4 mi
12051
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO 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:	20050510
Medicare/Medicaid:	1
Facility name:	JOHN F GEBHARD MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0548778
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	217 AVENIDA DEL NORTE
Phone num:	3105407546
Termination reason:	00
Term Date:	20070718
Purpose of action:	2
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA

	Edr id:	SRHO20070131756

AN275 — SRHO20070140813
South — AHA Hospitals
2-4 mi
12167
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO 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:	19960506
Medicare/Medicaid:	1
Facility name:	ROBERT B HOSSENINI MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0708518
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1728 SOUTH CATALINA AVENUE
Phone num:	3105407200
Termination reason:	08
Term Date:	20051219
Purpose of action:	2
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140813

AO276 — SRDCCA200746900
SSE — Daycare
2-4 mi
12200
Higher

EDR ID:	SRDCCA200746900
Facility number:	191670987
Facility name:	TULITA CHILDRENS CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850

Facility status code:	03
Address:	1520 SOUTH PROSPECT
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	1520 SOUTH PROSPECT
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	REDONDO BEACH CITY SCHOOLS DISTRICT
Licensee type:	F
License effective date:	941121
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY LICENSEE PREFERS TO SERVE CHILDREN AGES 2 THRU 4.9 YEARS. ROOM #1
Original app. received date:	831205
Facility closed date:	Not Reported
Mailing address:	1401 INGLEWOOD AVE
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	"HARRIS, DORIAN "
Facility capacity:	24
Type of clients served:	950
Facility phone:	3107988648

AO277 SRPU20071006032
SSE Public Schools
2-4 mi
12200
Higher

Ncessch:	060003204960
Schname05:	TULITA ELEMENTARY
Mstreet05:	1520 PROSPECT AVE.
Mcity05:	REDONDO BEACH
Mstate05:	CA
Mzip05:	90278
Mzip405:	3999
Member05:	420
Phone05:	(310) 798-8628
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071006032

AP278 SRHO20070151163
ESE AHA Hospitals
2-4 mi
12221
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported

Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BAY HARBOR HOSPITAL LABORATORY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990202
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0956679
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4101 TORRANCE BOULEVARD
Phone num:	3105435842
Termination reason:	33
Term Date:	19990204
Purpose of action:	Not Reported
Provider control:	01
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151163

AP279 SRHO20070007632
ESE AHA Hospitals
2-4 mi
12221
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	20051101
City:	TORRANCE
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:	19970612
Medicare/Medicaid:	1
Facility name:	LITTLE COMPANY OF MARY HOSPITAL
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	19660701
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	050353
Record Status:	A
Region code:	09

Is Partial Record:	N
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	4101 TORRANCE BLVD
Phone num:	3105407676
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	5
Provider control:	01
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	19970428
Accred expire date:	19990428
Accred Org:	1
Num beds:	0366
Num cert beds:	0242
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070007632

AP280			SRHO20070147096
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
12221	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	05D0687721	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	LITTLE COMPANY OF MARY HOSPITAL LAB	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960916	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0919778	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4101 WEST TORRANCE BOULEVARD	
	Phone num:	3105435868	
	Termination reason:	08	
	Term Date:	19960916	
	Purpose of action:	Not Reported	
	Provider control:	01	
	Zip:	90503	

Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147096

AP281			SRHO20070137879
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
12221	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	05D0953061	
	FMS survey date:	20060309	
	Current survey date:	20060309	
	Medicare/Medicaid:	1	
	Facility name:	LITTLE COMPANY OF MARY HOSPITAL	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0687721	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4101 WEST TORRANCE BOULEVARD	
	Phone num:	3105435842	
	Termination reason:	00	
	Term Date:	20090102	
	Purpose of action:	5	
	Provider control:	01	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070137879	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AP282 ESE 2-4 mi 12221 Higher			SRHO20070137710 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 PHYSIOLOGY LAB	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930512	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0684333	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4101 TORRANCE BOULEVARD	
	Phone num:	3105435821	
	Termination reason:	00	
	Term Date:	20070624	
	Purpose of action:	Not Reported	
	Provider control:	01	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070137710	

AP283 ESE 2-4 mi 12221 Higher			SRHO20070151420 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not 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 ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicare/Medicaid:	Not Reported
Facility name:	SAN PEDRO PENINSULA HOSPITAL LABORTORY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990202
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0956682
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4101 TORRANCE BOULEVARD
Phone num:	3105435842
Termination reason:	33
Term Date:	19990204
Purpose of action:	Not Reported
Provider control:	01
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151420

AP284 — SRHO20070151419
ESE — AHA Hospitals
2-4 mi
12221
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 INST OF LITTLE CO OF MARY LAB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990202
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0956681
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4101 TORRANCE BOULEVARD
Phone num:	3105435842
Termination reason:	00
Term Date:	20070426
Purpose of action:	Not Reported
Provider control:	01
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151419

AP285 SRHO20070149998
ESE AHA Hospitals
2-4 mi
12221
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	EMERGENCY SPECIALIST PHYSICIANS MED
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971204
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0936999
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4101 TORRANCE BOULEVARD
Phone num:	7148997784
Termination reason:	00
Term Date:	20071203
Purpose of action:	Not Reported
Provider control:	01
Zip:	90503
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149998

AK286 SRDCCA200718946
SE Daycare
2-4 mi
12279
Higher

EDR ID:	SRDCCA200718946
Facility number:	197408644
Facility name:	KIRKPATRICK FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4702 MERRILL STREET
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	4702 MERRILL STREET
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"KIRKPATRICK, MARY J. "
Licensee type:	A
License effective date:	20516
License expiration date:	Not Reported
License issue date:	020516
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:	020422
Facility closed date:	Not Reported
Mailing address:	4702 MERRILL STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	"KIRKPATRICK, MARY J. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105430910

AQ287 SRDCCA200713460
NE Daycare
2-4 mi
12348
Higher

EDR ID:	SRDCCA200713460
Facility number:	197407557
Facility name:	ZIA FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30

Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2618 MATTHEWS AVE. #C
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	2618 MATTHEWS AVE. #C
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	"ZIA, NADIA "
Licensee type:	A
License effective date:	825
License expiration date:	Not Reported
License issue date:	000825
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:	000419
Facility closed date:	Not Reported
Mailing address:	2618 MATTHEWS AVE. #C
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	"ZIA, NADIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3107930083

AR288 — SRPR20051024386
NNE — Private Schools
2-4 mi
12360
Higher

Pss school id:	A0100898
Pss inst:	EXPLORERS IN LEARNING ACADEMY
Lograde:	2
Higrade:	12
Pss address:	1852 SIXTH ST.
Pss city:	MANHATTAN BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90266
Pss phone:	3107983837
Pss sch days:	220
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:	2
Pss enroll 3:	Not Reported
Pss enroll 4:	1
Pss enroll 5:	1

Pss enroll 6:	2
Pss enroll 7:	Not Reported
Pss enroll 8:	2
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	1
Pss enroll t:	9
Pss enroll tk12:	9
Pss race ai:	0
Pss race as:	2
Pss race h:	5
Pss race b:	0
Pss race w:	2
Pss fte teach:	4.8
Pss locale:	3
Pss coed:	1
Pss type:	6
Pss level:	3
Pss relig:	2
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	22.22
Pss hisp pct:	55.56
Pss black pct:	0
Pss white pct:	22.22
Pss stdtch rt:	1.88
Pss orient:	24
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:	SRPR20051024386

AQ289 SRDCCA200753271
NE Daycare
2-4 mi
12523
Higher

EDR ID:	SRDCCA200753271
Facility number:	197411495
Facility name:	PACE - REDONDO BEACH HEAD START
Facility eval. code:	4000
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2606 NELSON AVENUE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	1055 WILSHIRE BLVD.SUITE 1050
City:	LOS ANGELES
State:	CA

Zip: 90017
Facility investor: PACIFIC ASIAN CONSORTIUM IN EMPLOYMENT (PACE)
Licensee type: C
License effective date: 40615
License expiration date: Not Reported
License issue date: 040615
Program type: "LICENSEE SERVE CHILDREN AGES 3 - 5 YEARS, AMBULATORY ONLY. OPTIONAL RATIO: 1 TEACHER/1 ASSISTANT TO 18 CHILDREN (ASSISTANT WITH 6 ECE UNITS). THE PROGRAM OPERATES 2 HALF DAY SESSIONS. "
Original app. received date: 040407
Facility closed date: Not Reported
Mailing address: 1055 WILSHIRE BLVD.SUITE 1050
Mailing city: LOS ANGELES
Mailing state: CA
Mailing zip: 90017
Contact person: "PASTOR, ROCHELLE S. "
Facility capacity: 24
Type of clients served: 950
Facility phone: 3103719660

AS290 SRDCCA200710537
NNE EDR ID: SRDCCA200710537 Daycare
2-4 mi Facility number: 197407223
12528 Facility name: SHAW FAMILY CHILD CARE
Higher Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2228 ROBINSON ST
City: REDONDO BEACH
State: CA
Zip: 90278
Alt. address: 2228 ROBINSON ST
City: REDONDO BEACH
State: CA
Zip: 90278
Facility investor: SHAW LILLE MAE
Licensee type: A
License effective date: 991227
License expiration date: Not Reported
License issue date: 991227
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: 991004
Facility closed date: Not Reported
Mailing address: 2228 ROBINSON ST
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90278
Contact person: SHAW LILLE MAE
Facility capacity: 8

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Type of clients served:	960	
	Facility phone:	3103715039	
AJ291 ENE 2-4 mi 12569 Higher			SRHO20070157673 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	STUART M GOLD M D C M	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20031229	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1020647	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	19000 HAWTHORNE BLVD SUITE 100	
	Phone num:	3105423472	
	Termination reason:	08	
	Term Date:	20051228	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070157673	
AJ292 ENE 2-4 mi 12569 Higher			SRHO20070131643 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	

SSA 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 INSTITUTE OF LITTLE CO OF MARY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930607
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550785
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	19000 HAWTHORNE BOULEVARD SUITE 100
Phone num:	3107938093
Termination reason:	08
Term Date:	19970606
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131643

AT293			SRDCCA200707919
ENE	EDR ID:	SRDCCA200707919	Daycare
2-4 mi	Facility number:	197401835	
12621	Facility name:	FONSECA FAMILY DAY CARE	
Higher	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	18325 MANSEL AVENUE	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90278	
	Alt. address:	18325 MANSEL AVENUE	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90278	
	Facility investor:	"FONSECA, LUCY "	

Licensee type:	A
License effective date:	951218
License expiration date:	Not Reported
License issue date:	951218
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:	950915
Facility closed date:	Not Reported
Mailing address:	18325 MANSEL AVENUE
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	LUCY FONSECA
Facility capacity:	6
Type of clients served:	960
Facility phone:	3103719766

AU294 SRHO20070145757
North AHA Hospitals
2-4 mi
12662
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN 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:	20060419
Medicare/Medicaid:	1
Facility name:	CARESTATION - MANHATTAN BEACH
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19950316
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0898952
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1010 NORTH SEPULVEDA BOULEVARD
Phone num:	3103766262
Termination reason:	00
Term Date:	20090109
Purpose of action:	2
Provider control:	01
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported

Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145757

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295 SRDCCA200730742
NE Daycare
2-4 mi
12697
Higher

EDR ID:	SRDCCA200730742
Facility number:	197412389
Facility name:	SHOFANI FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2412 GATES AVENUE #3
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	2412 GATES AVENUE #3
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	"SHOFANI, SAMAR "
Licensee type:	A
License effective date:	50614
License expiration date:	Not Reported
License issue date:	050614
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:	050302
Facility closed date:	Not Reported
Mailing address:	2412 GATES AVENUE #3
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	"SHOFANI, SAMAR "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103700036

AU296 SRHO20070156943
North AHA Hospitals
2-4 mi
12701
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported

Medicare/Medicaid:	Not Reported
Facility name:	BETH A DORN MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020530
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1000000
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1022 SEPULVEDA BOULEVARD
Phone num:	3105463678
Termination reason:	00
Term Date:	20080529
Purpose of action:	Not Reported
Provider control:	04
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156943

AS297 SRDCCA200746901
NNE Daycare
2-4 mi
12767
Higher

EDR ID:	SRDCCA200746901
Facility number:	191670989
Facility name:	LINCOLN'S CHILDREN CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2223 PLANT AVENUE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	2223 PLANT AVENUE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	REDONDO BEACH CITY SCHOOL DISTRICT
Licensee type:	F
License effective date:	941021
License expiration date:	Not Reported
License issue date:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Program type:	AMBULATORY ONLY LICENSEE PREFERS TO SERVE CHILDREN AGES 2 THRU 4.9 YEARS. ROOM 2 & 3
Original app. received date:	870619
Facility closed date:	Not Reported
Mailing address:	1401 INGLEWOOD AVENUE
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	"DWYER, VIBEKE "
Facility capacity:	30
Type of clients served:	950
Facility phone:	3107988647

AS298 SRPU20071006030
NNE Public Schools
2-4 mi
12767
Higher

Ncessch:	060003204957
Schname05:	LINCOLN ELEMENTARY
Mstreet05:	2223 PLANT AVE.
Mcity05:	REDONDO BEACH
Mstate05:	CA
Mzip05:	90278
Mzip405:	3999
Member05:	555
Phone05:	(310) 798-8646
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071006030

AV299 SRHO20070006862
ESE AHA Hospitals
2-4 mi
12914
Higher

Hospital type:	02
Num of times COO:	01
Owner date:	19840103
City:	TORRANCE
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:	19831024
Medicare/Medicaid:	1
Facility name:	BAY CREST CONV CTR
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19750601
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05E306
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	state region cd:	L1	
	street address:	3750 GARNET ST	
	Phone num:	2133712431	
	Termination reason:	07	
	Term Date:	19850201	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0079	
	Num cert beds:	0079	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070006862	
AV300 ESE 2-4 mi 12914 Higher			SRHO20070145138 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	BAY CREST CARE CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19941114	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0894401	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3750 GARNET ST	
	Phone num:	3103712431	
	Termination reason:	00	
	Term Date:	20081113	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	

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:	SRHO20070145138	
AV301			SRHO20070008939
ESE	Hospital type:	03	AHA Hospitals
2-4 mi	Num of times COO:	07	
12914	Owner date:	20030815	
Higher	City:	TORRANCE	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	20010511	
	Current survey date:	20060420	
	Medicare/Medicaid:	1	
	Facility name:	BAY CREST CARE CENTER	
	Intermediary/Carrier:	00040	
	Medicaid number:	ZZT05559I	
	Partcipation date:	19800301	
	Prior COO date:	19840103	
	Prior carrier:	Not Reported	
	Provider ID:	055559	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	3750 GARNET STREET	
	Phone num:	3103712431	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0080	
	Num cert beds:	0080	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070008939	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AV302 ESE 2-4 mi 12914 Higher			SRNH20060900925 Nursing Homes
	Provnum:	055559	
	Nursinghomename:	BAY CREST CARE CENTER	
	Street:	3750 GARNET STREET	
	City:	TORRANCE	
	State:	CA	
	Zipcode:	90503	
	Phonenumber:	3103712431	
	Dateoflastinspection:	20060420	
	Certifiednumberofbeds:	80	
	Totalnumberofresidents:	68	
	Percofoccupiedbeds:	85	
	Categorydescription:	Participating in Medicare and Medicaid	
	Typeofownership:	For profit - Corporation	
	Locatedwithinahospital:	NO	
	Multinursinghomeownership:	YES	
	Residentandfamilycouncils:	RESIDENT	
	Edr id:	SRNH20060900925	

AP303 ESE 2-4 mi 12925 Higher			SRHO20070160131 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 #6153	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050328	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1038798	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	21035 HAWTHORNE BLVD	
	Phone num:	3105406807	
	Termination reason:	00	
	Term Date:	20070327	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160131

AU304 SRDCCA200708678
North Daycare
2-4 mi
12951
Higher

EDR ID:	SRDCCA200708678
Facility number:	197401923
Facility name:	COFINO FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1251 11TH STREET
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	1251 11TH STREET
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Facility investor:	"COFINO, JUDY ANN "
Licensee type:	A
License effective date:	960111
License expiration date:	Not Reported
License issue date:	960111
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:	951020
Facility closed date:	Not Reported
Mailing address:	1251 11TH STREET
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	JUDY ANN COFINO
Facility capacity:	6
Type of clients served:	960
Facility phone:	3103764678

AU305 SRHO20070151111
North AHA Hospitals
2-4 mi
12963
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 FAMILY MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980915
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0951275
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1101 N SEPULVEDA SUITE #102
Phone num:	3105456627
Termination reason:	00
Term Date:	20080914
Purpose of action:	Not Reported
Provider control:	04
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151111

AU306 SRHO20070154368
North AHA Hospitals
2-4 mi
12963
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MANHATTAN BEACH WOMEN'S MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980428
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0945281
Record Status:	A
Region code:	09

Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1101 N SEPULVEDA #102
Phone num:	3108225066
Termination reason:	01
Term Date:	19991118
Purpose of action:	Not Reported
Provider control:	04
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154368

AU307 SRHO20070130808
North AHA Hospitals
2-4 mi
12963
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN 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:	19931122
Medicare/Medicaid:	1
Facility name:	DUANE C TUCKER MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0548439
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1101 NORTH SEPULVEDA BOULEVARD #204
Phone num:	3105467780
Termination reason:	01
Term Date:	19940714
Purpose of action:	1
Provider control:	02
Zip:	90266

Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130808

AU308 SRHO20070153807
North AHA Hospitals
2-4 mi
12963
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN 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:	20061128
Medicare/Medicaid:	1
Facility name:	LAWRENCE S MOY MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980428
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0945248
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1101 SEPULVEDA BOULEVARD SUITE 100
Phone num:	3105467780
Termination reason:	00
Term Date:	20070527
Purpose of action:	2
Provider control:	02
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153807

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

AW309 — SRDCCA200746742
North — Daycare
2-4 mi
12968
Higher

EDR ID:	SRDCCA200746742
Facility number:	191604585
Facility name:	TRINITY LUTHERAN PRESCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1340 11TH ST.
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	1340 11TH ST
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Facility investor:	TRINITY EVAGELICAL LUTHERAN CH. OF MANHATTAN BEACH
Licensee type:	C
License effective date:	940927
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY ONLY, LICENSEE PREFERS AGES 2.5 YEARS THRU 5 YEARS; MONDAY THROUGH FRIDAY 8:00 - 12:00 AND 12:30 - 4:00 P.M. "
Original app. received date:	810730
Facility closed date:	Not Reported
Mailing address:	1340 11TH ST.
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	"VOELLER, MICHELLE "
Facility capacity:	58
Type of clients served:	950
Facility phone:	3103797413

AM310 — SRDCCA200702061
SE — Daycare
2-4 mi
12998
Higher

EDR ID:	SRDCCA200702061
Facility number:	191600140
Facility name:	"PODDER, PRATIMA & ROBIN FAMILY DAY CARE "
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	22625 ELLINWOOD DRIVE
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	22625 ELLINWOOD DRIVE
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"PODDER, PRATIMA & ROBIN "
Licensee type:	A

License effective date: 950530
License expiration date: Not Reported
License issue date: Not Reported
Program type: "***NOTE: FACILITY IS CURRENTLY ON INACTIVE STATUS FROM JULY 8, 2005 TO JULY 8, 2008.
"
Original app. received date: 860123
Facility closed date: Not Reported
Mailing address: 22625 ELLINWOOD DRIVE
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90505
Contact person: "PODDER, PRATIMA "
Facility capacity: 6
Type of clients served: 960
Facility phone: 3105405609

AW311 SRDCCA200713609
North Daycare
2-4 mi
13029
Higher

EDR ID: SRDCCA200713609
Facility number: 197407413
Facility name: SALAMON FAMILY CHILD CARE
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1440 11TH STREET
City: MANHATTAN BEACH
State: CA
Zip: 90266
Alt. address: 1440 11TH STREET
City: MANHATTAN BEACH
State: CA
Zip: 90266
Facility investor: "SALAMON, CAELIA "
Licensee type: A
License effective date: 204
License expiration date: Not Reported
License issue date: 000204
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: 000128
Facility closed date: Not Reported
Mailing address: 1440 11TH STREET
Mailing city: MANHATTAN BEACH
Mailing state: CA
Mailing zip: 90266
Contact person: CAELI SALAMON
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103188871

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AN312 South 2-4 mi 13069 Higher			SRHO20070151720 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	CATALINA MEDICAL CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19981110	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0953782	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1919 SOUTH CATALINA AVE	
	Phone num:	3103756681	
	Termination reason:	00	
	Term Date:	20081109	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90277	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070151720	
AX313 North 2-4 mi 13094 Higher			SRDCCA200747374 Daycare
	EDR ID:	SRDCCA200747374	
	Facility number:	191600684	
	Facility name:	FIRST LUTHERAN CIRCLE OF LOVE PRESCHOOL	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	1100 POINSETTIA AVE.	
	City:	MANHATTAN BEACH	

State:	CA
Zip:	90266
Alt. address:	1100 POINSETTIA AVE.
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Facility investor:	FIRST LUTHERAN CHURCH
Licensee type:	A
License effective date:	950621
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	PRE-SCHOOL AMBULATORY CHILDREN AGES 2 YEARS THROUGH ENTRY INTO FIRST GRADE.
Original app. received date:	860723
Facility closed date:	Not Reported
Mailing address:	1100 POINSETTIA AVE
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	NANCY J. DURKOVIC
Facility capacity:	95
Type of clients served:	950
Facility phone:	3105455653

AY314 SRPU20071009075
ESE Public Schools
2-4 mi
13125
Higher

Ncessch:	063942002213
Schname05:	JEFFERSON MIDDLE
Mstreet05:	21717 TALISMAN ST.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90503
Mzip405:	6441
Member05:	658
Phone05:	(310) 533-4794
Locale05:	2
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071009075

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315 SRDCCA200730321
SE Daycare
2-4 mi
13136
Higher

EDR ID:	SRDCCA200730321
Facility number:	197412511
Facility name:	MARIN FAMILY CHILD CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4834 MINDORA DRIVE
City:	TORRANCE
State:	CA
Zip:	90505

Alt. address:	4834 MINDORA DRIVE
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"MARIN, SYLVIA "
Licensee type:	A
License effective date:	50408
License expiration date:	Not Reported
License issue date:	050408
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:	050323
Facility closed date:	Not Reported
Mailing address:	4834 MINDORA DRIVE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90505
Contact person:	"MARIN, SYLVIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103738959

AO316 SRHO20070146012
SSE AHA Hospitals
2-4 mi
13153
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 BAY FAMILY MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950131
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0897226
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1920 SOUTH PROSPECT AVENUE
Phone num:	3105401211
Termination reason:	08
Term Date:	19970130
Purpose of action:	Not Reported
Provider control:	02
Zip:	90277

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:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070146012	
AV317			SRDCCA200703227
East	EDR ID:	SRDCCA200703227	Daycare
2-4 mi	Facility number:	191604052	
13168	Facility name:	HAKIM FAMILY DAY CARE	
Higher	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	20462 ROSLIN AVENUE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90503	
	Alt. address:	20462 ROSLIN AVENUE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90503	
	Facility investor:	"HAKIM, LADAN "	
	Licensee type:	A	
	License effective date:	950908	
	License expiration date:	Not Reported	
	License issue date:	890908	
	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:	890623	
	Facility closed date:	Not Reported	
	Mailing address:	20462 ROSLIN AVENUE	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90503	
	Contact person:	"HAKIM, LADAN "	
	Facility capacity:	12	
	Type of clients served:	960	
	Facility phone:	3105428609	
AZ318			SRHO20070131628
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13181	Owner date:	Not Reported	
Higher	City:	TORRANCE	

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:	19950811
Medicare/Medicaid:	1
Facility name:	BAY SHORES MED GRP INC LABORATORIES
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550688
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	19601 MARINER AVENUE
Phone num:	3102140811
Termination reason:	12
Term Date:	19960923
Purpose of action:	2
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131628

AZ319 SRHO20070146579
East AHA Hospitals
2-4 mi
13181
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BAYSHORES MEDICAL GROUP HOME HEALTH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960705

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0916948
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	19601 MARINER AVENUE
Phone num:	3103710183
Termination reason:	01
Term Date:	19970130
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146579

AZ320 SRHO20070108909
East AHA Hospitals
2-4 mi
13181
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19951023
Medicare/Medicaid:	1
Facility name:	BAYSHORES MEDICAL GROUP INC
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19880609
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557021
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	19601 MARINER AVE
Phone num:	3102140811

Termination reason:	01
Term Date:	19970124
Purpose of action:	2
Provider control:	04
Zip:	90503
Fips 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:	SRHO20070108909

AQ321 SRDCCA200715913
NE Daycare
2-4 mi
13296
Higher

EDR ID:	SRDCCA200715913
Facility number:	192009718
Facility name:	BEASLEY FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4722 W. 173RD STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	4722 W. 173RD STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"BEASLEY, BRITTANY MONETTE "
Licensee type:	A
License effective date:	20529
License expiration date:	Not Reported
License issue date:	020529
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 "
Original app. received date:	020117
Facility closed date:	Not Reported
Mailing address:	4722 W. 173RD STREET
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"BEASLEY, BRITTANY MONETTE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3107509039

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AT322			SRCL20051004164
ENE	Unitid:	444617	Colleges
2-4 mi	Instnm:	GATES COLLEGE	
13299	Addr:	4450 W 182ND ST	
Higher	City:	REDONDO BEACH	
	Stabbr:	CA	
	Zip:	90278	
	Zip4:	Not Reported	
	Unk:	Not Reported	
	Fips:	090278	
	Oberge:	8	
	Chfnm:	Tom Azim	
	Chftitle:	President	
	Gentele:	3105424411	
	Fintele:	3105424411	
	Admtele:	3105424411	
	Ein:	95464341	
	Duns:	-1	
	Opeid:	3755300	
	Opeflag:	1	
	Webaddr:	gatescollege.com	
	Sector:	9	
	Iclevel:	3	
	Control:	3	
	Hloffer:	1	
	Ugoffer:	1	
	Groffer:	2	
	Fpoffer:	2	
	Hdegoffer:	0	
	Deggrant:	2	
	Hbcu:	2	
	Hospital:	2	
	Medical:	2	
	Tribal:	2	
	Carnegie:	-3	
	Locale:	-3	
	Openpubl:	1	
	Act:	N	
	Newid:	-2	
	Deathyr:	-2	
	Closedat:	-2	
	Cyactive:	1	
	Postsec:	1	
	Pseflag:	1	
	Pset4flg:	1	
	Rptmth:	1	
	Fte:	10	
	Enrtot:	10	
	Edr id:	SRCL20051004164	

AR323			SRDCCA200742358
NNE	EDR ID:	SRDCCA200742358	Daycare
2-4 mi	Facility number:	191602514	
13305	Facility name:	DER KINDER GARDEN INFANT CENTER	
Higher	Facility eval. code:	7050	

Facility office number: 30
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 1843 10TH ST.
City: MANHATTAN BEACH
State: CA
Zip: 90266
Alt. address: 1843 10TH STREET
City: MANHATTAN BEACH
State: CA
Zip: 90266
Facility investor: "HASSOLDT, JUDITH "
Licensee type: A
License effective date: 940328
License expiration date: Not Reported
License issue date: 880427
Program type: COMBINATION CENTER: INFANT (37)AGES 6 WEEKS THROUGH 2 YEARS (191602514); PRESCHOOL (99) AGES 2 THROUGH 5 YEARS (191671378).
Original app. received date: 880401
Facility closed date: Not Reported
Mailing address: 2700 W. REDONDO BEACH BLVD.
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90504
Contact person: "MCCLELLAN, ROSE "
Facility capacity: 37
Type of clients served: 955
Facility phone: 2133183838

AR324 SRDCCA200746912
NNE EDR ID: SRDCCA200746912 Daycare
2-4 mi Facility number: 191671378
13305 Facility name: DER KINDERGARDEN PRESCHOOL
Higher Facility eval. code: 7050
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1843 10TH. STREET
City: MANHATTAN BEACH
State: CA
Zip: 90266
Alt. address: 2700 W. REDONDO BEACH BLVD.
City: TORRANCE
State: CA
Zip: 90504
Facility investor: "HASSOLDT, JUDITH "
Licensee type: A
License effective date: 940328
License expiration date: Not Reported
License issue date: Not Reported
Program type: "COMBINATION CENTER: PRESCHOOL, 99 CHILDREN AGES 2 YEARS THROUGH 5 YEARS (#191671378); INFANT 37 CHILDREN AGES 6 WEEKS THROUGH 2 YEARS (#191602514). "

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Original app. received date:	841105
Facility closed date:	Not Reported
Mailing address:	1843 10TH STREET
Mailing city:	MANHATTAN
Mailing state:	CA
Mailing zip:	90266
Contact person:	"MCCLELLAN, ROSE "
Facility capacity:	99
Type of clients served:	950
Facility phone:	3103183838

AR325 SRPR20051023880
NNE Private Schools
2-4 mi
13305
Higher

Pss school id:	K9300170
Pss inst:	DER KINDER GARDEN
Lograde:	PK
Higrade:	K
Pss address:	1843 10TH ST
Pss city:	MANHATTAN BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90266
Pss phone:	3103727272
Pss sch days:	230
Pss stu day hrs:	6
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	38
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:	58
Pss enroll tk12:	20
Pss race ai:	0
Pss race as:	0
Pss race h:	2
Pss race b:	1
Pss race w:	17
Pss fte teach:	3.8
Pss locale:	3
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	0
Pss hisp pct:	10
Pss black pct:	5
Pss white pct:	85
Pss stdtch rt:	5.26
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:	SRPR20051023880

AZ326			SRHO20070158183
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13322	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	LABORATORY CORPORATION OF AMERICA	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20000609	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0974541	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	19951 MARINER AVENUE SUITE 175	
	Phone num:	3103714169	
	Termination reason:	00	
	Term Date:	20081015	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	

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:	SRHO20070158183	
AZ327			SRHO20070154870
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13322	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20050707	
	Medicare/Medicaid:	1	
	Facility name:	PATHOLOGY INC A MEDICAL CORPORATION	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20001113	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0980136	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	19951 MARINER AVENUE, SUITE 150	
	Phone num:	8779227284	
	Termination reason:	00	
	Term Date:	20080219	
	Purpose of action:	5	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070154870	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AZ328			SRHO20070109029
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	01	
13358	Owner date:	20051101	
Higher	City:	TORRANCE	
	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:	20050608	
	Medicare/Medicaid:	1	
	Facility name:	LITTLE CO OF MARY HOME HEALTH	
	Intermediary/Carrier:	00454	
	Medicaid number:	HHA57447G	
	Partcipation date:	19940926	
	Prior COO date:	Not Reported	
	Prior carrier:	00040	
	Provider ID:	557447	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	3551 VOYAGER ST STE 201	
	Phone num:	3103705895	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	01	
	Zip:	90503	
	Fips 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:	SRHO20070109029	

AZ329			SRHO20070151656
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13358	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not 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 ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicare/Medicaid:	Not Reported
Facility name:	LITTLE CO OF MARY HOME HEALTH - SO BAY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980527
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0946482
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3551 VOYAGER STREET SUITE 201
Phone num:	3103705895
Termination reason:	00
Term Date:	20080526
Purpose of action:	Not Reported
Provider control:	01
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151656

BA330 — SRHO20070144642
East — AHA Hospitals
2-4 mi
13380
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PHYSICIANS CHOICE HOME HEALTH INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950104
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0896253
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3625 DEL AMO BLVD STE 390
Phone num:	3107931616
Termination reason:	00
Term Date:	20090103
Purpose of action:	Not Reported
Provider control:	02
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144642

BA331			SRHO20070144312
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13380	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	VESICARE INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940822	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0890557	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3625 DEL AMO BOULEVARD, #160	
	Phone num:	3105423500	
	Termination reason:	01	
	Term Date:	19960202	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144312

BA332 SRHO20070108797
East AHA Hospitals
2-4 mi
13380
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20030812
Medicare/Medicaid:	1
Facility name:	PHYSICIANS CHOICE HH
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19930408
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557270
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L5
street address:	3625 DEL AMO BLVD STE 390
Phone num:	3107931616
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	04
Zip:	90503
Fips 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:	SRHO20070108797

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BA333 East 2-4 mi 13380 Higher			SRHO20070156122 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ACCENTCARE SKILLED NURSING SERVICES	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20000426	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0973135	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3625 DEL AMO BOULEVARD, SUITE #120	
	Phone num:	3102148955	
	Termination reason:	00	
	Term Date:	20080425	
	Purpose of action:	Not Reported	
	Provider control:	01	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070156122	
BB334 North 2-4 mi 13414 Higher			SRDCCA200752497 Daycare
	EDR ID:	SRDCCA200752497	
	Facility number:	197407039	
	Facility name:	MANHATTAN ACADEMY II	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	1544 MANHATTAN BEACH BLVD.	
	City:	MANHATTAN BEACH	

State: CA
Zip: 90266
Alt. address: 17719 PALORA STREET
City: ENCINO
State: CA
Zip: 91316
Facility investor: "MANHATTAN ACADEMY, INC "
Licensee type: B
License effective date: 991214
License expiration date: Not Reported
License issue date: 991214
Program type: "LICENSEE PREFERS TO SERVE 32 CHILDREN: 14 PRESCHOOL CHILDREN, AGES 2 TO 5 YEARS OLD; 18 TODDLER OPTION CHILDREN 18-30 MONTHS. OUTDOOR PLAY WAIVER ATTACHED. "
Original app. received date: 990728
Facility closed date: Not Reported
Mailing address: 17719 PALORA STREET
Mailing city: ENCINO
Mailing state: CA
Mailing zip: 91316
Contact person: MARCIA MAR
Facility capacity: 32
Type of clients served: 950
Facility phone: 3104060644

AU335 SRDCCA200751107
North EDR ID: SRDCCA200751107 Daycare
2-4 mi Facility number: 197405506
13433 Facility name: CREATIVE KIDS
Higher Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1203 N. SEPULVEDA BLVD.
City: MANHATTAN BEACH
State: CA
Zip: 90266
Alt. address: 17719 PALORA ST.
City: ENCINO
State: CA
Zip: 91316
Facility investor: "FULL BODY HUG, INC "
Licensee type: D
License effective date: 990125
License expiration date: Not Reported
License issue date: 990125
Program type: MAXIMUM CAPACITY: 105 PRESCHOOL CHILDREN. TODDLER OPTION 18 CHILDREN AGES 18 MONTHS THROUGH 30 MONTHS. PRESCHOOL CHILDREN 87 CHILDREN AGES2 YEARS OLD THROUGH ENTRY INTO FIRST GRADE. WAIVER ON FILE.
Original app. received date: 981104
Facility closed date: Not Reported
Mailing address: 17719 PALORA ST.
Mailing city: ENCINO

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing state:	CA	
	Mailing zip:	91316	
	Contact person:	K.J. MAYER	
	Facility capacity:	105	
	Type of clients served:	950	
	Facility phone:	3105466540	
BC336			SRHO20070147235
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13442	Owner date:	Not Reported	
Higher	City:	MANHATTAN BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 WELL PHARMACY, THE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960624	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0916485	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1147 MANHATTAN AVE #220	
	Phone num:	3105451736	
	Termination reason:	08	
	Term Date:	20000623	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90266	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070147235	
AX337			SRHO20070149574
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13448			
Higher			

Owner date:	Not Reported
City:	MANHATTAN BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 BAY FAMILY MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19981023
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0953008
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	855 MANHATTAN BEACH BOULEVARD, SUITE 102
Phone num:	3105451589
Termination reason:	00
Term Date:	20071030
Purpose of action:	Not Reported
Provider control:	01
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149574

AX338 SRHO20070142302
North AHA Hospitals
2-4 mi
13448
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	RAJU H WADHWA MD
Intermediary/Carrier:	Not Reported

Medicaid number:	Not Reported
Partcipation date:	19930202
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0859299
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	855 MANHATTAN BEACH BLVD,SUITE 204
Phone num:	3109391892
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142302

AX339 — SRHO20070154830
North — AHA Hospitals
2-4 mi
13448
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MANHATTAN BEACH PHYSICIANS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971229
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0937989
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

street address:	855 MANHATTAN BEACH BLVD, SUITE 204
Phone num:	3109397842
Termination reason:	12
Term Date:	20010524
Purpose of action:	Not Reported
Provider control:	04
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154830

AX340			SRHO20070010479
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13448	Owner date:	Not Reported	
Higher	City:	MANHATTAN 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:	20021206	
	Medicare/Medicaid:	1	
	Facility name:	INDEPENDENT PHYSICAL THERAPY	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19980428	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	056860	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	855 MANHATTAN BEACH BLVD, SUITE 108	
	Phone num:	3109397878	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	06	
	Zip:	90266	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	

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_POSOTHER	
	Edr id:	SRHO20070010479	
AX341			SRHO20070152273
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13448	Owner date:	Not Reported	
Higher	City:	MANHATTAN BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ELAINE K JONES MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19981208	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0954759	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	855 MANHATTAN BEACH BLVD #201	
	Phone num:	3103937847	
	Termination reason:	00	
	Term Date:	20081207	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90266	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070152273	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AX342			SRHO20070146289
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13448	Owner date:	Not Reported	
Higher	City:	MANHATTAN BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	JOANNA M WONG, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960426	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0914348	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	855 MANHATTAN BECH BLVD, STE 103	
	Phone num:	3105174637	
	Termination reason:	00	
	Term Date:	20080425	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90266	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070146289	

AX343			SRHO20070145284
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13464	Owner date:	Not Reported	
Higher	City:	MANHATTAN 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:	20051027	

Medicare/Medicaid:	1
Facility name:	JAMIE L MACDOUGALL MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19940808
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0889914
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	828 MANHATTAN BEACH BOULEVARD
Phone num:	3105452900
Termination reason:	00
Term Date:	20071219
Purpose of action:	2
Provider control:	04
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145284

BD344 SRHO20070131755
SSE AHA Hospitals
2-4 mi
13501
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ERWIN L SAMUELSON MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930527
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0548772
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1970 SOUTH PROSPECT AVENUE
Phone num:	3105400375
Termination reason:	00
Term Date:	20081110
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131755

BD345 SRHO20070160809
SSE AHA Hospitals
2-4 mi
13501
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BEACH CITIES MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050318
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1038441
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1970 S PROSPECT AVE SUITE 2
Phone num:	3105405056
Termination reason:	08
Term Date:	20050920
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06

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:	SRHO20070160809	

BD346			SRHO20070147443
SSE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13501	Owner date:	Not Reported	
Higher	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 G SCHULL JR MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19970529	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0928871	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1970 SOUTH PROSPECT AVENUE	
	Phone num:	3103730551	
	Termination reason:	08	
	Term Date:	20030528	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90277	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070147443	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BD347 SSE 2-4 mi 13501 Higher			SRHO20070148260 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MADISON PARK FAMILY MEDICAL GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930527	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0871085	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1970 SOUTH PROSPECT AVENUE, SUITE #3	
	Phone num:	3109449344	
	Termination reason:	00	
	Term Date:	20070509	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90277	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070148260	

BE348 ESE 2-4 mi 13524 Higher			SRHO20070138773 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 KIMBERLY QUALITY CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930121
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0674429
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	21250 HAWTHORNE BLVD SUITE 550
Phone num:	3103169555
Termination reason:	01
Term Date:	19960903
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138773

BC349 SRHO20070142595
NNW AHA Hospitals
2-4 mi
13572
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DON S JENSEN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930122
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0857942
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	321 12TH STREET #110
Phone num:	3105456606
Termination reason:	17
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142595

BB350
NNE
2-4 mi
13623
Higher

SRDCCA200751420
Daycare

EDR ID:	SRDCCA200751420
Facility number:	197404183
Facility name:	VIA PACIFICA PRESCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1700 MANHATTAN BEACH BLVD.
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	1722 EIGHT STREET
City:	MANHATTAN BEACH BLVD
State:	CA
Zip:	90266
Facility investor:	"SHARP, BARBETTE & RICHARD "
Licensee type:	A
License effective date:	971201
License expiration date:	Not Reported
License issue date:	971201
Program type:	24 PRE-SCHOOL CHILDREN AGES 2 THROUGH ENTRY INTO FIRST GRADE. AMBULATORY CARE. THE FACILITY HAS AN ELEMENTARY SCHOOL ON SITE THAT OPERATES 8:20 AM-3:00 PM. AN AFFIDAVIT IS ON FILE. A PLAY YARD WAIVERIS ON FILE FROM CCL.
Original app. received date:	970929
Facility closed date:	Not Reported
Mailing address:	1722 EIGTH STREET
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	"SHARP, BARBETTE & RICHARD "

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Facility capacity:	24	
	Type of clients served:	950	
	Facility phone:	3103761223	

BB351			SRPR20051027221
NNE	Pss school id:	BB000090	Private Schools
2-4 mi	Pss inst:	VIA PACIFICA SCHOOL	
13623	Lograde:	UG	
Higher	Higrade:	UG	
	Pss address:	1700 MANHATTAN BEACH BLVD	
	Pss city:	MANHATTAN BEACH	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90266	
	Pss phone:	3103761223	
	Pss sch days:	Not Reported	
	Pss stu day hrs:	7.58	
	Pss library:	No	
	Pss enroll ug:	40	
	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:	40	
	Pss enroll tk12:	40	
	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:	3	
	Pss locale:	3	
	Pss coed:	1	
	Pss type:	4	
	Pss level:	3	
	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:	13.33	

Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	National Association for the Education of Young Children (NAEYC)
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:	SRPR20051027221

BF352 SRHO20070150948
NE AHA Hospitals
2-4 mi
13628
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	INTEGRATED HEALTHCARE MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990727
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0963268
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2850 ARTESIA BLVD STE 105
Phone num:	3102148000
Termination reason:	00
Term Date:	20070726
Purpose of action:	Not Reported
Provider control:	04
Zip:	90278
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150948

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BF353 NE 2-4 mi 13628 Higher			SRHO20070131773 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	BROCK S JONES MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921230	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0548847	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2850 ARTESIA BLVD 207	
	Phone num:	3104551706	
	Termination reason:	17	
	Term Date:	19940831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90278	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131773	

BF354 NE 2-4 mi 13628 Higher			SRHO20070143867 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	REDONDO BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	MANAGED CARE MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930326
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0865982
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2850 ARTISIA BLVD STE 105
Phone num:	3102148000
Termination reason:	00
Term Date:	20080125
Purpose of action:	Not Reported
Provider control:	04
Zip:	90278
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143867

AV355 SRDCCA200708779
ESE Daycare
2-4 mi
13633
Higher

EDR ID:	SRDCCA200708779
Facility number:	197404847
Facility name:	USMAN FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3650 EMERALD STREET X1
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	3650 EMERALD STREET X1
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"USMAN, SYEDA G. "
Licensee type:	A
License effective date:	980610
License expiration date:	Not Reported
License issue date:	980610

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: 980501
Facility closed date: Not Reported
Mailing address: 3650 EMERALD STREET X1
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90503
Contact person: SYEDA G. USMAN
Facility capacity: 8
Type of clients served: 960
Facility phone: 3105426786

BG356 SRDCCA200747583
South Daycare
2-4 mi
13632
Higher

EDR ID: SRDCCA200747583
Facility number: 191602210
Facility name: RIVIERA HALL PRE SCHOOL
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 330 PALOS VERDES BLVD
City: REDONDO BEACH
State: CA
Zip: 90277
Alt. address: 330 PALOS VERDES BLVD
City: REDONDO BEACH
State: CA
Zip: 90277
Facility investor: "LUTHERAN CHURCH OF THE RESURRECTION, THE "
Licensee type: C
License effective date: 940324
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY ONLY, LICENSEE PREFERS TO SERVE CHILDREN AGES 2 YEARS AND 6 MONTHS THRU 6 YEARS AND 6 MONTHS "
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 330 PALOS VERDES BLVD
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90277
Contact person: KRISTIN COTTI
Facility capacity: 60
Type of clients served: 950
Facility phone: 3103756538

BG357 SRPR20051022918
South Private Schools
2-4 mi
13632
Higher

Pss school id: 00080712
Pss inst: RIVIERA HALL LUTHERAN SCHOOL

Lograde:	K
Higrade:	8
Pss address:	330 PALOS VERDES BLVD
Pss city:	REDONDO BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90277
Pss phone:	3103755528
Pss sch days:	170
Pss stu day hrs:	6.42
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	23
Pss enroll 1:	18
Pss enroll 2:	23
Pss enroll 3:	21
Pss enroll 4:	21
Pss enroll 5:	25
Pss enroll 6:	26
Pss enroll 7:	23
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:	203
Pss enroll tk12:	203
Pss race ai:	0
Pss race as:	4
Pss race h:	3
Pss race b:	5
Pss race w:	191
Pss fte teach:	12
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	1.97
Pss hisp pct:	1.48
Pss black pct:	2.46
Pss white pct:	94.09
Pss stdtch rt:	16.92
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
Edr id:	SRPR20051022918

BF358 — SRHO20070142920
NE — AHA Hospitals
2-4 mi
13637
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SOMA MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19931223
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0880808
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1959 KINGSDALE AVENUE
Phone num:	3102148500
Termination reason:	00
Term Date:	20071222
Purpose of action:	Not Reported
Provider control:	04
Zip:	90278
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142920

AT359 — SRHO20070155172
ENE — AHA Hospitals
2-4 mi
13655
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported

Compliance status:	Not Reported
SSA 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 #120
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000822
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0977229
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1413 HAWTHORNE BLVD
Phone num:	3108844722
Termination reason:	00
Term Date:	20080821
Purpose of action:	Not Reported
Provider control:	04
Zip:	90278
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155172

BH360 SRDCCA200703806
SE Daycare
2-4 mi
13694
Higher

EDR ID:	SRDCCA200703806
Facility number:	191608438
Facility name:	SIMPSON FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	22005 LADEENE
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	22005 LADEENE
City:	TORRANCE
State:	CA
Zip:	90503

Facility investor:	"SIMPSON, SHELLEY "
Licensee type:	A
License effective date:	951007
License expiration date:	Not Reported
License issue date:	921007
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:	920817
Facility closed date:	Not Reported
Mailing address:	22005 LADEENE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	"SIMPSON, SHELLEY "
Facility capacity:	12
Type of clients served:	960
Facility phone:	3103165130

BI361 — SRHO20070011143
NNE — AHA Hospitals
2-4 mi
13707
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN 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:	19930803
Medicare/Medicaid:	1
Facility name:	RECUP-A-CARE, INC
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19930803
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	057410
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	1726 MANHATTAN BEACH BLVD, SUITE J
Phone num:	3107981000
Termination reason:	04
Term Date:	19950315
Purpose of action:	1
Provider control:	04
Zip:	90266
Fips 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:	SRHO20070011143

BI362 SRDCCA200751641
NNE Daycare
2-4 mi
13724
Higher

EDR ID:	SRDCCA200751641
Facility number:	197403720
Facility name:	MANHATTAN ACADEMY I
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1740 MANHATTAN BEACH BOULEVARD
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	17719 PALORA ST.
City:	ENCINO
State:	CA
Zip:	91316
Facility investor:	"MANHATTAN ACADEMY, INC. "
Licensee type:	D
License effective date:	970922
License expiration date:	Not Reported
License issue date:	970922
Program type:	LICENSEE PREFERS TO SERVE CHILDREN AGES 2 THROUGH 5 YEARS OLD
Original app. received date:	970624
Facility closed date:	Not Reported
Mailing address:	17719 PALORA ST
Mailing city:	ENCINO
Mailing state:	CA
Mailing zip:	91316
Contact person:	MARCIA MAR
Facility capacity:	89
Type of clients served:	950
Facility phone:	3103741804

BI363 SRPR20051022769
NNE Private Schools
2-4 mi
13724
Higher

Pss school id:	00094248
Pss inst:	MANHATTAN ACADEMY INCORPORATED
Lograde:	PK
Higrade:	8
Pss address:	1740 MANHATTAN BEACH BOULEVARD
Pss city:	MANHATTAN BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06

Pss zip5:	90266
Pss phone:	3103741804
Pss sch days:	185
Pss stu day hrs:	6.5
Pss library:	Not Reported
Pss enroll ug:	Not Reported
Pss enroll pk:	60
Pss enroll k:	32
Pss enroll 1:	10
Pss enroll 2:	5
Pss enroll 3:	2
Pss enroll 4:	5
Pss enroll 5:	6
Pss enroll 6:	1
Pss enroll 7:	2
Pss enroll 8:	4
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	127
Pss enroll tk12:	67
Pss race ai:	0
Pss race as:	7
Pss race h:	1
Pss race b:	1
Pss race w:	58
Pss fte teach:	10.6
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:	10.45
Pss hisp pct:	1.49
Pss black pct:	1.49
Pss white pct:	86.57
Pss stdtch rt:	6.32
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:	SRPR20051022769

BA364 SRHO20070148622
East Hospital type: 01 AHA Hospitals
2-4 mi Num of times COO: 00
13745
Higher

Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 CARE PARTNERS-BAYSHORES MEDICAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970520
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0928510
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3565 DEL AMO BLVD
Phone num:	3102140811
Termination reason:	00
Term Date:	20070519
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148622

BE365 SRHO20070151172
ESE AHA Hospitals
2-4 mi
13766
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FRED SAKURAI MD
Intermediary/Carrier:	Not Reported

Medicaid number:	Not Reported
Partcipation date:	19990127
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0956408
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	21320 HAWTHORNE BLVD SUITE 105
Phone num:	3103165659
Termination reason:	00
Term Date:	20080323
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151172

BE366 SRHO20070131615
ESE AHA Hospitals
2-4 mi
13766
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20050802
Medicare/Medicaid:	1
Facility name:	PAUL J GETHNER MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550642
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

street address:	21320 HAWTHORNE BLVD, SUITE 127
Phone num:	3105432662
Termination reason:	00
Term Date:	20070831
Purpose of action:	2
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131615

BE367			SRHO20070138812
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13766	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 PLANNING ASSOC MEDICAL GRP INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930219	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0691375	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	21320 HAWTHORNE SUITE 119	
	Phone num:	3103168879	
	Termination reason:	12	
	Term Date:	19951222	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138812

BF368 SRDCCA200717820
NE Daycare
2-4 mi
13792
Higher

EDR ID:	SRDCCA200717820
Facility number:	197408996
Facility name:	JONES & PORTER FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4611 W. 173RD STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	4611 W. 173RD STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"JONES, ROXANNA & PORTER, STEPHANIE "
Licensee type:	A
License effective date:	21104
License expiration date:	Not Reported
License issue date:	021104
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. "(INFANT MEANS A CHILD UNDER 2 YEARS OLD.)
Original app. received date:	021017
Facility closed date:	Not Reported
Mailing address:	4611 W. 173RD STREET
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	JONES & PORTER
Facility capacity:	8
Type of clients served:	960
Facility phone:	3107936537

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369 SRDCCA200702806
SE Daycare
2-4 mi
13798
Higher

EDR ID:	SRDCCA200702806
Facility number:	191605002
Facility name:	MCHALE FAMILY DAY CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03

Address:	5024 SHARYNNE LANE
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	5024 SHARYNNE LANE
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"MCHALE, MARY & JOHN "
Licensee type:	A
License effective date:	930520
License expiration date:	Not Reported
License issue date:	900520
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN UNDER 10 YEARS WHEN IN THE HOME, NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS ILD.) "
Original app. received date:	900209
Facility closed date:	Not Reported
Mailing address:	5024 SHARYNNE LANE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90505
Contact person:	"MCHALE, MARY E. "
Facility capacity:	12
Type of clients served:	960
Facility phone:	3105409237

BE370 SRHO20070142993
ESE AHA Hospitals
2-4 mi
13836
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DAVID OH MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921230
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0856339
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	21350 HAWTHORNE BLVD #260
Phone num:	3105432977

Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142993

BE371 SRHO20070131613
ESE AHA Hospitals
2-4 mi
13836
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 A SCHLEISSNER MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930222
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550627
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	21350 HAWTHORNE BLVD
Phone num:	3105431144
Termination reason:	08
Term Date:	19980831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported

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:	SRHO20070131613	
BE372			SRHO20070149970
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13836	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	BYRON W BISCOE MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980717	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0948739	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	21350 HAWTHORNE BOULEVARD SUITE 275	
	Phone num:	3107928845	
	Termination reason:	00	
	Term Date:	20080716	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149970	
BE373			SRHO20070150352
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13836	Owner date:	Not Reported	
Higher			

City:	TORRANCE
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:	20031215
Medicare/Medicaid:	1
Facility name:	DEL AMO MEDICAL LABORATORY, INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19960327
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0913319
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	21350 HAWTHORNE BLVD, SUITE 164
Phone num:	3105409885
Termination reason:	12
Term Date:	20051227
Purpose of action:	2
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150352

BE374 SRHO20070132049
ESE AHA Hospitals
2-4 mi
13836
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19980702
Medicare/Medicaid:	1
Facility name:	NATHAN ROSENBLOOM MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported

Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550580
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	21350 HAWTHORNE BLVD SUITE 259
Phone num:	3103702507
Termination reason:	01
Term Date:	20041230
Purpose of action:	2
Provider control:	02
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132049

BE375 SRHO20070145022
ESE AHA Hospitals
2-4 mi
13836
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19970717
Medicare/Medicaid:	1
Facility name:	HAMEED A KHAN, MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19940603
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0887061
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	21350 HAWTHORNE BLVD, SUITE 259

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Phone num:	3105405464
Termination reason:	00
Term Date:	20071220
Purpose of action:	2
Provider control:	02
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145022

BE376			SRHO20070132035
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13836	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	EMIL M LICHINA MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930318	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0550573	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	21350 HAWTHORNE BLVD	
	Phone num:	3103161477	
	Termination reason:	15	
	Term Date:	19940831	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	

Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132035

BE377 SRHO20070147136
ESE AHA Hospitals
2-4 mi
13836
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DUKE M CHANG MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960522
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0915246
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	21350 HAWTHORNE BLVD #170
Phone num:	3103166123
Termination reason:	08
Term Date:	20060521
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147136

BE378 SRHO20070150878
ESE AHA Hospitals
2-4 mi
13836
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 F COHN MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19981208
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0954766
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	21350 HAWTHORNE BOULEVARD #161
Phone num:	3105431590
Termination reason:	01
Term Date:	20030701
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150878

AY379 SRHO20070108244
ESE AHA Hospitals
2-4 mi
13888
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19960509
Medicare/Medicaid:	1
Facility name:	ASSURED HOME HEALTH SERVICES INC
Intermediary/Carrier:	00140

Medicaid number:	Not Reported
Partcipation date:	19960509
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557699
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	3848 W CARSON STREET SUITE 220
Phone num:	3107925742
Termination reason:	01
Term Date:	19990430
Purpose of action:	1
Provider control:	04
Zip:	90503
Fips 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:	SRHO20070108244

BD380 SRHO20070131486
SSE AHA Hospitals
2-4 mi
13891
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	REDONDO BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 PARRY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921216
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0548714
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB

street address:	1914 S PACIFIC COAST HWY #103
Phone num:	3105401619
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90277
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131486

BJ381 SRDCCA200706266
NNE Daycare
2-4 mi
13940
Higher

EDR ID:	SRDCCA200706266
Facility number:	191610124
Facility name:	PARKER FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2221 BATAAN ROAD
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	2221 BATAAN ROAD
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	"PARKER, VIKKI "
Licensee type:	A
License effective date:	940127
License expiration date:	Not Reported
License issue date:	940127
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:	931026
Facility closed date:	Not Reported
Mailing address:	2221 BATAAN ROAD
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	VIKKI LEE PARKER
Facility capacity:	6
Type of clients served:	960
Facility phone:	3105422620

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

AW382 — SRDCCA200755736
North — Daycare
2-4 mi
13963
Higher

EDR ID:	SRDCCA200755736
Facility number:	197412838
Facility name:	MANHATTAN BEACH CONTINUING DEVELOPMENT INC.
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1431 15TH STREET
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	851 E. HAMILTON AVENUESTE 200
City:	CAMPBELL
State:	CA
Zip:	95008
Facility investor:	CONTINUING DEVELOPMENT INC.
Licensee type:	C
License effective date:	50916
License expiration date:	Not Reported
License issue date:	050916
Program type:	"AMBULATORY, LICENSEE PREFERS TO SERVE PRESCHOOL CHILDREN AGES 3 THROUGH 5 YEARS IN ROOMS 12, 13, 14, 15 AND 16. HOURS OF OPERATION MONDAY - FRIDAY 6:30 AM - 6:00 PM. "
Original app. received date:	050802
Facility closed date:	Not Reported
Mailing address:	851 E. HAMILTON AVENUESTE 200
Mailing city:	CAMPBELL
Mailing state:	CA
Mailing zip:	95008
Contact person:	"LENORE, HEATHER "
Facility capacity:	120
Type of clients served:	950
Facility phone:	7143088288

AW383 — SRDCCA200753417
North — Daycare
2-4 mi
13963
Higher

EDR ID:	SRDCCA200753417
Facility number:	197409477
Facility name:	MANHATTAN BEACH UNIFIED SCH DIST.-CHILD DEV. CTRS.
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1431 15TH STREET
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	1431 15TH STREET
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Facility investor:	MANHATTAN BEACH UNIFIED SCH. DIST. CHILD DEV. CTRS

Licensee type:	F
License effective date:	21115
License expiration date:	Not Reported
License issue date:	021115
Program type:	MAXIMUM CAPACITY: 208 PRESCHOOL CHILDREN. TODDLER OPTION OF 40 CHILDREN AGES 18 MONTHS THROUGH 30 MONTHS. PRESCHOOL COMPONENT 168 CHILDREN AGES TWO YEARS THROUGH ENTRY INTO FIRST GRADE. FACILITYOPERATES ON A PUBLIC SCHOOL SITE.
Original app. received date:	021003
Facility closed date:	Not Reported
Mailing address:	1600 PACIFIC AVE.
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	"GIOVATI, JOHN "
Facility capacity:	208
Type of clients served:	950
Facility phone:	3105467655

BE384 SRHO20070157055
ESE AHA Hospitals
2-4 mi
14038
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CABOT MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000321
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0971759
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3661 TORRANCE BLVD STE 205
Phone num:	3105432669
Termination reason:	00
Term Date:	20080320
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157055

BI385 — SRDCCA200746749
NNE — Daycare
2-4 mi
14092
Higher

EDR ID:	SRDCCA200746749
Facility number:	191605317
Facility name:	MAGIC RAINBOW PRESCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1159 AVIATION BLVD.
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	1159 AVIATION BLVD.
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Facility investor:	"MAGIC RAINBOW PRESCHOOL, INC. "
Licensee type:	D
License effective date:	940917
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY ONLY 65 PRESCHOOLERS AGES 2 YEARS THRU 6 YEARS
Original app. received date:	820621
Facility closed date:	Not Reported
Mailing address:	910 1ST STREET
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	"BOURGEOIS, BONNIE "
Facility capacity:	65
Type of clients served:	950
Facility phone:	3103767556

BI386 — SRPR20051022763
NNE — Private Schools
2-4 mi
14092
Higher

Pss school id:	K9300171
Pss inst:	MAGIC RAINBOW PRE SCHOOL
Lograde:	PK
Higrade:	K
Pss address:	1159 N AVIATION BLVD
Pss city:	MANHATTAN BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90266

Pss phone:	3103767556
Pss sch days:	190
Pss stu day hrs:	3.5
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	70
Pss enroll k:	11
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:	81
Pss enroll tk12:	11
Pss race ai:	0
Pss race as:	2
Pss race h:	2
Pss race b:	0
Pss race w:	7
Pss fte teach:	1
Pss locale:	3
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	18.18
Pss hisp pct:	18.18
Pss black pct:	0
Pss white pct:	63.64
Pss stdtch rt:	11
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:	SRPR20051022763

BH387 SRDCCA200707615
SE EDR ID: SRDCCA200707615 Daycare
2-4 mi Facility number: 197402876
14232 Facility name: SOTO FAMILY DAY CARE
Higher

Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	22323 MARJORIE AVE.
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	22323 MARJORIE AVE.
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"SOTO, SILVIA "
Licensee type:	A
License effective date:	960826
License expiration date:	Not Reported
License issue date:	960826
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN UNDER 10 YEARS WHEN IN THE HOME, NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	960822
Facility closed date:	Not Reported
Mailing address:	22323 MARJORIE AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90505
Contact person:	SOTO
Facility capacity:	12
Type of clients served:	960
Facility phone:	3103784530

BG388 SRDCCA200747384
South Daycare
2-4 mi
14390
Higher

EDR ID:	SRDCCA200747384
Facility number:	191600895
Facility name:	RIVIERA UNITED METHODIST PRESCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	375 PALOS VERDES BLVD
City:	REDONDO BEACH
State:	CA
Zip:	90277
Alt. address:	375 PALOS VERDES BLVD
City:	REDONDO BEACH
State:	CA
Zip:	90277
Facility investor:	RIVIERA UNITED METHODIST CHURCH
Licensee type:	C
License effective date:	930915
License expiration date:	Not Reported
License issue date:	Not Reported

Program type:	LICENSEE PREFERS TO SERVE AGES 2.5 TO 5 YEARS. SCHOOL OPERATES TUESDAY THRU FRIDAY FROM 9:00 TO 12:00.
Original app. received date:	750807
Facility closed date:	Not Reported
Mailing address:	375 PALOS VERDES BOULEVARD
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90277
Contact person:	LINDA BILLE
Facility capacity:	30
Type of clients served:	950
Facility phone:	3103789273

BK389 SRDCCA200744080
SE Daycare
2-4 mi
14512
Higher

EDR ID:	SRDCCA200744080
Facility number:	191671719
Facility name:	YMCA OF METRO L.A. - SEASIDE ELEMENTARY
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	4651 SHARYNNE LANE
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	2900 W. SEPULVEDA BLVD.
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	YMCA OF METROPOLITAN LOS ANGELES
Licensee type:	C
License effective date:	930813
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY. LICENSEE PREFERS TO SERVE CHILDREN AGES 5 - 12 YEARS.
Original app. received date:	850906
Facility closed date:	Not Reported
Mailing address:	625 S. NEW HAMPSHIRE
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90005
Contact person:	MATTIE AGUALLO
Facility capacity:	120
Type of clients served:	950
Facility phone:	3103163411

BK390 SRPU20071009094
SE Public Schools
2-4 mi
14512
Higher

Ncessch:	063942006571
Schname05:	SEASIDE ELEMENTARY
Mstreet05:	4651 SHARYNNE LN.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90505

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mzip405:	3355	
	Member05:	711	
	Phone05:	(310) 533-4532	
	Locale05:	2	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071009094	
BL391 ESE 2-4 mi 14631 Higher			SRDCCA200747573 Daycare
	EDR ID:	SRDCCA200747573	
	Facility number:	191602067	
	Facility name:	MARICOPA PRE-SCHOOL	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	3525 MARICOPA STREET	
	City:	TORRANCE	
	State:	CA	
	Zip:	90503	
	Alt. address:	3525 MARICOPA STREET	
	City:	TORRANCE	
	State:	CA	
	Zip:	90503	
	Facility investor:	TORRANCE CHURCH OF CHRIST	
	Licensee type:	C	
	License effective date:	930619	
	License expiration date:	Not Reported	
	License issue date:	901219	
	Program type:	AMBULATORY CARE PREFERS TO SERVE AGES 2 THRU 6 YEARS OLD. COMBINATION FACILITY (10) X 197402422 INFANT	
	Original app. received date:	770822	
	Facility closed date:	Not Reported	
	Mailing address:	3525 MARICOPA ST.	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90503	
	Contact person:	ANI MANUKYAN	
	Facility capacity:	54	
	Type of clients served:	950	
	Facility phone:	3105424011	
BL392 ESE 2-4 mi 14631 Higher			SRDCCA200741871 Daycare
	EDR ID:	SRDCCA200741871	
	Facility number:	197402422	
	Facility name:	MARICOPA PRESCHOOL	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	830	
	Facility status code:	03	

Address:	3525 MARICOPA ST.
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	3525 MARICOPA ST.
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	CHURCH OF CHRIST TORRANCE
Licensee type:	C
License effective date:	960619
License expiration date:	Not Reported
License issue date:	960619
Program type:	TO SERVE INFANTS BIRTH TO AGE 2; COMBO (54) PRESCHOOL (X 191602067)
Original app. received date:	960408
Facility closed date:	Not Reported
Mailing address:	3525 MARICOPA ST.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	ANI MANUKYAN
Facility capacity:	10
Type of clients served:	955
Facility phone:	3105424011

393
ENE
2-4 mi
14643
Higher

SRDCCA200728794
Daycare

EDR ID:	SRDCCA200728794
Facility number:	197412101
Facility name:	KAMRAN & NADIR FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	18144 REGINA AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	18144 REGINA AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"KAMRAN, SAIMA SHEIKH & NADIR, KAMRAN "
Licensee type:	A
License effective date:	41222
License expiration date:	Not Reported
License issue date:	041222
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:	041020
Facility closed date:	Not Reported
Mailing address:	18144 REGINA AVENUE
Mailing city:	TORRANCE

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing state:	CA	
	Mailing zip:	90504	
	Contact person:	"KAMRAN, SAIMA "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3104837874	

BM394			SRPR20051019243
NNW	Pss school id:	00071162	Private Schools
2-4 mi	Pss inst:	AMERICAN MARTYRS SCHOOL	
14654	Lograde:	K	
Higher	Higrade:	8	
	Pss address:	1701 LAUREL AVE	
	Pss city:	MANHATTAN BEACH	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90266	
	Pss phone:	3105458559	
	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:	64	
	Pss enroll 1:	64	
	Pss enroll 2:	65	
	Pss enroll 3:	64	
	Pss enroll 4:	61	
	Pss enroll 5:	64	
	Pss enroll 6:	59	
	Pss enroll 7:	57	
	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:	553	
	Pss enroll tk12:	553	
	Pss race ai:	0	
	Pss race as:	5	
	Pss race h:	5	
	Pss race b:	0	
	Pss race w:	543	
	Pss fte teach:	24	
	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:	0.9	
	Pss hisp pct:	0.9	

Pss black pct:	0
Pss white pct:	98.19
Pss stdtch rt:	23.04
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:	SRPR20051019243

BM395 SRDCCA200754556
NNW Daycare
2-4 mi
14666
Higher

EDR ID:	SRDCCA200754556
Facility number:	197407666
Facility name:	AMERICAN MARTYRS PRESCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1705 LAUREL AVENUE
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	1705 LAUREL AVENUE
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Facility investor:	ARCHDIOCESE OF LOS ANGELES
Licensee type:	D
License effective date:	814
License expiration date:	Not Reported
License issue date:	000814
Program type:	PRESCHOOL CHILDREN AGES 3 - 6 YEARS.
Original app. received date:	000629
Facility closed date:	Not Reported
Mailing address:	1701 LAUREL AVENUE
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	"WOOD, JEANNIE C. "
Facility capacity:	61
Type of clients served:	950
Facility phone:	3108028149

BH396 SRHO20070132173
SE AHA Hospitals
2-4 mi
14711
Higher

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

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:	19950201
Medicare/Medicaid:	1
Facility name:	PERENS AND BERMAN INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0551243
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4010 SEPULVEDA BLVD SUITE 3
Phone num:	3103780272
Termination reason:	00
Term Date:	20070131
Purpose of action:	1
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132173

BH397 SRHO20070131626
SE AHA Hospitals
2-4 mi
14711
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FRED B ROTHELL MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930512

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550648
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4010 SEPULVEDA BLVD
Phone num:	3105433508
Termination reason:	01
Term Date:	19960301
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131626

BH398 SRHO20070152024
SE AHA Hospitals
2-4 mi
14711
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SUDHIR BAGGA
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990302
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0957806
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4010 SEPULVEDA BLVD, #6
Phone num:	3105439036

Termination reason:	08
Term Date:	20050301
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152024

BN399 SRDCCA200729285
North Daycare
2-4 mi
14724
Higher

EDR ID:	SRDCCA200729285
Facility number:	197412631
Facility name:	NELSEN FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1808 OAK AVENUE
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	1808 OAK AVENUE
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Facility investor:	"NELSEN, LUCILLE "
Licensee type:	A
License effective date:	50607
License expiration date:	Not Reported
License issue date:	050607
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:	050510
Facility closed date:	Not Reported
Mailing address:	1808 OAK AVENUE
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	"NELSEN, LUCILLE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105454431

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BK400 SE 2-4 mi 14786 Higher			SRDCCA200747644 Daycare
	EDR ID:	SRDCCA200747644	
	Facility number:	191603232	
	Facility name:	SEASIDE PARENT PARTICIPATION NURSERY SCHOOL	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	4565 SHARYNNE LANE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90505	
	Alt. address:	4565 SHARYNNE LANE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90505	
	Facility investor:	SEASIDE PARENT PARTICIPATION NURSERY SCHOOL	
	Licensee type:	C	
	License effective date:	950608	
	License expiration date:	Not Reported	
	License issue date:	Not Reported	
	Program type:	"AMBULATORY, LICENSEE SERVES AGES 2 THROUGH 5 YEARS. "	
	Original app. received date:	780601	
	Facility closed date:	Not Reported	
	Mailing address:	4565 SHARYNNE LANE	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90505	
	Contact person:	DESIREE D. ABEL	
	Facility capacity:	24	
	Type of clients served:	950	
	Facility phone:	3103750641	
BL401 ESE 2-4 mi 14791 Higher			SRHO20070142817 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	RAYNE R PANG MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930811	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0874498	
	Record Status:	A	

Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3524 TORRANCE BLVD SUITE 101
Phone num:	3105408994
Termination reason:	00
Term Date:	20070810
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142817

BL402 SRHO20070132172
ESE AHA Hospitals
2-4 mi
14791
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CAROLYN WATERS MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19941118
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0551222
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3524 TORRANCE BLVD, SUITE 103
Phone num:	3103160700
Termination reason:	00
Term Date:	20071222
Purpose of action:	Not Reported
Provider control:	04

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132172

BL403 SRHO20070138968
ESE AHA Hospitals
2-4 mi
14791
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TRADITIONAL PHYSICIANS MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930111
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0691586
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3524 TORRANCE BLVD SUITE 100
Phone num:	3105436754
Termination reason:	01
Term Date:	19951222
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA

Edr id:	SRHO20070138968	

BO404			SRHO20070107288
NE	Hospital type:	02	AHA Hospitals
2-4 mi	Num of times COO:	00	
14804	Owner date:	Not Reported	
Higher	City:	LAWNDALE	
	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:	20060627	
	Medicare/Medicaid:	1	
	Facility name:	BEACHSIDE HOME	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	LTC60912F	
	Partcipation date:	19990802	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	55G272	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	4743 WEST 166TH STREET	
	Phone num:	3103711962	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	90260	
	Fips state:	06	
	Fips cnty:	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:	SRHO20070107288	

BP405			SRHO20070007261
SE	Hospital type:	02	AHA Hospitals
2-4 mi	Num of times COO:	00	
14811	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19830919
Medicare/Medicaid:	1
Facility name:	DEL AMO GARDENS SANITARIUM CONV HOSP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19750501
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05E247
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	22419 KENT AVE
Phone num:	2133784233
Termination reason:	07
Term Date:	19850201
Purpose of action:	2
Provider control:	03
Zip:	90505
Fips state:	06
Fips cnty:	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:	SRHO20070007261

BP406			SRHO20070110655
SE	Hospital type:	03	AHA Hospitals
2-4 mi	Num of times COO:	00	
14811	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20060127	
	Medicare/Medicaid:	1	
	Facility name:	DEL AMO GARDENS CONV HOSP	
	Intermediary/Carrier:	00040	
	Medicaid number:	LTC55706F	
	Partcipation date:	19970629	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	555706	

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:	L1
street address:	22419 KENT AVENUE
Phone num:	3103784233
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	90505
Fips state:	06
Fips cnty:	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:	SRHO20070110655

BP407 SRHO20070010057
SE AHA Hospitals
2-4 mi
14811
Higher

Hospital type:	03
Num of times COO:	02
Owner date:	Not Reported
City:	TORRANCE
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:	19960828
Medicare/Medicaid:	2
Facility name:	DEL AMO GARDENS CONVALESCENT HOSPITAL
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19670101
Prior COO date:	19861201
Prior carrier:	Not Reported
Provider ID:	055228
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	22419 KENT AVENUE
Phone num:	3103784233
Termination reason:	05
Term Date:	19970118
Purpose of action:	3

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Provider control:	02	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	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:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070010057	
BP408			SRHO20070143886
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
14811	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	DEL AMO GARDENS CONVALESCENT CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940315	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0883683	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	22419 KENT AVENUE	
	Phone num:	3103784233	
	Termination reason:	00	
	Term Date:	20080314	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	

Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070143886	

BP409			SRNH20060914890
SE	Provnum:	555706	Nursing Homes
2-4 mi	Nursinghomename:	DEL AMO GARDENS CONV HOSP	
14811	Street:	22419 KENT AVENUE	
Higher	City:	TORRANCE	
	State:	CA	
	Zipcode:	90505	
	Phonenumber:	3103784233	
	Dateoflastinspection:	20060116	
	Certifiednumberofbeds:	94	
	Totalnumberofresidents:	84	
	Percofoccupiedbeds:	89	
	Categorydescription:	Participating in Medicare and Medicaid	
	Typeofownership:	For profit - Corporation	
	Locatedwithinahospital:	NO	
	Multinursinghomeownership:	NO	
	Residentandfamilycouncils:	BOTH	
	Edr id:	SRNH20060914890	

BJ410			SRDCCA200711486
NNE	EDR ID:	SRDCCA200711486	Daycare
2-4 mi	Facility number:	197406755	
14892	Facility name:	JETT FAMLIY CHILD CARE	
Higher	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2412 BURRITT AVENUE	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90278	
	Alt. address:	2412 BURRITT AVENUE	
	City:	REDONDO BEACH	
	State:	CA	
	Zip:	90278	
	Facility investor:	"JETT, RHONDA "	
	Licensee type:	A	
	License effective date:	990617	
	License expiration date:	Not Reported	
	License issue date:	990617	
	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:	990504	
	Facility closed date:	Not Reported	
	Mailing address:	2412 BURRITT AVENUE	
	Mailing city:	REDONDO BEACH	
	Mailing state:	CA	
	Mailing zip:	90278	
	Contact person:	"JETT, RHONDA "	

Facility capacity:	14
Type of clients served:	960
Facility phone:	3105426041

BP411 SRHO20070131754
SE AHA Hospitals
2-4 mi
14961
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 R BLOOMFIELD MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930302
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550989
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	22507-D KENT AVE
Phone num:	3103784050
Termination reason:	01
Term Date:	19980319
Purpose of action:	Not Reported
Provider control:	02
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131754

BN412 SRDCCA200703449
North Daycare
2-4 mi
14975
Higher

EDR ID:	SRDCCA200703449
Facility number:	191608723
Facility name:	"MILLER, TONI FAMILY DAY CARE "
Facility eval. code:	5040
Facility office number:	30

Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1131 20TH
City: MANHATTAN BEACH
State: CA
Zip: 90266
Alt. address: 1131 20TH
City: MANHATTAN BEACH
State: CA
Zip: 90266
Facility investor: "MILLER, GALE AND TONI "
Licensee type: A
License effective date: 950429
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: 811201
Facility closed date: Not Reported
Mailing address: 1131 20TH
Mailing city: MANHATTAN BEACH
Mailing state: CA
Mailing zip: 90266
Contact person: "MILLER, TONI "
Facility capacity: 6
Type of clients served: 960
Facility phone: 3105461490

BQ413 SRDCCA200741669
NNE EDR ID: SRDCCA200741669 Daycare
2-4 mi Facility number: 197405914
14998 Facility name: "LAUNCHING PAD, THE "
Higher Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 3707 DOOLITTLE DRIVE
City: REDONDO BEACH
State: CA
Zip: 90278
Alt. address: 3707 DOOLITTLE DRIVE
City: REDONDO BEACH
State: CA
Zip: 90278
Facility investor: KNOWLEDGE LEARNING CORPORATION
Licensee type: D
License effective date: 990401
License expiration date: Not Reported
License issue date: 990401
Program type: COMBINATION CENTER: INFANTS (72) AGES 0 THRU 2 YEARS; PRESCHOOL (141); X197405913
Original app. received date: 990302

Facility closed date:	Not Reported
Mailing address:	650 NE HOLLADAY ST. #1400
Mailing city:	PORTLAND
Mailing state:	OR
Mailing zip:	97232
Contact person:	"JOHNSON,D/QUINN,T "
Facility capacity:	72
Type of clients served:	955
Facility phone:	3105360243

BQ414 SRDCCA200749007
NNE Daycare
2-4 mi
14998
Higher

EDR ID:	SRDCCA200749007
Facility number:	197405913
Facility name:	KINDERCARE LEARNING CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3707 DOOLITTLE DRIVE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	3707 DOOLITLE DRIVE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	KNOWLEDGE LEARNING COPORATION
Licensee type:	D
License effective date:	990401
License expiration date:	Not Reported
License issue date:	990401
Program type:	COMBINATION CENTER: PRESCHOOL (141) AGES 2 - 5 YEARS; INFANT CENTER (72) X197405914.
Original app. received date:	990302
Facility closed date:	Not Reported
Mailing address:	650 NE HOLLADAY ST. #1400
Mailing city:	PORTLAND
Mailing state:	CA
Mailing zip:	97323
Contact person:	"JOHNSON,D/QUINN,T "
Facility capacity:	141
Type of clients served:	950
Facility phone:	3105360243

BQ415 SRPR20051028013
NNE Private Schools
2-4 mi
14998
Higher

Pss school id:	A0307234
Pss inst:	THE LAUNCHING PAD
Lograde:	PK
Higrade:	K
Pss address:	3707 DOOLITTLE DRIVE
Pss city:	REDONDO BEACH
Pss county no:	037
Pss county fips:	06037

Pss stabb:	CA
Pss fips:	06
Pss zip5:	90278
Pss phone:	3105360243
Pss sch days:	Not Reported
Pss stu day hrs:	6
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	172
Pss enroll k:	13
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:	185
Pss enroll tk12:	13
Pss race ai:	0
Pss race as:	3
Pss race h:	3
Pss race b:	0
Pss race w:	7
Pss fte teach:	1
Pss locale:	3
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	23.08
Pss hisp pct:	23.08
Pss black pct:	0
Pss white pct:	53.85
Pss stdtch rt:	13
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:	SRPR20051028013

BL416 SRDCCA200715024
ESE Daycare
2-4 mi
15082
Higher

EDR ID:	SRDCCA200715024
Facility number:	197408004
Facility name:	SAID FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3450 MARICOPA ST. #41
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	3450 MARICOPA ST. #41
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"SAID, FOMAYA & BOUSHRA "
Licensee type:	A
License effective date:	10122
License expiration date:	Not Reported
License issue date:	010122
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:	010108
Facility closed date:	Not Reported
Mailing address:	3450 MARICOPA ST. #41
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	"SAID, FOMAYA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105421204

BR417 SRDCCA200746890
ENE Daycare
2-4 mi
15144
Higher

EDR ID:	SRDCCA200746890
Facility number:	191670860
Facility name:	TORRANCE CHILDRENS CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4120 WEST 185TH ST
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	4120 WEST 185TH ST
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	TORRANCE UNIFIED SCHOOL DISTRICT

Licensee type:	F
License effective date:	930822
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY ONLY, LICENSEE PREFERS TO SERVE CHILDREN AGES 2 THRU 5 YEARS. "
Original app. received date:	831102
Facility closed date:	Not Reported
Mailing address:	2335 PLAZA DEL AMO
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90509
Contact person:	"DALE, PAMELA "
Facility capacity:	90
Type of clients served:	950
Facility phone:	3107873010

BL418 SRHO20070153025
ESE AHA Hospitals
2-4 mi
15168
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MICHELE DEL VICARIO MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980424
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0945113
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3475 TORRANCE BLVD, SUITE #A
Phone num:	3103703568
Termination reason:	00
Term Date:	20080423
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported

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:	SRHO20070153025	
BL419 ESE 2-4 mi 15168 Higher			SRHO20070132050 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	19941007	
	Medicare/Medicaid:	1	
	Facility name:	MICHELE DEL VICARIO MD	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0550582	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3475 TORRANCE BLVD	
	Phone num:	3103703560	
	Termination reason:	12	
	Term Date:	19950101	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070132050	
BL420 ESE 2-4 mi 15168 Higher			SRHO20070132052 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	

Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TOSHIYUKI TANAKA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930323
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550597
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3475 TORRANCE BLVD
Phone num:	3105320857
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132052

BL421 SRHO20070010357
ESE AHA Hospitals
2-4 mi
15168
Higher

Hospital type:	01
Num of times COO:	02
Owner date:	19990211
City:	TORRANCE
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:	19980108
Medicare/Medicaid:	1
Facility name:	INDUSTRIAL & SPORTS REHABILITATION CTR
Intermediary/Carrier:	00040

Medicaid number:	Not Reported
Partcipation date:	19980108
Prior COO date:	19980414
Prior carrier:	Not Reported
Provider ID:	056853
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	3475 TORRANCE BLVD SUITE D
Phone num:	3105404601
Termination reason:	01
Term Date:	20001031
Purpose of action:	1
Provider control:	06
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070010357

BL422 SRHO20070135430
ESE AHA Hospitals
2-4 mi
15168
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ROCHELLE VILLANUEVA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930519
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0667861
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB

street address:	3475 TORRANCE BLVD
Phone num:	3105401777
Termination reason:	17
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070135430

BL423			SRHO20070149445
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15168	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 NEBOLON MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19970626	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0929972	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3475 TORRANCE BOULEVARD SUITE B	
	Phone num:	3105406644	
	Termination reason:	12	
	Term Date:	20010319	
	Purpose of action:	Not Reported	
	Provider control:	10	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149445

BR424 SRPU20071009091
ENE Public Schools
2-4 mi
15215
Higher

Ncessch:	063942006566
Schname05:	PHILIP MAGRUDER MIDDLE
Mstreet05:	4100 WEST 185TH ST.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90504
Mzip405:	4706
Member05:	866
Phone05:	(310) 533-4527
Locale05:	2
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071009091

BL425 SRHO20070157960
ESE AHA Hospitals
2-4 mi
15314
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 HOME HEALTH AGENCY INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040927
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1031178
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3451 TORRANCE BLVD SUITE 203
Phone num:	3105402637
Termination reason:	00
Term Date:	20080926

Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157960

BP426			SRHO20070008011
SE	Hospital type:	04	AHA Hospitals
2-4 mi	Num of times COO:	00	
15336	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	19920819	
	Medicare/Medicaid:	1	
	Facility name:	SUNCREST HOSPITAL OF SOUTH BAY	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19921002	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	054129	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	4025 W 226TH ST	
	Phone num:	3103737733	
	Termination reason:	01	
	Term Date:	19921031	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	19920601	
	Accred expire date:	19950601	
	Accred Org:	1	
	Num beds:	0096	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num cert beds:	0096	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070008011	
BP427 SE 2-4 mi 15336 Higher			SRPR20051022326 Private Schools
	Pss school id:	A9900669	
	Pss inst:	SOUTH BAY HIGH	
	Lograde:	7	
	Higrade:	12	
	Pss address:	4025 W 226TH ST	
	Pss city:	TORRANCE	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90505	
	Pss phone:	3103734556	
	Pss sch days:	210	
	Pss stu day hrs:	4	
	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:	1	
	Pss enroll 8:	3	
	Pss enroll 9:	9	
	Pss enroll 10:	9	
	Pss enroll 11:	12	
	Pss enroll 12:	16	
	Pss enroll t:	50	
	Pss enroll tk12:	50	
	Pss race ai:	0	
	Pss race as:	1	
	Pss race h:	15	
	Pss race b:	19	
	Pss race w:	15	
	Pss fte teach:	5	
	Pss locale:	2	
	Pss coed:	1	
	Pss type:	4	
	Pss level:	2	
	Pss relig:	3	
	Pss comm type:	1	
	Pss indian pct:	0	
	Pss asian pct:	2	
	Pss hisp pct:	30	
	Pss black pct:	38	
	Pss white pct:	30	
	Pss stdtch rt:	10	

Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	Council for Exceptional Children (CEC)
Pss assoc 2:	State or regional independent school association
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:	SRPR20051022326

BL428 SRDCCA200725729
ESE Daycare
2-4 mi
15339
Higher

EDR ID:	SRDCCA200725729
Facility number:	197411041
Facility name:	KELADA FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	20809 MADRONA AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	20809 MADRONA AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"KELADA, SONIA W. "
Licensee type:	A
License effective date:	31212
License expiration date:	Not Reported
License issue date:	031212
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:	031119
Facility closed date:	Not Reported
Mailing address:	20809 MADRONA AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	"KELADA, SONIA W. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103710906

BL429 SRHO20070161046
ESE AHA Hospitals
2-4 mi
15377
Higher

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

Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SCPMG LABORATORY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20061101
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1060800
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	20790 MADRONA AVENUE
Phone num:	3107812540
Termination reason:	00
Term Date:	20081031
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070161046

BS430 SRDCCA200753314
NE Daycare
2-4 mi
15406
Higher

EDR ID:	SRDCCA200753314
Facility number:	197411204
Facility name:	PACE - GREEN HEAD START
Facility eval. code:	4000
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4520 W. 168TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	1055 WILSHIRE BLVD. SUITE 1050
City:	LOS ANGELES
State:	CA

Zip:	90017
Facility investor:	PACIFIC ASAIN CONSORTIUM IN EMPLOYMENT (PACE)
Licensee type:	C
License effective date:	40130
License expiration date:	Not Reported
License issue date:	040130
Program type:	HEAD START PROGRAM SERVING AMBULATORY CHILDREN AGE 3 - 5 YEARS OLD.
Original app. received date:	040108
Facility closed date:	Not Reported
Mailing address:	1055 WILSHIRE BLVD. SUITE 1050
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90017
Contact person:	"WATKINS, VILMA "
Facility capacity:	18
Type of clients served:	950
Facility phone:	2139893244

BS431 SRDCCA200749550
NE Daycare
2-4 mi
15406
Higher

EDR ID:	SRDCCA200749550
Facility number:	197405896
Facility name:	LAWNDALE SCHOOL DISTRICT-WILLIAM GREEN PRESCHOOL
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4520 W. 168TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	4520 W. 168TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	LAWNDALE SCHOOL DISTRICT
Licensee type:	F
License effective date:	990406
License expiration date:	Not Reported
License issue date:	990406
Program type:	AMBULATORY ONLY PRESCHOOL: CHILDREN AGES 3 TO 4 YEARS OLD
Original app. received date:	990222
Facility closed date:	Not Reported
Mailing address:	4161 W. 147TH STREET
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	STEVE MCCRAY
Facility capacity:	47
Type of clients served:	950
Facility phone:	3102636707

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BS432 NE 2-4 mi 15406 Higher			SRPU20071013011 Public Schools
	Ncessch:	062121002546	
	Schname05:	WILLIAM GREEN ELEMENTARY	
	Mstreet05:	4520 WEST 168TH ST.	
	Mcity05:	LAWNDALE	
	Mstate05:	CA	
	Mzip05:	90260	
	Mzip405:	3246	
	Member05:	1019	
	Phone05:	(310) 370-3585	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	06	
	Edr id:	SRPU20071013011	

BP433 SE 2-4 mi 15430 Higher			SRDCCA200744078 Daycare
	EDR ID:	SRDCCA200744078	
	Facility number:	191671713	
	Facility name:	YMCA OF METRO L.A. - ARNOLD ELEMENTARY	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	840	
	Facility status code:	03	
	Address:	4100-227TH ST.	
	City:	TORRANCE	
	State:	CA	
	Zip:	90505	
	Alt. address:	2900 W. SEPULVEDA BLVD	
	City:	TORRANCE	
	State:	CA	
	Zip:	90503	
	Facility investor:	YMCA OF METROPOLITAN LOS ANGELES	
	Licensee type:	C	
	License effective date:	920604	
	License expiration date:	Not Reported	
	License issue date:	Not Reported	
	Program type:	LICENSEE PREFERS TO SERVE CHILDREN 5-12 YEARS OLD BEFORE AND AFTER SCHOOL	
	Original app. received date:	850904	
	Facility closed date:	Not Reported	
	Mailing address:	625 S. NEW HAMPSHIRE AVE	
	Mailing city:	LOS ANGELES	
	Mailing state:	CA	
	Mailing zip:	90005	
	Contact person:	"FAGAN, DEBRA "	
	Facility capacity:	95	
	Type of clients served:	950	
	Facility phone:	3103735212	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

BP434 — SRDCCA200755882
SE — Daycare
2-4 mi
15430
Higher

EDR ID:	SRDCCA200755882
Facility number:	197412890
Facility name:	TORRANCE TYKES AT LAUNCH
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4100 W. 227TH STREET
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	17800 VAN NESS AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	TORRANCE UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	50923
License expiration date:	Not Reported
License issue date:	050923
Program type:	120 CHILDREN AGES THREE THROUGH FIVE YEARS; WITH A MAXIMUM OF 5 NON-AMBULATORY CHILDREN WITHIN THE TOTAL CAPACITY OF 120 CHILDREN.
Original app. received date:	050817
Facility closed date:	Not Reported
Mailing address:	17800 VAN NESS AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	DEBORAH JONES
Facility capacity:	120
Type of clients served:	950
Facility phone:	3105334769

BP435 — SRPU20071009080
SE — Public Schools
2-4 mi
15430
Higher

Ncessch:	063942006552
Schname05:	JOSEPH ARNOLD ELEMENTARY
Mstreet05:	4100 227TH ST.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90505
Mzip405:	2246
Member05:	644
Phone05:	(310) 533-4524
Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071009080

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
436 SE 2-4 mi 15664 Higher			SRPU20071009081 Public Schools
	Ncessch:	063942006553	
	Schname05:	CALLE MAYOR MIDDLE	
	Mstreet05:	4800 CALLE MAYOR	
	Mcity05:	TORRANCE	
	Mstate05:	CA	
	Mzip05:	90505	
	Mzip405:	4401	
	Member05:	842	
	Phone05:	(310) 533-4548	
	Locale05:	2	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071009081	

BO437 NE 2-4 mi 15677 Higher			SRDCCA200734403 Daycare
	EDR ID:	SRDCCA200734403	
	Facility number:	197413563	
	Facility name:	MENDOZA FAMILY CHILD CARE	
	Facility eval. code:	4060	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4626 W. 164TH STREET	
	City:	LAWNDALE	
	State:	CA	
	Zip:	90260	
	Alt. address:	4626 W. 164TH STREET	
	City:	LAWNDALE	
	State:	CA	
	Zip:	90260	
	Facility investor:	"MENDOZA, VICTORIA "	
	Licensee type:	A	
	License effective date:	60610	
	License expiration date:	Not Reported	
	License issue date:	060610	
	Program type:	"MAXIMUM CAPACITY: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAPACITY 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "	
	Original app. received date:	060428	
	Facility closed date:	Not Reported	
	Mailing address:	4626 W. 164TH STREET	
	Mailing city:	LAWNDALE	
	Mailing state:	CA	
	Mailing zip:	90260	
	Contact person:	"MENDOZA, VICTORIA "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3103718451	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BT438 NE 2-4 mi 15692 Lower			SRHO20070158688 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 #9475	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050301	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1037633	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4320 REDONDO BEACH BLVD	
	Phone num:	3105427327	
	Termination reason:	00	
	Term Date:	20070228	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90504	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070158688	

439 SE 2-4 mi 15715 Higher			SRDCCA200728016 Daycare
	EDR ID:	SRDCCA200728016	
	Facility number:	197412301	
	Facility name:	LEE FAMILY CHILD CARE	
	Facility eval. code:	6050	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	23018 ANZA AVENUE	
	City:	TORRANCE	

State: CA
Zip: 90505
Alt. address: 23018 ANZA AVENUE
City: TORRANCE
State: CA
Zip: 90505
Facility investor: "LEE, SUK H. "
Licensee type: A
License effective date: 50215
License expiration date: Not Reported
License issue date: 050215
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: 050118
Facility closed date: Not Reported
Mailing address: 23018 ANZA AVENUE
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90505
Contact person: "LEE, SUK H. "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3103789959

BO440 SRDCCA200710775
NE EDR ID: SRDCCA200710775 Daycare
2-4 mi Facility number: 197407291
15763 Facility name: HAMMOND FAMILY CHILD CARE
Higher Facility eval. code: 4060
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4560 W. 165TH STREET
City: LAWNDALE
State: CA
Zip: 90260
Alt. address: 4560 W. 165TH STREET
City: LAWNDALE
State: CA
Zip: 90260
Facility investor: "HAMMOND, CATHY "
Licensee type: A
License effective date: 991213
License expiration date: Not Reported
License issue date: 991213
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: 991102
Facility closed date: Not Reported
Mailing address: 4560 W. 165TH STREET
Mailing city: LAWNDALE
Mailing state: CA

Mailing zip:	90260
Contact person:	"HAMMOND, CATHY L. "
Facility capacity:	12
Type of clients served:	960
Facility phone:	3107937908

BR441 SRDCCA200740478
ENE Daycare
2-4 mi
15772
Higher

EDR ID:	SRDCCA200740478
Facility number:	197414199
Facility name:	TAN FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4039 W. 182ND STREET APT. E
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	4039 W. 182ND STREET APT. E
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"TAN, CYNTHIA ALICE "
Licensee type:	A
License effective date:	70201
License expiration date:	Not Reported
License issue date:	070201
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 & 1 CHILD AT LEAST AGE 6. LICENSEE'S & ASSISTANTS'S CHILDREN "UNDER AGE 10 COUNT IN CAPACITY.
Original app. received date:	070111
Facility closed date:	Not Reported
Mailing address:	4039 W. 182ND STREET APT. E
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"TAN, CYNTHIA ALICE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103719214

BU442 SRHO20070151453
ESE AHA Hospitals
2-4 mi
15791
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported

Medicare/Medicaid:	Not Reported
Facility name:	TORRANCE FAMILY MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990318
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0958419
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	21311 MADRONA AVENUE SUITE 100
Phone num:	3103711010
Termination reason:	00
Term Date:	20070317
Purpose of action:	Not Reported
Provider control:	01
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151453

BN443 SRHO20070147582
North AHA Hospitals
2-4 mi
15915
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	UCLA MEDICAL GROUP-MANHATTAN BEACH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970402
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0926854
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2501 NORTH SEPULVEDA BLVD #100
Phone num:	3105464599
Termination reason:	00
Term Date:	20070602
Purpose of action:	Not Reported
Provider control:	07
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147582

BO444 SRDCCA200710534
NE Daycare
2-4 mi
15961
Higher

EDR ID:	SRDCCA200710534
Facility number:	192000350
Facility name:	STEPHENS FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4565 W. 164TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	4565 W. 164TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"STEPHENS, CARLA "
Licensee type:	A
License effective date:	991029
License expiration date:	Not Reported
License issue date:	991029
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 WITH A MAXIMUM OF 3 INFANTS "
Original app. received date:	991001
Facility closed date:	Not Reported
Mailing address:	4565 W. 164TH STREET
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"STEPHENS, CARLA "

Facility capacity:	14
Type of clients served:	960
Facility phone:	3103711151

BV445 SRDCCA200703629
NNW Daycare
2-4 mi
16001
Higher

EDR ID:	SRDCCA200703629
Facility number:	191609890
Facility name:	ALMEIDA FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	509 MARINE AVENUE
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	509 MARINE AVENUE
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Facility investor:	"ALMEIDA, HEBE DE "
Licensee type:	A
License effective date:	941105
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:	820423
Facility closed date:	Not Reported
Mailing address:	509 MARINE AVENUE
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	HEBE DE ALMEIDA
Facility capacity:	12
Type of clients served:	960
Facility phone:	3105468002

BU446 SRPU20071009090
ESE Public Schools
2-4 mi
16007
Higher

Ncessch:	063942006565
Schname05:	MADRONA MIDDLE
Mstreet05:	21364 MADRONA AVE.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90503
Mzip405:	5948
Member05:	762
Phone05:	(310) 533-4562
Locale05:	2
Type05:	1
Level05:	2

Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071009090

BR447 SRDCCA200731714
ENE Daycare
2-4 mi
16026
Higher

EDR ID:	SRDCCA200731714
Facility number:	197412896
Facility name:	AOYAMA FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	18310 PRAIRIE AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	18310 PRAIRIE AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"AOYAMA, TOMI "
Licensee type:	A
License effective date:	50926
License expiration date:	Not Reported
License issue date:	050926
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:	18310 PRAIRIE AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"AOYAMA, TOMI "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103702099

BW448 SRDCCA200750973
NE Daycare
2-4 mi
16045
Higher

EDR ID:	SRDCCA200750973
Facility number:	197405841
Facility name:	SBAS EDISON PRE-SCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3401 INGLEWOOD AVENUE
City:	REDONDO BEACH
State:	CA
Zip:	90278
Alt. address:	3401 INGLEWOOD AVENUE

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

City:	REDONDO BEACH
State:	CA
Zip:	90278
Facility investor:	REDONDO BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	990316
License expiration date:	Not Reported
License issue date:	990316
Program type:	FACILITY WILL SERVE CHILDREN 3 THRU 5 YEARS OLD; TWO SESSIONS: MONDAY-FRIDAY 8:30 A.M. - 12:OO P.M. AND 12:30 P.M. - 3:30 P.M.
Original app. received date:	990204
Facility closed date:	Not Reported
Mailing address:	1401 INGLEWOOD AVENUE
Mailing city:	REDONDO BEACH
Mailing state:	CA
Mailing zip:	90278
Contact person:	"NELSON, KATE "
Facility capacity:	24
Type of clients served:	950
Facility phone:	3103795449

BT449 ENE 2-4 mi 16071 Higher — SRHO20070146549 AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	RUBEN D GUINTO MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960627
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0916685
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4253 WEST REDONDO BEACH BOULEVARD
Phone num:	3103705888
Termination reason:	08
Term Date:	20040626
Purpose of action:	Not Reported
Provider control:	04
Zip:	90260
Fips state:	06
Fips cnty:	037

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:	SRHO20070146549	

BT450			SRHO20070154587
ENE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16071	Owner date:	Not Reported	
Higher	City:	LAWNDALE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	INNLEY MEDICAL GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20010605	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0987430	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4253 WEST REDONDO BEACH BOULEVARD	
	Phone num:	3103709700	
	Termination reason:	00	
	Term Date:	20070604	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90260	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070154587	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BS451 NE 2-4 mi 16111 Higher			SRHO20070155147 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LAWNDALE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	GWENERVERE L FLAGG MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20020523	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0999836	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	16812 S HAWTHORNE BLVD	
	Phone num:	3103711070	
	Termination reason:	08	
	Term Date:	20060522	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90260	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070155147	

BR452 ENE 2-4 mi 16116 Higher			SRDCCA200747581 Daycare
	EDR ID:	SRDCCA200747581	
	Facility number:	191602180	
	Facility name:	PLAYHOUSE SCHOOL	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	18213 PRAIRIE AVENUE	
	City:	TORRANCE	

State:	CA
Zip:	90504
Alt. address:	18213 PRAIRIE AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"ABC PLAYHOUSE, INC "
Licensee type:	B
License effective date:	931025
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	TO SERVE CHILDREN AGE 2 TO 5 IN ROOM #1 & #2. FACILITY HAS A ELEMENTARY SCHOOL AFFIDAVIT FOR 38 CHILDREN IN ROOM #3 & #4.
Original app. received date:	770822
Facility closed date:	Not Reported
Mailing address:	18213 PRAIRIE AVE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"PALEY, REGINA "
Facility capacity:	90
Type of clients served:	950
Facility phone:	3103711231

BR453 SRPR20051019368
ENE Private Schools
2-4 mi
16116
Higher

Pss school id:	00094237
Pss inst:	ABC PLAYHOUSE
Lograde:	PK
Higrade:	1
Pss address:	18213 PRAIRIE AVE
Pss city:	TORRANCE
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90504
Pss phone:	3103711231
Pss sch days:	191
Pss stu day hrs:	6.25
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	104
Pss enroll k:	31
Pss enroll 1:	5
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:	140
Pss enroll tk12:	36
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:	2.9
Pss locale:	2
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:	12.41
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
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:	SRPR20051019368

BX454 SRDCCA200708298
ENE Daycare
2-4 mi
16129
Higher

EDR ID:	SRDCCA200708298
Facility number:	197402866
Facility name:	QUAID & KHAN FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3921 W. 188TH ST.
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	3921 W. 188TH ST.
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"QUAID, NILOFER & KHAN, QUAID "
Licensee type:	A
License effective date:	960923
License expiration date:	Not Reported
License issue date:	960923
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:	960821
Facility closed date:	Not Reported
Mailing address:	3921 W. 188TH ST.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"QUAID, NILOFER "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105234950

BT455			SRHO20070156635
ENE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16180	Owner date:	Not Reported	
Higher	City:	LAWNDALE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 CLINIC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20021021	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1005389	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4233 REDONDO BEACH BLVD	
	Phone num:	3103701718	
	Termination reason:	08	
	Term Date:	20030422	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90260	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070156635	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

BU456
ESE
2-4 mi
16191
Higher

SRDCCA200710355
Daycare

EDR ID:	SRDCCA200710355
Facility number:	197404239
Facility name:	SHOR FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3242 WEST TORRANCE BOULEVARD
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	3242 WEST TORRANCE BOULEVARD
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"SHOR, MARJORIE JANE "
Licensee type:	A
License effective date:	971216
License expiration date:	Not Reported
License issue date:	971216
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:	971023
Facility closed date:	Not Reported
Mailing address:	3242 WEST TORRANCE BOULEVARD
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	SHOR
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103285120

BY457
NE
2-4 mi
16204
Higher

SRDCCA200727722
Daycare

EDR ID:	SRDCCA200727722
Facility number:	197412345
Facility name:	FRANCO FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4561 W. 163RD STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	4561 W. 163RD STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"FRANCO, MARTHA "

Licensee type:	A
License effective date:	50303
License expiration date:	Not Reported
License issue date:	050303
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:	050124
Facility closed date:	Not Reported
Mailing address:	4561 W. 163RD STREET
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"FRANCO, MARTHA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3107939732

BR458 — SRDCCA200734183
ENE — Daycare
2-4 mi
16231
Higher

EDR ID:	SRDCCA200734183
Facility number:	197413082
Facility name:	LACHER FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3918 W. 184TH PLACE
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	3918 W. 184TH PLACE
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"LACHER, ERIKA "
Licensee type:	A
License effective date:	51214
License expiration date:	Not Reported
License issue date:	051214
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:	051028
Facility closed date:	Not Reported
Mailing address:	3918 W. 184TH PLACE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"LACHER, ERIKA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103293682

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BS459			SRHO20070146558
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16239	Owner date:	Not Reported	
Higher	City:	LAWNDALE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	TOM H TAVOLARIS, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960508	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0914734	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	16705 HAWTHORNE BLVD	
	Phone num:	3103702577	
	Termination reason:	12	
	Term Date:	19991122	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90260	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070146558	

BZ460			SRPR20051021923
ENE	Pss school id:	A9101322	Private Schools
2-4 mi	Pss inst:	SCHOOL OF LIFE	
16248	Lograde:	K	
Higher	Higrade:	12	
	Pss address:	18090 PRAIRIE AVENUE	
	Pss city:	TORRANCE	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	

Pss zip5:	90504
Pss phone:	3103704518
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:	2
Pss enroll 1:	2
Pss enroll 2:	2
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	1
Pss enroll 6:	1
Pss enroll 7:	3
Pss enroll 8:	4
Pss enroll 9:	4
Pss enroll 10:	5
Pss enroll 11:	6
Pss enroll 12:	7
Pss enroll t:	37
Pss enroll tk12:	37
Pss race ai:	0
Pss race as:	14
Pss race h:	11
Pss race b:	8
Pss race w:	4
Pss fte teach:	5.1
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	3
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	37.84
Pss hisp pct:	29.73
Pss black pct:	21.62
Pss white pct:	10.81
Pss stdtch rt:	7.25
Pss orient:	8
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:	SRPR20051021923

CA461 SRDCCA200719556
SE EDR ID: SRDCCA200719556 Daycare
2-4 mi Facility number: 197409907
16300
Higher

Facility name:	ABEDIN FAMILY CHILD CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3910 W. 228 TH PLACE
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	3910 W. 228 TH PLACE
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"ABEDIN, SABIHA "
Licensee type:	A
License effective date:	30317
License expiration date:	Not Reported
License issue date:	030317
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:	030123
Facility closed date:	Not Reported
Mailing address:	3910 W. 228 TH PLACE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90505
Contact person:	"ABEDIN, SABIHA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103752130

BT462 SRDCCA200709659
ENE Daycare
2-4 mi
16302
Higher

EDR ID:	SRDCCA200709659
Facility number:	197404256
Facility name:	AGUAYO FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	17204 AMIE AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	17204 AMIE AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"AGUAYO, FRANCES G. "
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: 971103
Facility closed date: Not Reported
Mailing address: 17204 AMIE AVENUE
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90504
Contact person: AGUAYO
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103707376

CB463 SRHO20070152208
ESE AHA Hospitals
2-4 mi
16326
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: TORRANCE
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: NORMA M SARAO MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19981027
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0953150
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3440 W CARSON STREET, SUITE 302
Phone num: 3103712288
Termination reason: 00
Term Date: 20071226
Purpose of action: Not Reported
Provider control: 10
Zip: 90503
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070152208	
CB464			SRHO20070008735
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16326	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20020228	
	Medicare/Medicaid:	1	
	Facility name:	PEREGRINE HOSPICE, INC	
	Intermediary/Carrier:	00454	
	Medicaid number:	Not Reported	
	Partcipation date:	20020228	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	051747	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	3440 W CARSON STREET SUITE 301	
	Phone num:	3105399028	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	1	
	Provider control:	06	
	Zip:	90503	
	Fips 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:	SRHO20070008735	
CC465			SRHO20070153740
SSE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16342	Owner date:	Not Reported	
Higher	City:	TORRANCE	

Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 #88
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010604
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0987387
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	5035 PACIFIC COAST HWY
Phone num:	3103785214
Termination reason:	00
Term Date:	20070603
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153740

BZ466
ENE
2-4 mi
16357
Higher

SRDCCA200752103
Daycare

EDR ID:	SRDCCA200752103
Facility number:	197402149
Facility name:	SONRISE PRE-SCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	18015 PRAIRE AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	P.O. BOX 7632
City:	TORRANCE
State:	CA

Zip: 90504
Facility investor: "VIVIAN NEINO INC, "
Licensee type: D
License effective date: 960220
License expiration date: Not Reported
License issue date: 960220
Program type: TO SERVE CHILDREN AGES 2 TO 6 YEARS OF AGE. INFANT COMPONENT LICENSE #197403159.
Original app. received date: 960109
Facility closed date: Not Reported
Mailing address: 247 N. ENROSE AVENUE
Mailing city: SAN PEDRO
Mailing state: CA
Mailing zip: 90732
Contact person: "NEINO, VIVIAN "
Facility capacity: 57
Type of clients served: 950
Facility phone: 3102149141

BZ467 SRDCCA200741488
ENE Daycare
2-4 mi
16357
Higher

EDR ID: SRDCCA200741488
Facility number: 197408513
Facility name: SONRISE INFANT CARE
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 18015 PRAIRIE AVENUE
City: TORRANCE
State: CA
Zip: 90504
Alt. address: P.O. BOX 7632
City: TORRANCE
State: CA
Zip: 90504
Facility investor: "NEINO, VIVIAN "
Licensee type: D
License effective date: 11226
License expiration date: Not Reported
License issue date: 011226
Program type: LICENSEE PREFERS TO SERVE INFANTS AGES 0-24 MONTHS. 197408513(I) CAPACITY 13 X 197402149(D) CAPACITY 57.
Original app. received date: 011019
Facility closed date: Not Reported
Mailing address: 247 N. ENROSE AVENUE
Mailing city: SAN PEDRO
Mailing state: CA
Mailing zip: 90732
Contact person: "NEINO, VIVIAN "
Facility capacity: 13
Type of clients served: 955
Facility phone: 3102149141

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CD468			SRHO20070140846
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16360	Owner date:	Not Reported	
Higher	City:	MANHATTAN BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	CENTINELA MEDICAL CTR/MANHATTAN BEACH	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930203	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0720047	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2709 NORTH SEPULVEDA BOULEVARD	
	Phone num:	3105464606	
	Termination reason:	08	
	Term Date:	20040831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90266	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070140846	

CD469			SRHO20070139160
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16360	Owner date:	Not Reported	
Higher	City:	MANHATTAN BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	CENTINELA ANNEX
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940107
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0700661
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2709 N SEPULVEDA BLVD
Phone num:	3105451200
Termination reason:	08
Term Date:	20040831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139160

CE470 SRHO20070006168
SE AHA Hospitals
2-4 mi
16364
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20040408
Medicare/Medicaid:	1
Facility name:	TORRANCE SURGICENTER
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19951018
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001331
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	22410 HAWTHORNE BLVD SUITE #3
Phone num:	3103732238
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	90505
Fips 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:	SRHO20070006168

BZ471 SRDCCA200715386
ENE Daycare
2-4 mi
16410
Higher

EDR ID:	SRDCCA200715386
Facility number:	197407879
Facility name:	GIRGIS FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4002 W. 179TH STREET
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	4002 W. 179TH STREET
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"GIRGIS, AMANY L. "
Licensee type:	A
License effective date:	10129
License expiration date:	Not Reported
License issue date:	010129
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:	001117
Facility closed date:	Not Reported
Mailing address:	4002 W. 179TH STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	AMANY L. GIRGIS
Facility capacity:	14

Type of clients served: 960
Facility phone: 3109388827

BZ472 SRDCCA200707693
ENE Daycare
2-4 mi
16438
Higher

EDR ID:	SRDCCA200707693
Facility number:	197403135
Facility name:	TONOKAWA FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3917 W. 184TH STREET
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	3917 W. 184TH STREET
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"TONOKAWA, AYAKO "
Licensee type:	A
License effective date:	961126
License expiration date:	Not Reported
License issue date:	961126
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:	961113
Facility closed date:	Not Reported
Mailing address:	3917 W. 184TH STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	TONOKAWA
Facility capacity:	6
Type of clients served:	960
Facility phone:	3103296298

BZ473 SRDCCA200747442
ENE Daycare
2-4 mi
16444
Higher

EDR ID:	SRDCCA200747442
Facility number:	191601364
Facility name:	ASCENSION LUTHERAN PRESCHOOL & CHILD CARE CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	17910 S. PRAIRIE AVE
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	17910 S. PRAIRIE AVE
City:	TORRANCE

State:	CA
Zip:	90504
Facility investor:	ASCENSION LUTHERAN CHURCH
Licensee type:	C
License effective date:	930812
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY. LICENSEE PREFERS TO SERVE CHILDREN AGES 2 YEARS THRU 6.
Original app. received date:	870331
Facility closed date:	Not Reported
Mailing address:	17910 S. PRARIE AVE.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"SIMPSON, TAMARA "
Facility capacity:	66
Type of clients served:	950
Facility phone:	3102143905

BZ474 SRPR20051024627
ENE Private Schools
2-4 mi
16444
Higher

Pss school id:	00082877
Pss inst:	ASCENSION LUTHERAN ELEM SCHOOL
Lograde:	K
Higrade:	8
Pss address:	17910 SOUTH PRAIRIE AVE
Pss city:	TORRANCE
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90504
Pss phone:	3103758771
Pss sch days:	177
Pss stu day hrs:	6.5
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	22
Pss enroll 1:	25
Pss enroll 2:	16
Pss enroll 3:	17
Pss enroll 4:	17
Pss enroll 5:	24
Pss enroll 6:	21
Pss enroll 7:	24
Pss enroll 8:	24
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	190
Pss enroll tk12:	190
Pss race ai:	1
Pss race as:	53

Pss race h:	27
Pss race b:	17
Pss race w:	92
Pss fte teach:	11.6
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0.53
Pss asian pct:	27.89
Pss hisp pct:	14.21
Pss black pct:	8.95
Pss white pct:	48.42
Pss stdtch rt:	16.38
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
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051024627

CA475 SRDCCA200753109
SE Daycare
2-4 mi
16462
Higher

EDR ID:	SRDCCA200753109
Facility number:	197410912
Facility name:	LA PRIMERA PRESCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	22902 OCEAN AVENUE
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	4011 W. 177TH STREET
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"LA PRIMERA PRESCHOOL, INC. "
Licensee type:	D
License effective date:	31120
License expiration date:	Not Reported
License issue date:	031120
Program type:	"AMBULATORY, LICENSEE PREFERS TO SERVE AGES 2 THRU 6 YEARS. "
Original app. received date:	031028
Facility closed date:	Not Reported
Mailing address:	4011 W. 177TH STREET

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90504	
	Contact person:	"GROSS, DIANNE "	
	Facility capacity:	140	
	Type of clients served:	950	
	Facility phone:	3103784007	
BT476			SRHO20070141955
ENE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16473	Owner date:	Not Reported	
Higher	City:	LAWNDALE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 BEACH MEDICAL GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930326	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0865990	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4193 WEST REDONDO BEACH BLVD	
	Phone num:	3102142620	
	Termination reason:	15	
	Term Date:	19940831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90260	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070141955	

BY477 SRDCCA200722315
NE Daycare
2-4 mi
16492
Higher

EDR ID:	SRDCCA200722315
Facility number:	197410108
Facility name:	ESTRADA FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4548 W. 162ND STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	4548 W. 162ND STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"ESTRADA, MARTHA "
Licensee type:	A
License effective date:	30324
License expiration date:	Not Reported
License issue date:	030324
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:	030314
Facility closed date:	Not Reported
Mailing address:	4548 W. 162ND STREET
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"ESTRADA, MARTHA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3107930154

BY478 SRDCCA200709834
NE Daycare
2-4 mi
16504
Higher

EDR ID:	SRDCCA200709834
Facility number:	197404666
Facility name:	VARGAS FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4546 WEST 162ND STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	4546 WEST 162ND STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"VARGAS, MARTHA & FEDERICO "

Licensee type:	A
License effective date:	980417
License expiration date:	Not Reported
License issue date:	980417
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:	980309
Facility closed date:	Not Reported
Mailing address:	4546 WEST 162ND STREET
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"VARGAS, MARTHA & FEDERICO "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105422370

CE479 SRHO20070131769
SE AHA Hospitals
2-4 mi
16507
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ROBERTO T UNGUEZ MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921222
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0551004
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	22617 HAWTHORNE BLVD
Phone num:	3103789475
Termination reason:	12
Term Date:	20011222
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported

Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131769

BV480 SRPU20071005940
NNW Public Schools
2-4 mi
16507
Higher

Ncessch:	060002503573
Schname05:	GRAND VIEW ELEMENTARY
Mstreet05:	455 24TH ST.
Mcity05:	MANHATTAN BEACH
Mstate05:	CA
Mzip05:	90266
Mzip405:	4337
Member05:	672
Phone05:	(310) 546-8022
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071005940

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481 SRDCCA200737553
North Daycare
2-4 mi
16516
Higher

EDR ID:	SRDCCA200737553
Facility number:	197413663
Facility name:	URE FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2611 LAUREL AVENUE
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	2611 LAUREL AVENUE
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Facility investor:	"URE, MARIA "
Licensee type:	A
License effective date:	60626
License expiration date:	Not Reported
License issue date:	060626
Program type:	"MAXIM CAPACITY: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAPACITY 8 - NO MORE THAN 2 INFANTS,1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060608
Facility closed date:	Not Reported
Mailing address:	2611 LAUREL AVENUE
Mailing city:	MANHATTAN BEACH

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing state:	CA	
	Mailing zip:	90266	
	Contact person:	"URE, MARIA "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3105465927	
CD482 North 2-4 mi 16524 Higher			SRHO20070156631 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	MANHATTAN BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	BRIAN M GEE MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20021007	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1004821	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2809 N SEPULVEDA BLVD	
	Phone num:	3105462550	
	Termination reason:	00	
	Term Date:	20081006	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90266	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070156631	
BS483 NE 2-4 mi 16547 Higher			SRDCCA200752135 Daycare
	EDR ID:	SRDCCA200752135	
	Facility number:	197402992	

Facility name:	"CHILDREN FIRST CHILD DEVELOPMENT CENTER, INC. "
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4415 W. 165TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	P.O. BOX 1176
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"CHILDREN FIRST CHILD DEVELOPMENT CENTER, INC. "
Licensee type:	C
License effective date:	970131
License expiration date:	Not Reported
License issue date:	970131
Program type:	PRESCHOOL CHILDREN (30) AGES 2 THROUGH 5 YEARS OLD.
Original app. received date:	960930
Facility closed date:	Not Reported
Mailing address:	P.O. BOX 1176
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	ANGEL MARROQUIN
Facility capacity:	30
Type of clients served:	950
Facility phone:	3103713265

CF484 SRDCCA200715579
SE Daycare
2-4 mi
16594
Higher

EDR ID:	SRDCCA200715579
Facility number:	197407921
Facility name:	CASEY FAMILY CHILD CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4415 W. 233RD STREET
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	4415 W. 233RD STREET
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"CASEY, SILVIA M. "
Licensee type:	A
License effective date:	1214
License expiration date:	Not Reported
License issue date:	001214
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.

Original app. received date:	001205
Facility closed date:	Not Reported
Mailing address:	4415 W. 233RD STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90505
Contact person:	"CASEY, SILVIA M. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3104651723

BW485 SRDCCA200738841
NE Daycare
2-4 mi
16624
Higher

EDR ID:	SRDCCA200738841
Facility number:	197413918
Facility name:	STAFFORD FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4713 WEST 159TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	4713 WEST 159TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"STAFFORD, LA TANYA "
Licensee type:	A
License effective date:	60925
License expiration date:	Not Reported
License issue date:	060925
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY, OR CAPACITY 8 CHILDREN - 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:	4713 WEST 159TH STREET
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"STAFFORD, LA TANYA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103709704

BT486 SRHO20070146303
ENE AHA Hospitals
2-4 mi
16630
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported

Compliance status:	Not Reported
SSA 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 SAM H YOON
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960621
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0916399
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4177 REDONDO BEACH BLVD
Phone num:	3102141407
Termination reason:	00
Term Date:	20080620
Purpose of action:	Not Reported
Provider control:	04
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146303

CB487 SRDCCA200747707
ESE Daycare
2-4 mi
16653
Higher

EDR ID:	SRDCCA200747707
Facility number:	191604061
Facility name:	HICKORY TREE PRESCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	21720 MADRONA AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	21720 MADRONA AVENUE
City:	TORRANCE
State:	CA
Zip:	90503

Facility investor:	"HUNG MANAGEMENT, INC. "
Licensee type:	D
License effective date:	940113
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY, LICENSEE PREFERS TO SERVE CHILDREN AGES 2 THRU 5 "
Original app. received date:	800318
Facility closed date:	Not Reported
Mailing address:	21720 MADRONA AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	MARILYN WILSON
Facility capacity:	100
Type of clients served:	950
Facility phone:	3105334830

CB488 SRPR20051023994
ESE Private Schools
2-4 mi
16653
Higher

Pss school id:	A9100904
Pss inst:	HICKORY TREE SCHOOL
Lograde:	PK
Higrade:	5
Pss address:	21720 MADRONA AVE
Pss city:	TORRANCE
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90503
Pss phone:	3105334830
Pss sch days:	185
Pss stu day hrs:	7
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	97
Pss enroll k:	42
Pss enroll 1:	21
Pss enroll 2:	14
Pss enroll 3:	6
Pss enroll 4:	4
Pss enroll 5:	4
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:	188
Pss enroll tk12:	91
Pss race ai:	0
Pss race as:	47
Pss race h:	8
Pss race b:	4

Pss race w:	32
Pss fte teach:	7.9
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	51.65
Pss hisp pct:	8.79
Pss black pct:	4.4
Pss white pct:	35.16
Pss stdtch rt:	11.52
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
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:	SRPR20051023994

CD489 — SRHO20070163494
North — AHA Hospitals
2-4 mi
16672
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 #9496
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050414
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1039472
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2900 SEPULVEDA BLVD
Phone num:	3105463481
Termination reason:	00
Term Date:	20070413

Purpose of action:	Not Reported
Provider control:	04
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070163494

BV490 SRDCCA200744045
NNW Daycare
2-4 mi
16737
Higher

EDR ID:	SRDCCA200744045
Facility number:	191670581
Facility name:	"CAMP RUNAMUCK, INC. "
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	455-25TH STREET
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	P.O. BOX 1791
City:	MANHATTAN BEACH
State:	CA
Zip:	90267
Facility investor:	"HENDRICKSON, CHARLENE L. "
Licensee type:	D
License effective date:	930527
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY, LICENSEE PREFERS TO SERVE AGES 5 THRU 12 YEARS. "
Original app. received date:	830907
Facility closed date:	Not Reported
Mailing address:	P.O. BOX 1791
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90267
Contact person:	"HENDRICKSON,CHARLENE "
Facility capacity:	40
Type of clients served:	950
Facility phone:	3105458787

BT491 SRDCCA200734700
NE Daycare
2-4 mi
16759
Higher

EDR ID:	SRDCCA200734700
Facility number:	197413575
Facility name:	GUTIERREZ BEGAZO FAMILY CHILD CARE

Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	16903 FREEMAN AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	16903 FREEMAN AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"GUTIERREZ BEGAZO, ERIKA M. "
Licensee type:	A
License effective date:	60613
License expiration date:	Not Reported
License issue date:	060613
Program type:	MAXIMUM CAPACTY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. INFANT IS A CHILD AGE BIRTH TO 24 MONTHS OLD. THIS LICENSE IS FOR A CAPACITY OF 6 CHILDREN ONLY.
Original app. received date:	060509
Facility closed date:	Not Reported
Mailing address:	16903 FREEMAN AVENUE
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"GUTIERREZ BEGAZO, ERIKA M."
Facility capacity:	8
Type of clients served:	950
Facility phone:	3103702194

BX492 SRDCCA200702916
ENE
2-4 mi
16773
Higher

Daycare

EDR ID:	SRDCCA200702916
Facility number:	191602734
Facility name:	GUICE FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	18712 DOTY AVE.
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	18712 DOTY AVE.
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"GUICE, ELAINE "
Licensee type:	A
License effective date:	940826
License expiration date:	Not Reported
License issue date:	880826
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:	880614
Facility closed date:	Not Reported
Mailing address:	18712 DOTY AVE.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"GUICE, ELAINE "
Facility capacity:	6
Type of clients served:	960
Facility phone:	3102171613

BT493 SRHO20070145442
ENE AHA Hospitals
2-4 mi
16783
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	REDONDO BAY MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940604
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0887096
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4161 REDONDO BEACH BLVD
Phone num:	3102148677
Termination reason:	08
Term Date:	19960603
Purpose of action:	Not Reported
Provider control:	04
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145442

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BT494 ENE 2-4 mi 16783 Higher			SRHO20070141849 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LAWNDALE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	LA VIDA MEDICAL GROUP AND IPA	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940103	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0880997	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4161 REDONDO BEACH BLVD #301	
	Phone num:	3102145436	
	Termination reason:	00	
	Term Date:	20080102	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90260	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070141849	
CG495 SSE 2-4 mi 16801 Higher			SRDCCA200744079 Daycare
	EDR ID:	SRDCCA200744079	
	Facility number:	191671718	
	Facility name:	YMCA OF METRO L.A. - RIVIERA ELEMENTARY	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	840	
	Facility status code:	03	
	Address:	365 PASEO DE ARENA	
	City:	TORRANCE	

State:	CA
Zip:	90505
Alt. address:	2900 W. SEPULVEDA BLVD.
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	YMCA OF METROPOLITAN LOS ANGELES
Licensee type:	C
License effective date:	930626
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY, LICENSEE PREFERS TO SERVE AGES 5 YEARS THRU 12 YEARS. "
Original app. received date:	850905
Facility closed date:	Not Reported
Mailing address:	625 S. NEW HAMPSHIRE
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90005
Contact person:	"GREEN, SUSAN "
Facility capacity:	95
Type of clients served:	950
Facility phone:	3103759970

CG496 SRPU20071009093
SSE Public Schools
2-4 mi
16801
Higher

Ncessch:	063942006570
Schname05:	RIVIERA ELEMENTARY
Mstreet05:	365 PASEO DE ARENA
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90505
Mzip405:	6226
Member05:	627
Phone05:	(310) 533-4460
Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071009093

CE497 SRDCCA200712165
SE Daycare
2-4 mi
16812
Higher

EDR ID:	SRDCCA200712165
Facility number:	197405994
Facility name:	OTTEN FAMILY CHILD CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3735 WEST 226TH STREET
City:	TORRANCE
State:	CA

Zip: 90505
Alt. address: 3735 WEST 226TH STREET
City: TORRANCE
State: CA
Zip: 90505
Facility investor: "OTTEN, MARILYN & JOHN "
Licensee type: A
License effective date: 990617
License expiration date: Not Reported
License issue date: 990617
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: 990322
Facility closed date: Not Reported
Mailing address: 3735 WEST 226TH STREET
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90505
Contact person: MARILYN & JOHN OTTEN
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103751739

BY498 SRDCCA200738601
NE EDR ID: SRDCCA200738601 Daycare
2-4 mi Facility number: 197413896
16838 Facility name: DISHCHEKENIAN FAMILY CHILD CARE
Higher Facility eval. code: 4060
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4578 W. 160TH STREET
City: LAWNDALE
State: CA
Zip: 90260
Alt. address: 4578 W. 160TH STREET
City: LAWNDALE
State: CA
Zip: 90260
Facility investor: "DISHCHEKENIAN, SALPIE "
Licensee type: A
License effective date: 61010
License expiration date: Not Reported
License issue date: 061010
Program type: "MAXIMUM CAPACITY: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAPACITY 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 060911
Facility closed date: Not Reported
Mailing address: 4578 W. 160TH STREET
Mailing city: LAWNDALE

Mailing state:	CA
Mailing zip:	90260
Contact person:	"DISHCHEKENIAN, SALPIE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3109219528

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499 SRDCCA200752167
NNE Daycare
2-4 mi
16876
Higher

EDR ID:	SRDCCA200752167
Facility number:	197402641
Facility name:	LITTLE AVIATORS CHILD DEVELOPMENT CENTER
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	15000 AVIATION BLVD.
City:	HAWTHORNE
State:	CA
Zip:	90261
Alt. address:	P.O. BOX 92007 WPC
City:	LOS ANGELES
State:	CA
Zip:	90009
Facility investor:	"NATIONAL PEDIATRIC SUPPORT SERVICES, INC. "
Licensee type:	D
License effective date:	960916
License expiration date:	Not Reported
License issue date:	960916
Program type:	"AMBULATORY ONLY, LICENSEE PREFERS TO SERVE CHILDREN AGES 2 THRU 5 YEARS OF AGE. "
Original app. received date:	960617
Facility closed date:	Not Reported
Mailing address:	15000 AVIATION BLVD.
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90261
Contact person:	SHEILA HOGAN
Facility capacity:	30
Type of clients served:	950
Facility phone:	3105362905

CA500 SRHO20070160471
SE AHA Hospitals
2-4 mi
16885
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported

Medicare/Medicaid:	Not Reported
Facility name:	ALL CARE ENTERPRISES INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030627
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1014192
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	22750 S HAWTHORNE BLVD SUITE 210
Phone num:	3107911118
Termination reason:	00
Term Date:	20070626
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160471

CC501 SRPU20071009076
SSE Public Schools
2-4 mi
16926
Higher

Ncessch:	063942002214
Schname05:	EDWARD J. RICHARDSON MIDDLE
Mstreet05:	23751 NANCY LEE LN.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90505
Mzip405:	5416
Member05:	695
Phone05:	(310) 533-4790
Locale05:	2
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071009076

BT502 SRDCCA200716137
NE Daycare
2-4 mi
16929
Higher

EDR ID:	SRDCCA200716137
Facility number:	192010104
Facility name:	BEGAZO FAMILY CHILD CARE

Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4157 W. 170TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	4157 W. 170TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"BEGAZO, MARIA & MANUELA "
Licensee type:	A
License effective date:	20611
License expiration date:	Not Reported
License issue date:	020611
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:	020204
Facility closed date:	Not Reported
Mailing address:	4157 W. 170TH STREET
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"BEGAZO, MARIA ELENA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3107930363

CC503 SRDCCA200703929
SSE
2-4 mi
16973
Higher

Daycare

EDR ID:	SRDCCA200703929
Facility number:	191608684
Facility name:	MARIN FAMILY DAY CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4920 NEWTON STREET
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	4920 NEWTON STREET
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"MARIN, MARIA F. "
Licensee type:	A
License effective date:	930405
License expiration date:	Not Reported
License issue date:	930405

Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN UNDER 10 YEARS WHEN IN THE HOME. NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). CAPACITY INCREASE 4-5-93. "
Original app. received date: 921014
Facility closed date: Not Reported
Mailing address: 4920 NEWTON STREET
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90505
Contact person: MARIA F. MARIN
Facility capacity: 12
Type of clients served: 960
Facility phone: 3103786149

BV504 SRDCCA200747706
NNW Daycare
2-4 mi
16974
Higher

EDR ID: SRDCCA200747706
Facility number: 191603976
Facility name: MONTESSORI SCHOOL OF MANHATTAN BEACH #2
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 2617 BELL AVE.
City: MANHATTAN BEACH
State: CA
Zip: 90266
Alt. address: 315 S. PECK AVENUE
City: MANHATTAN BEACH
State: CA
Zip: 90266
Facility investor: "ERNST, JUDITH A. NEWELL "
Licensee type: A
License effective date: 950821
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY CHILDREN ONLY: PRE-SCHOOL PROGRAM WITH TODDLER OPTION. MAXIMUM CAPACITY: (96) PRE-SCHOOL CHILDREN (AGES 2 YEARS THRU 5 YEARS), (12) TODDLER CHILDREN (AGES 18 MOS. THRU 30 MOS.) "
Original app. received date: 800121
Facility closed date: Not Reported
Mailing address: 315 S. PECK AVENUE
Mailing city: MANHATTAN BEACH
Mailing state: CA
Mailing zip: 90266
Contact person: DIANE A. WHITE
Facility capacity: 108
Type of clients served: 950
Facility phone: 3105458104

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CC505 SSE 2-4 mi 17042 Higher			SRPU20071009096 Public Schools
	Ncessch:	063942006573	
	Schname05:	SOUTH HIGH	
	Mstreet05:	4801 PACIFIC COAST HWY.	
	Mcity05:	TORRANCE	
	Mstate05:	CA	
	Mzip05:	90505	
	Mzip405:	5544	
	Member05:	2203	
	Phone05:	(310) 533-4352	
	Locale05:	2	
	Type05:	1	
	Level05:	3	
	Gslo05:	09	
	Gshi05:	12	
	Edr id:	SRPU20071009096	

506 ENE 2-4 mi 17063 Higher			SRDCCA200705310 Daycare
	EDR ID:	SRDCCA200705310	
	Facility number:	197405755	
	Facility name:	LIN FAMILY CHILD CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4015 ARTESIA BLVD.	
	City:	TORRANCE	
	State:	CA	
	Zip:	90504	
	Alt. address:	4015 ARTESIA BLVD.	
	City:	TORRANCE	
	State:	CA	
	Zip:	90504	
	Facility investor:	"LIN, SHU-SUN "	
	Licensee type:	A	
	License effective date:	990312	
	License expiration date:	Not Reported	
	License issue date:	990312	
	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:	990115	
	Facility closed date:	Not Reported	
	Mailing address:	4015 ARTESIA BLVD.	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90504	
	Contact person:	SHU-SUN LIN	
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	3103705410	

CH507 SRDCCA200702779
SE Daycare
2-4 mi
17176
Higher

EDR ID:	SRDCCA200702779
Facility number:	191604320
Facility name:	ESQUIBEL FAMILY DAY CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4022 WEST 232ND STREET
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	4022 WEST 232ND STREET
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"ESQUIBEL, MARY KAY "
Licensee type:	A
License effective date:	951017
License expiration date:	Not Reported
License issue date:	891017
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN UNDER 10 YEARS WHEN IN THE HOME, NO MORE THAN 4 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	890825
Facility closed date:	Not Reported
Mailing address:	4022 WEST 232ND STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90505
Contact person:	"ESQUIBEL, MARY KAY "
Facility capacity:	12
Type of clients served:	960
Facility phone:	3103759535

BZ508 SRDCCA200755883
ENE Daycare
2-4 mi
17246
Higher

EDR ID:	SRDCCA200755883
Facility number:	197412889
Facility name:	TORRANCE TYKES AT EDISON
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3800 W. 182ND STREET
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	17800 VAN NESS AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	TORRANCE UNIFIED SCHOOL DISTRICT

Licensee type:	F
License effective date:	50901
License expiration date:	Not Reported
License issue date:	050901
Program type:	AMBULATORY ONLY PRESCHOOL CHILDREN AGES 3 THROUGH 5 YEARS IN ROOM 3.
Original app. received date:	050817
Facility closed date:	Not Reported
Mailing address:	17800 VAN NESS AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	DEBORAH JONES
Facility capacity:	24
Type of clients served:	950
Facility phone:	3106334573

BZ509 SRPU20071009084
ENE Public Schools
2-4 mi
17246
Higher

Ncessch:	063942006557
Schname05:	EDISON ELEMENTARY
Mstreet05:	3800 182ND ST.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90504
Mzip405:	4837
Member05:	613
Phone05:	(310) 533-4513
Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071009084

CF510 SRDCCA200719419
SE Daycare
2-4 mi
17279
Higher

EDR ID:	SRDCCA200719419
Facility number:	197409964
Facility name:	JILANI FAMILY CHILD CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	23404 ANZA AVE.
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	23404 ANZA AVE.
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"JILANI, ASMA H. "
Licensee type:	A
License effective date:	30328
License expiration date:	Not Reported

License issue date: 030328
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: 030206
Facility closed date: Not Reported
Mailing address: 23404 ANZA AVE.
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90505
Contact person: "JILANI, ASMA H. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103750805

CI511 SRDCCA200704042
SSE Daycare
2-4 mi
17429
Higher

EDR ID: SRDCCA200704042
Facility number: 191609406
Facility name: SOLORZANO FAMILY DAY CARE
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 700 CALLE DE ARBOLES
City: REDONDO BEACH
State: CA
Zip: 90277
Alt. address: 700 CALLE DE ARBOLES
City: REDONDO BEACH
State: CA
Zip: 90277
Facility investor: "SOLORZANO, CECILIA EUGENIA "
Licensee type: A
License effective date: 930802
License expiration date: Not Reported
License issue date: 930802
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: 930503
Facility closed date: Not Reported
Mailing address: 700 CALLE DE ARBOLES
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90277
Contact person: CECILIA EUGENIA SOLORZANO
Facility capacity: 14
Type of clients served: 960
Facility phone: 3103788965

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CJ512			SRHO20070138845
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
17541	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MOBIL ADMIN SERV CO INC - MEDICAL DEPT	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921229	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0695385	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3700 W 190TH ST	
	Phone num:	3102124705	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	03	
	Zip:	90504	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070138845	

CH513			SRDCCA200707863
SE	EDR ID:	SRDCCA200707863	Daycare
2-4 mi	Facility number:	197403204	
17624	Facility name:	BUNDOC FAMILY DAY CARE	
Higher	Facility eval. code:	6050	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	23146 AUDREY AVENUE	
	City:	TORRANCE	

State: CA
Zip: 90505
Alt. address: 23146 AUDREY AVENUE
City: TORRANCE
State: CA
Zip: 90505
Facility investor: "BUNDOC, TERESA "
Licensee type: A
License effective date: 970121
License expiration date: Not Reported
License issue date: 970121
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: 961205
Facility closed date: Not Reported
Mailing address: 23146 AUDREY AVENUE
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90505
Contact person: BUNDOC
Facility capacity: 6
Type of clients served: 960
Facility phone: 3103731313

CK514 SRDCCA200712180
SE EDR ID: SRDCCA200712180 Daycare
2-4 mi Facility number: 197406068
17637 Facility name: IWASAKI FAMILY CHILD CARE
Higher Facility eval. code: 6050
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 22708 MADISON STREET
City: TORRANCE
State: CA
Zip: 90505
Alt. address: 22708 MADISON STREET
City: TORRANCE
State: CA
Zip: 90505
Facility investor: IWASAKI FAMILY CHILD CARE
Licensee type: A
License effective date: 990611
License expiration date: Not Reported
License issue date: 990611
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: 990412
Facility closed date: Not Reported
Mailing address: 22708 MADISON STREET
Mailing city: TORRANCE

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Mailing state:	CA
Mailing zip:	90505
Contact person:	"IWASAKI, AKIKO "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105396065

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515 SSE 2-4 mi 17704 Higher — SRDCCA200702219 Daycare

EDR ID:	SRDCCA200702219
Facility number:	191605462
Facility name:	UTPADEL FAMILY DAY CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4627 GREENMEADOWS AVE
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	4627 GREENMEADOWS AVE
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"UTPADEL, ANNETTE "
Licensee type:	A
License effective date:	931010
License expiration date:	Not Reported
License issue date:	901010
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:	900904
Facility closed date:	Not Reported
Mailing address:	4627 GREENMEADOWS AVE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90505
Contact person:	"UTPADEL, ANNETTE "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3103733948

CJ516 ENE 2-4 mi 17714 Higher — SRDCCA200727687 Daycare

EDR ID:	SRDCCA200727687
Facility number:	197412194
Facility name:	DORSHEIMER FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	18716 KORNBLUM AVENUE
City:	TORRANCE

State: CA
Zip: 90504
Alt. address: 18716 KORNBLUM AVENUE
City: TORRANCE
State: CA
Zip: 90504
Facility investor: "DORSHEIMER, SHEILA J. "
Licensee type: A
License effective date: 50301
License expiration date: Not Reported
License issue date: 050301
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: 050107
Facility closed date: Not Reported
Mailing address: 18716 KORNBLUM AVENUE
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90504
Contact person: "DORSHEIMER, SHEILA J. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103232848

CK517 SRDCCA200734509
SE Daycare
2-4 mi
17731
Higher

EDR ID: SRDCCA200734509
Facility number: 197413589
Facility name: SHAH FAMILY CHILD CARE
Facility eval. code: 6050
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 22724 MADISON STREET
City: TORRANCE
State: CA
Zip: 90505
Alt. address: 22724 MADISON STREET
City: TORRANCE
State: CA
Zip: 90505
Facility investor: "SHAH, FARAH M. "
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: 060511
Facility closed date: Not Reported
Mailing address: 22724 MADISON STREET
Mailing city: TORRANCE

Mailing state:	CA
Mailing zip:	90505
Contact person:	"SHAH, FARAH M. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103703735

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518 SRDCCA200708855
North Daycare
2-4 mi
17865
Higher

EDR ID:	SRDCCA200708855
Facility number:	197405238
Facility name:	SAMAD FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3405 MAPLE AVENUE
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	3405 MAPLE AVENUE
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Facility investor:	"SAMAD, RANA "
Licensee type:	A
License effective date:	981001
License expiration date:	Not Reported
License issue date:	981001
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:	980814
Facility closed date:	Not Reported
Mailing address:	3405 MAPLE AVE.
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	RANA SAMAD
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105451606

CK519 SRDCCA200702988
SE Daycare
2-4 mi
17892
Higher

EDR ID:	SRDCCA200702988
Facility number:	191603114
Facility name:	LEDUFF FAMILY DAY CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3527 W. 228TH ST.
City:	TORRANCE

State: CA
Zip: 90505
Alt. address: 3527 W. 228TH ST.
City: TORRANCE
State: CA
Zip: 90505
Facility investor: "LEDUFF, NORMA A. "
Licensee type: A
License effective date: 941214
License expiration date: Not Reported
License issue date: 881214
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN UNDER 10 YEARS WHEN IN THE HOME, NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD).
"
Original app. received date: 880922
Facility closed date: Not Reported
Mailing address: 3527 W. 228TH ST.
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90505
Contact person: "LEDUFF, NORMA A. "
Facility capacity: 12
Type of clients served: 960
Facility phone: 3103262180

CJ520 SRDCCA200700656
East EDR ID: SRDCCA200700656 Daycare
2-4 mi Facility number: 197801722
17901 Facility name: CRANBROOK HOUSE
Higher Facility eval. code: 0207
Facility office number: 34
Facility county number: 19
Facility type code: 730
Facility status code: 03
Address: 18819 CRANBROOK AVENUE
City: TORRANCE
State: CA
Zip: 90504
Alt. address: 5234 TRI BAY CIRCLE
City: LAKEWOOD
State: CA
Zip: 90712
Facility investor: "BEYOND BASICS, INC. "
Licensee type: C
License effective date: 970626
License expiration date: Not Reported
License issue date: 970626
Program type: AMBULATORY ONLY. LICENSEE PREFERS TO SERVE DEVELOPMENTALLY DISABLED CHILDREN AGES 5-16.
Original app. received date: 970507
Facility closed date: Not Reported
Mailing address: 18819 CRANBROOK AVENUE
Mailing city: TORRANCE
Mailing state: CA

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing zip:	90504	
	Contact person:	TAMI OROSZ	
	Facility capacity:	4	
	Type of clients served:	910	
	Facility phone:	3105168134	
CL521			SRHO20070144895
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
17974	Owner date:	Not Reported	
Higher	City:	LAWNDALE	
	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:	19950929	
	Medicare/Medicaid:	1	
	Facility name:	TALBERT HEALTH SERVICES CORP-NORTH	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19941017	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0893184	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	15901 HAWTHORNE BLVD, SUITE 100	
	Phone num:	3105421882	
	Termination reason:	12	
	Term Date:	19980101	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90260	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070144895	
CL522			SRHO20070144076
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
17974	Owner date:	Not Reported	
Higher			

City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 NORTH TORRANCE MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940514
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0886144
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	15901 HAWTHORNE BLVD SUITE 100
Phone num:	3105421882
Termination reason:	08
Term Date:	19980513
Purpose of action:	Not Reported
Provider control:	04
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144076

CL523 SRHO20070146176
NE AHA Hospitals
2-4 mi
17974
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Partcipation date:	19950317
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0898993
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	15901 HAWTHORNE BLVD #230
Phone num:	3103701385
Termination reason:	01
Term Date:	19950901
Purpose of action:	Not Reported
Provider control:	04
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146176

CM524			SRDCCA200702903
NE	EDR ID:	SRDCCA200702903	Daycare
2-4 mi	Facility number:	191602650	
18049	Facility name:	FINLEY FAMILY DAY CARE	
Higher	Facility eval. code:	4060	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4560 W. 156TH STREET	
	City:	LAWNDALE	
	State:	CA	
	Zip:	90260	
	Alt. address:	"4560 W, 156 ST "	
	City:	"LAWNDALE, "	
	State:	CA	
	Zip:	90260	
	Facility investor:	"FINLEY, DONNA "	
	Licensee type:	A	
	License effective date:	940808	
	License expiration date:	Not Reported	
	License issue date:	880808	
	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). "	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Original app. received date: 880517
Facility closed date: Not Reported
Mailing address: 4560 W. 156TH ST.
Mailing city: LAWNDALE
Mailing state: CA
Mailing zip: 90260
Contact person: "FINLEY,DONNA "
Facility capacity: 12
Type of clients served: 960
Facility phone: 3109780530

CN525			SRDCCA200701520
NE	EDR ID:	SRDCCA200701520	Daycare
2-4 mi	Facility number:	198204977	
18063	Facility name:	WESTSIDE ADOLESCENT TREATMENT HOMES LAWNDALE	
Higher	Facility eval. code:	0207	

Facility office number: 34
Facility county number: 19
Facility type code: 730
Facility status code: 04
Address: 4219 W. 162ND STREET
City: LAWNDALE
State: CA
Zip: 90260
Alt. address: PO BOX 49514
City: LOS ANGELES
State: CA
Zip: 90049
Facility investor: "NTL MENTOR HEALTHCARE,LLC CA MENTOR BOARD DELEGATE"
Licensee type: G
License effective date: 60711
License expiration date: 070711
License issue date: 060711
Program type: LICENSEE SERVES DEVELOPMENTALLY DISABLED CHILDREN AGES 7-17. NO BODY OF WATER ON PREMISES AT TIME OF LICENSURE.
Original app. received date: 051219
Facility closed date: Not Reported
Mailing address: 4219 W. 162ND STREET
Mailing city: LAWNDALE
Mailing state: CA
Mailing zip: 90260
Contact person: "TERI MCHUGH,PHD,LMFT "
Facility capacity: 3
Type of clients served: 950
Facility phone: 3107934130

CO526			SRHO20070157478
NNE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
18083	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	

Has plan of corr: Not Reported
Compliance status: Not Reported
SSA 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 F MELLMAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000710
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0975505
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	14650 AVIATION BLVD SUITE 100
Phone num:	3106437494
Termination reason:	00
Term Date:	20080709
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157478

CO527			SRHO20070146537
NNE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
18083	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	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:	20040209	
	Medicare/Medicaid:	1	
	Facility name:	BREASTLINK MEDICAL GROUP INC	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19960604	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0915664	

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:	M1
street address:	14650 AVIATION BLVD SUITE 200
Phone num:	3105392300
Termination reason:	00
Term Date:	20090119
Purpose of action:	2
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146537

CO528 SRHO20070149747
NNE AHA Hospitals
2-4 mi
18083
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
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:	20051110
Medicare/Medicaid:	1
Facility name:	JOHN K NYLUND MD INC/DBA S BAY DER
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19970701
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0930212
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	14650 AVIATION BLVD, SUITE 235
Phone num:	3106439333
Termination reason:	00
Term Date:	20080216
Purpose of action:	2

Provider control:	02
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149747

CJ529 SRDCCA200706852
East Daycare
2-4 mi
18109
Higher

EDR ID:	SRDCCA200706852
Facility number:	191610000
Facility name:	ESTRADA FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	18923 YUKON AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	18923 YUKON AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"ESTRADA, DORIS D. "
Licensee type:	A
License effective date:	940112
License expiration date:	Not Reported
License issue date:	940112
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:	930928
Facility closed date:	Not Reported
Mailing address:	18923 YUKON AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"ESTRADA, DORIS D. "
Facility capacity:	6
Type of clients served:	960
Facility phone:	3105382060

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530 SRPU20071007151
NNE Public Schools
2-4 mi
18155
Higher

Ncessch:	060792000760
Schname05:	R. K. LLOYDE HIGH
Mstreet05:	4951 MARINE AVE.

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mcity05:	LAWNDALE	
	Mstate05:	CA	
	Mzip05:	90260	
	Mzip405:	1251	
	Member05:	262	
	Phone05:	(310) 263-3264	
	Locale05:	3	
	Type05:	4	
	Level05:	3	
	Gslo05:	09	
	Gshi05:	12	
	Edr id:	SRPU20071007151	
CI531 SSE 2-4 mi 18164 Higher			SRPU20071011185 Public Schools
	Ncessch:	062970008039	
	Schname05:	DAPPLEGRAY ELEMENTARY	
	Mstreet05:	3011 PALOS VERDES DR. NORTH	
	Mcity05:	ROLLING HILLS ESTATES	
	Mstate05:	CA	
	Mzip05:	90274	
	Mzip405:	7303	
	Member05:	719	
	Phone05:	(310) 541-3706	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071011185	
CP532 ESE 2-4 mi 18192 Higher			SRHO20070158124 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	NGUYEN H NGUYEN MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20040927	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1031182	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	

state region cd:	M1
street address:	3246 W SEPULVEDA BLVD #205
Phone num:	3105399479
Termination reason:	00
Term Date:	20080926
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158124

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533 SRDCCA200724217
NE
2-4 mi
18305
Higher
Daycare

EDR ID:	SRDCCA200724217
Facility number:	197411426
Facility name:	GALINDO FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4035 W. 166TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	4035 W. 166TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"GALINDO, YOLANDA ANGELICA "
Licensee type:	A
License effective date:	40629
License expiration date:	Not Reported
License issue date:	040629
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:	040316
Facility closed date:	Not Reported
Mailing address:	4035 W. 166TH STREET
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"GALINDO, YOLANDA A. "
Facility capacity:	8
Type of clients served:	960

Facility phone: 3102148251

CQ534 SRDCCA200741666
ESE Daycare
2-4 mi
18422
Higher

EDR ID:	SRDCCA200741666
Facility number:	191609990
Facility name:	FIRST LUTHERAN INFANT-TODDLER CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	2900 CARSON STREET
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	2900 CARSON STREET
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	FIRST LUTHERAN CHURCH
Licensee type:	C
License effective date:	970904
License expiration date:	Not Reported
License issue date:	970904
Program type:	COMBO CENTER: INFANT (14) AGES 0 YEARS THROUGH 2 YEARS OLD. X-191601858 PRE-SCHOOL (65) AGE 2 THROUGH 6 YEARS OLD.
Original app. received date:	930924
Facility closed date:	Not Reported
Mailing address:	2900 CARSON STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	SHIRLEY BECKER
Facility capacity:	14
Type of clients served:	955
Facility phone:	3103209923

CQ535 SRDCCA200747509
ESE Daycare
2-4 mi
18422
Higher

EDR ID:	SRDCCA200747509
Facility number:	191601858
Facility name:	FIRST LUTHERAN EARLY EDUCATION CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2900 CARSON STREET
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	2900 CARSON STREET
City:	TORRANCE
State:	CA
Zip:	90503

Facility investor:	FIRST LUTHERAN CHURCH
Licensee type:	C
License effective date:	970904
License expiration date:	Not Reported
License issue date:	970904
Program type:	"COMBO CENTER: PRESCHOOLERS (65) AGES 2 THROUGH 6 YEARS OLD. X-191609990 INFANT PROGRAM (14), AGES 0 THROUGH 2 YEARS OLD. "
Original app. received date:	770822
Facility closed date:	Not Reported
Mailing address:	2900 CARSON STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	"BECKER, SHIRLEY "
Facility capacity:	74
Type of clients served:	950
Facility phone:	3103209923

CQ536 SRPR20051024688
ESE Private Schools
2-4 mi
18422
Higher

Pss school id:	00080701
Pss inst:	FIRST LUTHERAN SCHOOL
Lograde:	PK
Higrade:	8
Pss address:	2900 CARSON STREET
Pss city:	TORRANCE
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90503
Pss phone:	3103209920
Pss sch days:	176
Pss stu day hrs:	6.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	120
Pss enroll k:	44
Pss enroll 1:	48
Pss enroll 2:	40
Pss enroll 3:	46
Pss enroll 4:	44
Pss enroll 5:	40
Pss enroll 6:	40
Pss enroll 7:	40
Pss enroll 8:	48
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	510
Pss enroll tk12:	390
Pss race ai:	Not Reported
Pss race as:	128
Pss race h:	11

Pss race b:	17
Pss race w:	234
Pss fte teach:	37.4
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	Not Reported
Pss asian pct:	32.82
Pss hisp pct:	2.82
Pss black pct:	4.36
Pss white pct:	60
Pss stdtch rt:	10.43
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
Edr id:	SRPR20051024688

CJ537 SRDCCA200705638
East Daycare
2-4 mi
18434
Higher

EDR ID:	SRDCCA200705638
Facility number:	197401340
Facility name:	"BROOKS-MILLS, FAMILY DAY CARE "
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	18710 PATRONELLA AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	18710 PATRONELLA AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"BROOKS-MILLS, KIM S. "
Licensee type:	A
License effective date:	951005
License expiration date:	Not Reported
License issue date:	951005
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:	950426
Facility closed date:	Not Reported

Mailing address:	18710 PATRONELLA AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"BROOKS-MILLS, KIM S. "
Facility capacity:	12
Type of clients served:	960
Facility phone:	3107487813

CL538 — SRHO20070161988
NE — AHA Hospitals
2-4 mi
18441
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DO MEDICAL INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20061204
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1062012
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	15735 HAWTHORNE BLVD STE 111
Phone num:	3102131453
Termination reason:	00
Term Date:	20081203
Purpose of action:	Not Reported
Provider control:	04
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070161988

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CR539 ENE 2-4 mi 18474 Higher			SRPU20071009092 Public Schools
	Ncessch:	063942006568	
	Schname05:	NORTH HIGH	
	Mstreet05:	3620 WEST 182ND ST.	
	Mcity05:	TORRANCE	
	Mstate05:	CA	
	Mzip05:	90504	
	Mzip405:	3935	
	Member05:	2260	
	Phone05:	(310) 533-4412	
	Locale05:	2	
	Type05:	1	
	Level05:	3	
	Gslo05:	09	
	Gshi05:	12	
	Edr id:	SRPU20071009092	
540 North 2-4 mi 18488 Higher			SRHO20070146774 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	MANHATTAN BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MARK J RISPLER MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930507	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0868031	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1200 ROSECRANS AVENUE SUITE 202	
	Phone num:	3106482229	
	Termination reason:	00	
	Term Date:	20070714	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90266	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	

Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146774

CM541 SRDCCA200723714
NE Daycare
2-4 mi
18515
Higher

EDR ID:	SRDCCA200723714
Facility number:	197410691
Facility name:	WERAGODA FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	15426 MANSEL AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	15426 MANSEL AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"WERGODA, CHAMPA "
Licensee type:	A
License effective date:	30924
License expiration date:	Not Reported
License issue date:	030924
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:	030819
Facility closed date:	Not Reported
Mailing address:	15426 MANSEL AVENUE
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"WERAGODA, CHAMPA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106446875

CS542 SRDCCA200713658
NNW Daycare
2-4 mi
18534
Higher

EDR ID:	SRDCCA200713658
Facility number:	197407416
Facility name:	TYNER FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	561 35TH STREET
City:	MANHATTAN BEACH

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

State: CA
Zip: 90266
Alt. address: 561 35TH STREET
City: MANHATTAN BEACH
State: CA
Zip: 90266
Facility investor: "TYNER, DENISE "
Licensee type: A
License effective date: 307
License expiration date: Not Reported
License issue date: 000307
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: 000201
Facility closed date: Not Reported
Mailing address: 561 35TH STREET
Mailing city: MANHATTAN BEACH
Mailing state: CA
Mailing zip: 90266
Contact person: DENISE TYNER
Facility capacity: 14
Type of clients served: 960
Facility phone: 3105462207

CT543 SRDCCA200700841
NNE
2-4 mi
18586
Higher

Daycare

EDR ID: SRDCCA200700841
Facility number: 198201957
Facility name: NEWELL HOUSE/MASADA HOMES
Facility eval. code: 0207
Facility office number: 34
Facility county number: 19
Facility type code: 730
Facility status code: 03
Address: 4740 WEST 152ND STREET
City: LAWNDALE
State: CA
Zip: 90260
Alt. address: 130 W VICTORIA ST.
City: GARDENA
State: CA
Zip: 90248
Facility investor: "COUNSELING & RESEARCH ASSOCIATES, INC. "
Licensee type: C
License effective date: 980804
License expiration date: Not Reported
License issue date: 980804
Program type: WILL SERVE DEPRIVED AND DELINQUENT MALES AGES 13-17 REQUIRING EMANCIPATION.
Original app. received date: 980508
Facility closed date: Not Reported
Mailing address: 130 W. VICTORIA ST
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90248

Contact person:	BERNARD SMITH
Facility capacity:	6
Type of clients served:	950
Facility phone:	3107152020

CU544 SRHO20070010245
SE AHA Hospitals
2-4 mi
18647
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20030213
Medicare/Medicaid:	1
Facility name:	SKYPARK PHYSICAL THERAPY INC
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19971119
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	056848
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	23332 HAWTHORNE BLVD SUITE 202
Phone num:	3103735288
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	06
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070010245

CM545 SRDCCA200703761
NE Daycare
2-4 mi
18655
Higher

EDR ID:	SRDCCA200703761
Facility number:	191608232
Facility name:	APRAHAMIAN FAMILY DAY CARE
Facility eval. code:	4060

Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 15438 GREVILLEA AVENUE
City: LAWNDALE
State: CA
Zip: 90260
Alt. address: 15438 GREVILLEA AVENUE
City: LAWNDALE
State: CA
Zip: 90260
Facility investor: "APRAHAMIAN, LENA "
Licensee type: A
License effective date: 950720
License expiration date: Not Reported
License issue date: 920720
Program type: "MAXIMUM CAPACITY: 12 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: 920628
Facility closed date: Not Reported
Mailing address: 15438 GZEVILLEA AVENUE
Mailing city: LAWNDALE
Mailing state: CA
Mailing zip: 90260
Contact person: "APRAHAMIAN, LENA "
Facility capacity: 12
Type of clients served: 960
Facility phone: 3103551080

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546 SRHO20070131632
South AHA Hospitals
2-4 mi
18664
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: PALOS VERDES ESTATES
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: 20010621
Current survey date: 20030624
Medicare/Medicaid: 1
Facility name: MARCOS YANG, MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Partcipation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0548628
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA

ssa state:	05
state region cd:	M1
street address:	310 TEJON PLACE
Phone num:	3103752403
Termination reason:	00
Term Date:	20080208
Purpose of action:	2
Provider control:	04
Zip:	90274
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131632

CJ547 SRDCCA200710816
East Daycare
2-4 mi
18666
Higher

EDR ID:	SRDCCA200710816
Facility number:	197407293
Facility name:	CHOO FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	18912 CERISE AVE.
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	18912 CERISE AVE.
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"CHOO, MARY H. "
Licensee type:	A
License effective date:	991217
License expiration date:	Not Reported
License issue date:	991217
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:	991104
Facility closed date:	Not Reported
Mailing address:	18912 CERISE AVE.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"CHOO, MARY H. "
Facility capacity:	14

Type of clients served:	960
Facility phone:	3103239652

CV548 — SRHO20070137722
North — AHA Hospitals
2-4 mi
18666
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	EL SEGUNDO
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:	20050602
Medicare/Medicaid:	1
Facility name:	MURAD MEDICAL GROUP INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0684385
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2141 ROSECRANS AVENUE EAST TOWER 6100
Phone num:	3103351700
Termination reason:	00
Term Date:	20070720
Purpose of action:	2
Provider control:	04
Zip:	90245
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137722

CV549 — SRHO20070156461
North — AHA Hospitals
2-4 mi
18684
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	MANHATTAN BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported

SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ABLON SKIN INSTITUTE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20011107
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0993231
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1600 ROSECRANS BLVD SUITE 12
Phone num:	3107273376
Termination reason:	00
Term Date:	20071106
Purpose of action:	Not Reported
Provider control:	04
Zip:	90266
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156461

CM550 SRDCCA200730794
NE Daycare
2-4 mi
18707
Higher

EDR ID:	SRDCCA200730794
Facility number:	197412391
Facility name:	MARADIAGA FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4540 W. 153RD PLACE
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	4540 W. 153RD PLACE
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"MARADIAGA, XENIA "

Licensee type: A
License effective date: 50224
License expiration date: Not Reported
License issue date: 050224
Program type: MAX. CAP 12 (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: 050207
Facility closed date: Not Reported
Mailing address: 4540 W. 153RD PLACE
Mailing city: LAWNDALE
Mailing state: CA
Mailing zip: 90260
Contact person: "MARADIAGA, XENIA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3102630399

CM551 SRDCCA200749555
NE EDR ID: SRDCCA200749555 Daycare
2-4 mi Facility number: 197405898
18735 Facility name: LAWNDALE SCHOOL DISTRICT-JANE ADDAMS PRESCHOOL
Higher Facility eval. code: 4060
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 4535 W. 153RD PLACE
City: LAWNDALE
State: CA
Zip: 90260
Alt. address: 4535 W. 153RD PLACE
City: LAWNDALE
State: CA
Zip: 90260
Facility investor: LAWNDALE SCHOOL DISTRICT
Licensee type: F
License effective date: 990406
License expiration date: Not Reported
License issue date: 990406
Program type: TINY TOTS CLASSROOM. AMBULATORY ONLY. THE PROGRAM WILL SERVE PRESCHOOL CHILDREN AGES 3 TO 4 YEARS OLD.
Original app. received date: 990222
Facility closed date: Not Reported
Mailing address: 4161 W. 147TH STREET
Mailing city: LAWNDALE
Mailing state: CA
Mailing zip: 90260
Contact person: "NOYES, FRANK "
Facility capacity: 19
Type of clients served: 950
Facility phone: 3106797981

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CM552 NE 2-4 mi 18735 Higher			SRPU20071013013 Public Schools
	Ncessch:	062121011612	
	Schname05:	JANE ADDAMS MIDDLE	
	Mstreet05:	4535 WEST 153RD PLACE	
	Mcity05:	LAWNDALE	
	Mstate05:	CA	
	Mzip05:	90260	
	Mzip405:	Not Reported	
	Member05:	-2	
	Phone05:	M	
	Locale05:	3	
	Type05:	1	
	Level05:	4	
	Gslo05:	N	
	Gshi05:	N	
	Edr id:	SRPU20071013013	
CM553 NE 2-4 mi 18735 Higher			SRPU20071013007 Public Schools
	Ncessch:	062121002542	
	Schname05:	JANE ADDAMS ELEMENTARY	
	Mstreet05:	4535 WEST 153RD PL.	
	Mcity05:	LAWNDALE	
	Mstate05:	CA	
	Mzip05:	90260	
	Mzip405:	1957	
	Member05:	784	
	Phone05:	(310) 676-4806	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	06	
	Edr id:	SRPU20071013007	
CL554 NE 2-4 mi 18825 Higher			SRHO20070140848 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LAWNDALE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	CENTINELA MEDICAL CENTER-LAWNDALE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930203	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0720049	
	Record Status:	A	

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:	15603 S HAWTHORNE BLVD	
	Phone num:	3106444488	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90260	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070140848	

CR555 ENE 2-4 mi 18832 Higher			SRPU20071009104 Public Schools
	Ncessch:	063942006582	
	Schname05:	YUKON ELEMENTARY	
	Mstreet05:	17815 YUKON AVE.	
	Mcity05:	TORRANCE	
	Mstate05:	CA	
	Mzip05:	90504	
	Mzip405:	3927	
	Member05:	409	
	Phone05:	(310) 533-4477	
	Locale05:	2	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071009104	

CN556 NE 2-4 mi 18879 Higher			SRDCCA200730686 Daycare
	EDR ID:	SRDCCA200730686	
	Facility number:	197412386	
	Facility name:	ABUQUBO FAMILY CHILD CARE	
	Facility eval. code:	4060	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4115 W. 161ST STREET	
	City:	LAWNDALE	
	State:	CA	
	Zip:	90260	

Alt. address:	4115 W. 161ST STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"ABUQUBO, SAMIHA "
Licensee type:	A
License effective date:	50404
License expiration date:	Not Reported
License issue date:	050404
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:	050216
Facility closed date:	Not Reported
Mailing address:	4115 W. 161ST STREET
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"ABUQUBO, SAMIHA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103718744

CU557 SRHO20070150419
SE AHA Hospitals
2-4 mi
18884
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20051220
Medicare/Medicaid:	1
Facility name:	PACIFIC REPRODUCTIVE CENTERS
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19971203
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0936846
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3720 LOMITA BOULEVARD SUITE #100
Phone num:	3103767000
Termination reason:	00
Term Date:	20080422
Purpose of action:	2
Provider control:	04
Zip:	90505

Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150419

CW558 SRDCCA200706684
SE Daycare
2-4 mi
18936
Higher

EDR ID:	SRDCCA200706684
Facility number:	197400557
Facility name:	GILLASPY FAMILY DAY CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3503 W. 229TH PLACE
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	3503 W. 229TH PLACE
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"GILLASPY, CHERRI & RANDY "
Licensee type:	A
License effective date:	941031
License expiration date:	Not Reported
License issue date:	941031
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:	940718
Facility closed date:	Not Reported
Mailing address:	3503 W. 229TH PLACE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90505
Contact person:	"GILLASPY, C. & R. "
Facility capacity:	6
Type of clients served:	960
Facility phone:	3105399447

CX559 SRHO20070159698
SE AHA Hospitals
2-4 mi
18939
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported

Compliance status:	Not Reported
SSA 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 #9429
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050310
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1038099
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4235 PACIFIC COAST HIGHWAY
Phone num:	3103736847
Termination reason:	00
Term Date:	20070309
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159698

CU560 SRHO20070164070
SE AHA Hospitals
2-4 mi
18968
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 FRANCES MC KINDSEY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060301
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D1051422
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	23430 HAWTHORNE BLVD STE 200
Phone num:	3103737993
Termination reason:	00
Term Date:	20080229
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070164070

CU561 — SRHO20070165199
SE — AHA Hospitals
2-4 mi
18968
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HEALTHCARE PARTNERS MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060705
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1056072
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	23430 HAWTHORNE BLVD #105
Phone num:	3103544461
Termination reason:	00

Term Date:	20080704
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070165199

CN562 SRDCCA200717228
NE Daycare
2-4 mi
18988
Higher

EDR ID:	SRDCCA200717228
Facility number:	192008294
Facility name:	HARVEY FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4134 W. 160TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	4134 W. 160TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"HARVEY, ANGELA "
Licensee type:	A
License effective date:	20102
License expiration date:	Not Reported
License issue date:	020102
Program type:	LICENSE INACTIVE
Original app. received date:	010724
Facility closed date:	Not Reported
Mailing address:	4134 W. 160TH STREET
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"HARVEY, ANGELA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103716049

CU563 SRHO20070159540
SE AHA Hospitals
2-4 mi
19001
Higher

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

City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JAY KAHNG MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030317
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1010546
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3655 LOMITA BLVD, SUITE 209
Phone num:	3106973256
Termination reason:	00
Term Date:	20070316
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159540

CU564 SRHO20070135847
SE AHA Hospitals
2-4 mi
19001
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20060323
Medicare/Medicaid:	1
Facility name:	ARLEN J MILLMAN, MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported

Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0668723
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3655 LOMITA BOULEVARD #221
Phone num:	3103730515
Termination reason:	00
Term Date:	20080927
Purpose of action:	2
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070135847

CU565 SRHO20070131498
SE AHA Hospitals
2-4 mi
19001
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 RAYMOND LI MD MPH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921230
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550979
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3655 LOMITA BLVD 121

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Phone num:	3103752256
Termination reason:	08
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131498

CU566			SRHO20070152651
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19001	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	DENISE V MANER MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980707	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0948324	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3655 LOMITA BLVD, #421	
	Phone num:	3103737855	
	Termination reason:	08	
	Term Date:	20060706	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	

	Accred expire date:	Not Reported
	Accred Org:	Not Reported
	Num beds:	0000
	Num cert beds:	0000
	Source:	US_HOSPITAL_POSCLIA
	Edr id:	SRHO20070152651

CU567			SRHO20070145959
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19001	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	BARBARA LEBRON MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19941116	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0894554	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3655 LOMITA BLVD, #418	
	Phone num:	3103702074	
	Termination reason:	00	
	Term Date:	20081115	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070145959	

CU568			SRHO20070131069
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19001			
Higher			

Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	VINCENT W YU MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930520
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553048
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3655 W LOMITA BLVD SUITE 209
Phone num:	3107915179
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131069

CU569 SRHO20070136124
SE AHA Hospitals
2-4 mi
19001
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20060921
Medicare/Medicaid:	1
Facility name:	FAMILY PLANNING ASSOCIATES MEDICAL GROUP INC
Intermediary/Carrier:	02050

Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0668308
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3655 LOMITA BOULEVARD, SUITE #400
Phone num:	3103731042
Termination reason:	00
Term Date:	20070412
Purpose of action:	2
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070136124

CU570 — SRHO20070137715
SE — AHA Hospitals
2-4 mi
19001
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 J RORKE MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950613
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0683339
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

street address:	3655 LOMITA BLVD SUITE #307
Phone num:	3104370565
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137715

CU571			SRHO20070131902
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19001	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 D WEISSMAN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930602	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0551128	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3655 LOMITA BLVD SUTIE 307	
	Phone num:	3103750060	
	Termination reason:	08	
	Term Date:	19950601	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	

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:	SRHO20070131902	
CU572			SRHO20070131752
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19001	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	BEATRICE WU MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921229	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0550982	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3655 LOMITA BLVD	
	Phone num:	3103757811	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131752	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CU573			SRHO20070131768
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19001	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	BERNARD R WEINSTEIN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930326	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0550999	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3655 LOMITA BLVD 418	
	Phone num:	3103788453	
	Termination reason:	15	
	Term Date:	19940831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131768	

CU574			SRHO20070131767
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19001	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 C LEBOW MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921218
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550995
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3655 LOMITA BLVD SUITE 421
Phone num:	3103788261
Termination reason:	01
Term Date:	19950401
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131767

CP575 SRHO20070158687
ESE AHA Hospitals
2-4 mi
19024
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 #9478
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050301
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1037632
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3020 SEPULVEDA BLVD
Phone num:	3105341264
Termination reason:	00
Term Date:	20070228
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158687

576
ENE
2-4 mi
19100
Higher

SRPR20051022738
Private Schools

Pss school id:	00069732
Pss inst:	ST CATHERINE LABOURE
Lograde:	K
Higrade:	8
Pss address:	3846 REDONDO BEACH BLVD
Pss city:	TORRANCE
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90504
Pss phone:	3103248732
Pss sch days:	180
Pss stu day hrs:	7.08
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	38
Pss enroll 1:	59
Pss enroll 2:	53
Pss enroll 3:	66
Pss enroll 4:	56
Pss enroll 5:	55
Pss enroll 6:	62
Pss enroll 7:	68
Pss enroll 8:	51
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	508
Pss enroll tk12:	508

Pss race ai:	0
Pss race as:	220
Pss race h:	183
Pss race b:	37
Pss race w:	68
Pss fte teach:	20.4
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	43.31
Pss hisp pct:	36.02
Pss black pct:	7.28
Pss white pct:	13.39
Pss stdtch rt:	24.9
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:	SRPR20051022738

CY577 SRDCCA200708455
ESE Daycare
2-4 mi
19125
Higher

EDR ID:	SRDCCA200708455
Facility number:	197401847
Facility name:	"CAIL, VICKI FAMILY DAY CARE "
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1500 HICKORY AVENUE #121
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	1500 HICKORY AVENUE #121
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"CAIL, VICKI "
Licensee type:	A
License effective date:	951211
License expiration date:	Not Reported
License issue date:	951211
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:	1500 HICKORY AVENUE #121
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	"CAIL, VICKI "
Facility capacity:	6
Type of clients served:	960
Facility phone:	3107820170

CU578 SRHO20070131753
SE AHA Hospitals
2-4 mi
19177
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 T PICCIRILLO MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930419
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550986
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3640 LOMITA BLVD 303
Phone num:	3103782274
Termination reason:	01
Term Date:	19950101
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131753

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CU579			SRHO20070132185
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19177	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	19940922	
	Medicare/Medicaid:	1	
	Facility name:	DARRYL LEE MD	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19940901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0551292	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3640 W LOMITA BLVD 201	
	Phone num:	3103781236	
	Termination reason:	14	
	Term Date:	19940930	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070132185	

CU580			SRHO20070150038
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19177	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	CALVIN E CHIANG MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971120
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0936383
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3640 LOMITA BLVD, STE 309
Phone num:	3103739697
Termination reason:	08
Term Date:	20031119
Purpose of action:	Not Reported
Provider control:	02
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150038

CU581 SRHO20070164095
SE AHA Hospitals
2-4 mi
19177
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ANTHONY J CHEN MD, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20051129
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1048329
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3640 LOMITA BLVD, SUITE 303
Phone num:	3104189419
Termination reason:	00
Term Date:	20071128
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070164095

CU582			SRHO20070139813
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19177	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 INSTITUTE OF LITTLE CO OF MARY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950106	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0705103	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3640 WEST LOMITA BOULEVARD 101	
	Phone num:	3103785266	
	Termination reason:	08	
	Term Date:	19960831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139813

CU583 SRHO20070146930
SE AHA Hospitals
2-4 mi
19177
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	STEPHEN C ACOSTA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930707
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0872827
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3640 LOMITA BLVD SUITE 305
Phone num:	3107914153
Termination reason:	08
Term Date:	19930709
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146930

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CU584			SRHO20070156049
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19177	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MARINA RAIKHEL MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20020919	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1004143	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3640 W LOMITA BLVD #205	
	Phone num:	3103738120	
	Termination reason:	00	
	Term Date:	20080918	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070156049	

CP585			SRHO20070164906
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19180	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	NORTH PENINSULA SURGICAL CENTER, LP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20051121
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1048121
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	22525 MAPLE AVE, SUITE 101
Phone num:	3106025480
Termination reason:	00
Term Date:	20071120
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070164906

CP586 SRHO20070007656
ESE AHA Hospitals
2-4 mi
19180
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20050405
Medicare/Medicaid:	1
Facility name:	TORRANCE OUTPATIENT SURGERY CENTER
Intermediary/Carrier:	31144
Medicaid number:	Not Reported
Partcipation date:	20050502
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001720
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	22525 MAPLE AVENUE, SUITE 101
Phone num:	3106025480
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	90505
Fips 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:	SRHO20070007656

CP587			SRHO20070143335
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19180	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ROYALWOOD CARE CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19931119	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0879500	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	22520 MAPLE AVENUE	
	Phone num:	3103269131	
	Termination reason:	00	
	Term Date:	20071118	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	

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:	SRHO20070143335	
CP588			SRHO20070009325
ESE	Hospital type:	03	AHA Hospitals
2-4 mi	Num of times COO:	05	
19180	Owner date:	20030815	
Higher	City:	TORRANCE	
	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:	20060928	
	Medicare/Medicaid:	1	
	Facility name:	ROYALWOOD CARE CENTER	
	Intermediary/Carrier:	00454	
	Medicaid number:	ZZT05531G	
	Partcipation date:	19790801	
	Prior COO date:	19840101	
	Prior carrier:	00040	
	Provider ID:	055531	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	22520 MAPLE AVENUE	
	Phone num:	3103269131	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0110	
	Num cert beds:	0110	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070009325	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CP589 ESE 2-4 mi 19180 Higher			SRNH20060900914 Nursing Homes
	Provnum:	055531	
	Nursinghomename:	ROYALWOOD CARE CENTER	
	Street:	22520 MAPLE AVENUE	
	City:	TORRANCE	
	State:	CA	
	Zipcode:	90505	
	Phonenumber:	3103269131	
	Dateoflastinspection:	20050728	
	Certifiednumberofbeds:	110	
	Totalnumberofresidents:	102	
	Percofoccupiedbeds:	93	
	Categorydescription:	Participating in Medicare and Medicaid	
	Typeofownership:	For profit - Corporation	
	Locatedwithinahospital:	NO	
	Multinursinghomeownership:	NO	
	Residentandfamilycouncils:	BOTH	
	Edr id:	SRNH20060900914	

CT590 NNE 2-4 mi 19197 Higher			SRDCCA200717930 Daycare
	EDR ID:	SRDCCA200717930	
	Facility number:	197408862	
	Facility name:	WILSON FAMILY CHILD CARE	
	Facility eval. code:	4060	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	14928 INGLEWOOD AVENUE #20	
	City:	LAWNDALE	
	State:	CA	
	Zip:	90260	
	Alt. address:	14928 INGLEWOOD AVENUE #20	
	City:	LAWNDALE	
	State:	CA	
	Zip:	90260	
	Facility investor:	"WILSON, HELEN "	
	Licensee type:	A	
	License effective date:	30819	
	License expiration date:	Not Reported	
	License issue date:	030819	
	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:	020523	
	Facility closed date:	Not Reported	
	Mailing address:	14928 INGLEWOOD AVENUE #20	
	Mailing city:	LAWNDALE	
	Mailing state:	CA	
	Mailing zip:	90260	
	Contact person:	"WILSON, HELEN "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3106756939	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CZ591 ENE 2-4 mi 19203 Higher			SRDCCA200742967 Daycare
	EDR ID:	SRDCCA200742967	
	Facility number:	191608922	
	Facility name:	NOAH'S ARK	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	840	
	Facility status code:	03	
	Address:	17661 YUKON AVENUE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90504	
	Alt. address:	17661 YUKON AVENUE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90504	
	Facility investor:	SOUTH BAY CHURCH OF GOD	
	Licensee type:	A	
	License effective date:	940723	
	License expiration date:	Not Reported	
	License issue date:	921215	
	Program type:	"COMBINATION CENTER: SCHOOL AGE (46) AGE 6 THRU 12 YEARS OLD; PRESCHOOL(59) X1911602130, AGE 2 THUR 6 YEARS OLD. "	
	Original app. received date:	921209	
	Facility closed date:	Not Reported	
	Mailing address:	17661 YUKON AVENUE	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90504	
	Contact person:	"PHELPS, SHERRI V. "	
	Facility capacity:	46	
	Type of clients served:	950	
	Facility phone:	3103273083	

CZ592 ENE 2-4 mi 19203 Higher			SRDCCA200747577 Daycare
	EDR ID:	SRDCCA200747577	
	Facility number:	191602130	
	Facility name:	NOAH'S ARK	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	17661 S. YUKON AVE.	
	City:	TORRANCE	
	State:	CA	
	Zip:	90504	
	Alt. address:	17661 S. YUKON AVE.	
	City:	TORRANCE	
	State:	CA	
	Zip:	90504	
	Facility investor:	SOUTH BAY CHURCH OF GOD	
	Licensee type:	C	

License effective date: 940723
License expiration date: Not Reported
License issue date: Not Reported
Program type: COMBINATION CENTER: PRESCHOOL (59) AGES 2 THRU 5 YEARS; SCHOOL AGE SCHOOL AGE (46) (191608922) AGES 6 THRU 8 YEARS.
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 17661 YUKON AVENUE
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90504
Contact person: "PHELPS, SHERRI "
Facility capacity: 59
Type of clients served: 950
Facility phone: 3103273083

CU593 SRHO20070010594
SE AHA Hospitals
2-4 mi
19250
Higher

Hospital type: 03
Num of times COO: 03
Owner date: 20051101
City: TORRANCE
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: LITTLE COMPANY OF MARY SUB-ACUTE CARE CENTER
Intermediary/Carrier: 00454
Medicaid number: ZZT18678K
Partcipation date: 19780101
Prior COO date: 20000114
Prior carrier: 00040
Provider ID: 056490
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L1
street address: 3620 LOMITA BLVD.
Phone num: 3103788587
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 05
Zip: 90505
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

Num beds:	0200
Num cert beds:	0089
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070010594

CU594 — SRHO20070146570
SE — AHA Hospitals
2-4 mi
19250
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LITTLE CO OF MARY SUB ACUTE CARE CTR
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960610
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0915830
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3620 W LOMITA BOULEVARD
Phone num:	3103788587
Termination reason:	00
Term Date:	20070407
Purpose of action:	Not Reported
Provider control:	02
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146570

CU595 — SRNH20060901276
SE — Nursing Homes
2-4 mi
19250
Higher

Provnum:	056490
Nursinghomename:	LITTLE COMPANY OF MARY SUB-ACUTE CARE CENTER
Street:	3620 LOMITA BLVD.
City:	TORRANCE

State:	CA
Zipcode:	90505
Phonenumber:	3103788587
Dateoflastinspection:	20050812
Certifiednumberofbeds:	200
Totalnumberofresidents:	121
Percofoccupiedbeds:	61
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	Non profit - Corporation
Locatedwithinahospital:	YES
Multinursinghomeownership:	YES
Residentandfamilycouncils:	BOTH
Edr id:	SRNH20060901276

CT596 | SRPU20071007152
NNE | Public Schools
2-4 mi
19264
Higher

Ncessch:	060792007515
Schname05:	LAWNDALE HIGH
Mstreet05:	14901 SOUTH INGLEWOOD AVE.
Mcity05:	LAWNDALE
Mstate05:	CA
Mzip05:	90260
Mzip405:	Not Reported
Member05:	1356
Phone05:	(310) 263-3102
Locale05:	3
Type05:	1
Level05:	3
Gslo05:	09
Gshi05:	12
Edr id:	SRPU20071007152

CU597 | SRHO20070165315
SE | AHA Hospitals
2-4 mi
19322
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	UNIVERSITY FERTILITY LABORATORY INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060913
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1058699
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

ssa state:	05
state region cd:	M1
street address:	23550 HAWTHORNE BLVD
Phone num:	3103787445
Termination reason:	00
Term Date:	20080912
Purpose of action:	Not Reported
Provider control:	02
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070165315

CU598			SRHO20070148517
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19322	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20060202	
	Medicare/Medicaid:	1	
	Facility name:	DAVID C HOROWITZ	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19971204	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0937015	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	23550 HAWTHORNE BLVD #200	
	Phone num:	3103732636	
	Termination reason:	00	
	Term Date:	20080709	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	

SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148517

CS599 SRDCCA200752075
NNW Daycare
2-4 mi
19345
Higher

EDR ID:	SRDCCA200752075
Facility number:	197402520
Facility name:	BEACH BABIES CHILDREN'S CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	540 ROSECRANS AVENUE
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	561 35TH STREET
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Facility investor:	BEACH BABIES CHILDREN'S CENTER
Licensee type:	A
License effective date:	960620
License expiration date:	Not Reported
License issue date:	960620
Program type:	"COMBINATION CENTER: (29) AMBULATORY CHILDREN, AGES 2 THROUGH 5 YEARS OLD. X197402521 (24) INFANTS AGES 0-2 YEARS OLD. "
Original app. received date:	960513
Facility closed date:	Not Reported
Mailing address:	561 35TH STREET
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	NICOLE HILL
Facility capacity:	29
Type of clients served:	950
Facility phone:	3105464622

CS600 SRDCCA200740930
NNW Daycare
2-4 mi
19345
Higher

EDR ID:	SRDCCA200740930
Facility number:	197402521
Facility name:	BEACH BABIES CHILDREN'S CENTER - INFANT CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	830

Facility status code:	03
Address:	540 ROSECRANS AVE.
City:	MANHATTAN BEACH
State:	CA
Zip:	90266
Alt. address:	561 35TH STREET
City:	MANHATTAN AVENUE
State:	CA
Zip:	90266
Facility investor:	BEACH BABIES CHILDREN'S CENTER
Licensee type:	A
License effective date:	960620
License expiration date:	Not Reported
License issue date:	960620
Program type:	"COMBINATION CENTER: (24) AMBULATORY INFANTS, AGES 0 THROUGH 2 YEARS X197402520 (29) PRESCHOOL CHILDREN AGES 2 THROUGH 5 YEARS OLD. "
Original app. received date:	960513
Facility closed date:	Not Reported
Mailing address:	561 35TH STREET
Mailing city:	MANHATTAN BEACH
Mailing state:	CA
Mailing zip:	90266
Contact person:	NICOLE HILL
Facility capacity:	24
Type of clients served:	955
Facility phone:	3105464622

CX601 SRDCCA200751518
SE Daycare
2-4 mi
19355
Higher

EDR ID:	SRDCCA200751518
Facility number:	197403686
Facility name:	COASTAL KIDS PRESCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4172 PACIFIC COAST HWY. #113
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	4172 PACIFIC COAST HWY. #113
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"DAHL, KAREN "
Licensee type:	A
License effective date:	970730
License expiration date:	Not Reported
License issue date:	970730
Program type:	LICENSEE PREFER TO SERVE CHILDREN AGE 2 TO 5 YEARS OLD
Original app. received date:	970603
Facility closed date:	Not Reported
Mailing address:	4172 PACIFIC COAST HWY. #113
Mailing city:	TORRANCE

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing state:	CA	
	Mailing zip:	90505	
	Contact person:	"ROYBAL, CYNTHIA "	
	Facility capacity:	86	
	Type of clients served:	950	
	Facility phone:	3103785848	
CV602 North 2-4 mi 19384 Higher			SRHO20070108551 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	EL SEGUNDO	
	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:	20050225	
	Medicare/Medicaid:	1	
	Facility name:	CENTRAL NURSES DIRECTORY INC	
	Intermediary/Carrier:	00040	
	Medicaid number:	HHA57472F	
	Partcipation date:	19941104	
	Prior COO date:	Not Reported	
	Prior carrier:	00140	
	Provider ID:	557472	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L4	
	street address:	880 APOLLO AVENUE SUITE 229	
	Phone num:	3106796100	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90245	
	Fips 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:	SRHO20070108551	
CW603 SE 2-4 mi 19401 Higher			SRDCCA200751859 Daycare
	EDR ID:	SRDCCA200751859	
	Facility number:	197401720	

Facility name:	YMCA OF METRO. L.A.- TORRANCE SO. BAY P.S. PROGRAM
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3420 WEST 229TH PLACE
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	625 S. NEW HAMPSHIRE AVENUE
City:	LOS ANGELES
State:	CA
Zip:	90005
Facility investor:	YMCA OF METRO. L.A.
Licensee type:	C
License effective date:	951031
License expiration date:	Not Reported
License issue date:	951031
Program type:	"LICENSE IS FOR 60 CHILDREN FROM 2 YEARS OLD TO 5 YEARS OLD, INCLUDING A 12 CHILDREN TODDLER OPTION. "
Original app. received date:	950814
Facility closed date:	Not Reported
Mailing address:	625 S. NEW HAMPSHIRE AVENUE
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90005
Contact person:	SUZETTE SALDONIDO
Facility capacity:	60
Type of clients served:	950
Facility phone:	3105306882

CY604 SRDCCA200749042
ESE Daycare
2-4 mi
19483
Higher

EDR ID:	SRDCCA200749042
Facility number:	197405916
Facility name:	KINDERCARE LEARNING CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1520 GREENWOOD AVENUE
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	650 NE HOLLDAY ST. #1410
City:	PORTLAND
State:	OR
Zip:	97232
Facility investor:	KNOWLEDGE LEARNING CORPORATION
Licensee type:	D
License effective date:	990401
License expiration date:	Not Reported
License issue date:	990401

Program type: "AMBULATORY: PRESCHOOL (58), AGES 2 - 4.5 YEARS; TODDLERS (12) AGES 18 MONTHS - 30 MONTHS). X 197405917 INFANT CENTER. "
Original app. received date: 990302
Facility closed date: Not Reported
Mailing address: 650 NE HOLLADAY ST. #1400
Mailing city: PORTLAND
Mailing state: OR
Mailing zip: 97232
Contact person: "SOURJAH,A/MCDOWELL,M "
Facility capacity: 70
Type of clients served: 950
Facility phone: 3103204429

CY605 SRDCCA200742438
ESE Daycare
2-4 mi
19483
Higher

EDR ID: SRDCCA200742438
Facility number: 197405917
Facility name: KINDERCARE LEARNING CENTER
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 1520 GREENWOOD AVENUE
City: TORRANCE
State: CA
Zip: 90503
Alt. address: 650 NE HOLLDAY ST. #1410
City: PORTLAND
State: OR
Zip: 97232
Facility investor: KNOWLEDGE LEARNING CORPORATION
Licensee type: D
License effective date: 990401
License expiration date: Not Reported
License issue date: 990401
Program type: "INFANT (16), AGES 6 WKS - 18 MONTHS); X197405916, PRESCHOOL - TODDLER CENTER. "
Original app. received date: 990302
Facility closed date: Not Reported
Mailing address: 650 NE HOLLADAY ST. #1400
Mailing city: PORTLAND
Mailing state: OR
Mailing zip: 97232
Contact person: "SOURJAH,A/MCDOWELL,M "
Facility capacity: 16
Type of clients served: 950
Facility phone: 3103204429

DA606 SRDCCA200739849
NE Daycare
2-4 mi
19515
Higher

EDR ID: SRDCCA200739849
Facility number: 197414245
Facility name: MANUEL FAMILY CHILD CARE

Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	15717 EASTWOOD AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	15717 EASTWOOD AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"MANUEL, GIULIANA "
Licensee type:	A
License effective date:	70404
License expiration date:	Not Reported
License issue date:	070404
Program type:	"MAXIMUM CAPACITY: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAPACITY 8 - NO MORE THAN 2 INFANTS,1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	070126
Facility closed date:	Not Reported
Mailing address:	15717 EASTWOOD AVENUE
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"MANUEL, GIULIANA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3109709369

DB607 SRHO20070164675
SE AHA Hospitals
2-4 mi
19538
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	AZHAR MUTTALIB, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20051115
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1047844
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	23639 HAWTHORNE BLVD #102
Phone num:	3103739980
Termination reason:	00
Term Date:	20071114
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070164675

DB608 SRHO20070159393
SE AHA Hospitals
2-4 mi
19538
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WASIMA MASOODI MD, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030702
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1014355
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	23639 HAWTHORNE BOULEVARD, SUITE #102
Phone num:	3103734555
Termination reason:	00
Term Date:	20070701
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06

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:	SRHO20070159393	

DC609			SRHO20070136932
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19547	Owner date:	Not Reported	
Higher	City:	LAWNDALE	
	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:	19991213	
	Medicare/Medicaid:	1	
	Facility name:	PHYSICIANS INDEPENDENT LABORATORY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0642499	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	15342 HAWTHORNE BLVD SUITE 415	
	Phone num:	3106764447	
	Termination reason:	10	
	Term Date:	20010123	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	90260	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070136932	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DC610			SRHO20070159222
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19547	Owner date:	Not Reported	
Higher	City:	LAWNDALE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	GOODWILL HOME HEALTH INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20040817	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1029464	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	15342 HAWTHORNE BLVD #216	
	Phone num:	3109739055	
	Termination reason:	08	
	Term Date:	20060816	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90260	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070159222	

DC611			SRHO20070150280
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19547	Owner date:	Not Reported	
Higher	City:	LAWNDALE	
	Has plan of corr:	Not 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 ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicare/Medicaid:	Not Reported
Facility name:	MAXINE MCDONALD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970715
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0930573
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	15342 HAWTHORNE BOULEVARD SUITE 101
Phone num:	3106796700
Termination reason:	08
Term Date:	20050714
Purpose of action:	Not Reported
Provider control:	02
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150280

DC612 SRHO20070146424
NE AHA Hospitals
2-4 mi
19547
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 & FAMILY MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960813
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0918567
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	15342 HAWTHORNE BLVD
Phone num:	3109780027
Termination reason:	08
Term Date:	19960813
Purpose of action:	Not Reported
Provider control:	04
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146424

DC613			SRHO20070150306
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19547	Owner date:	Not Reported	
Higher	City:	LAWNDALE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	APEX HOME HEALTH SERVICES, INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19971215	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0937296	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	15342 HAWTHORNE BLVD, SUITE 204	
	Phone num:	3106799982	
	Termination reason:	08	
	Term Date:	20051214	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90260	
	Fips state:	06	

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150306

CT614 SRHO20070107671
NNE AHA Hospitals
2-4 mi
19556
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
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:	20060614
Medicare/Medicaid:	1
Facility name:	MARY'S HOUSE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970527
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	55G109
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	14901 CONDON AVE
Phone num:	3106752887
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	07
Zip:	90260
Fips state:	06
Fips cnty:	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:	SRHO20070107671

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CY615 ESE 2-4 mi 19614 Higher			SRPU20071009085 Public Schools
	Ncessch:	063942006558	
	Schname05:	FERN ELEMENTARY	
	Mstreet05:	1314 FERN AVE.	
	Mcity05:	TORRANCE	
	Mstate05:	CA	
	Mzip05:	90503	
	Mzip405:	6125	
	Member05:	582	
	Phone05:	(310) 533-4506	
	Locale05:	2	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071009085	

616 NE 2-4 mi 19656 Higher			SRDCCA200703266 Daycare
	EDR ID:	SRDCCA200703266	
	Facility number:	191604030	
	Facility name:	DUDLEY FAMILY DAY CARE	
	Facility eval. code:	4060	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4013 WEST 160TH STREET	
	City:	LAWNDALE	
	State:	CA	
	Zip:	90260	
	Alt. address:	4013 WEST 160TH STREET	
	City:	LAWNDALE	
	State:	CA	
	Zip:	90260	
	Facility investor:	"DUDLEY, EVA R. "	
	Licensee type:	A	
	License effective date:	950911	
	License expiration date:	Not Reported	
	License issue date:	890911	
	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:	890703	
	Facility closed date:	Not Reported	
	Mailing address:	4013 WEST 160TH STREET	
	Mailing city:	LAWNDALE	
	Mailing state:	CA	
	Mailing zip:	90260	
	Contact person:	"DUDLEY, EVA R. "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3102143746	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CU617			SRHO20070156686
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19783	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 MARIA VOLLUCCI	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20001004	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0978841	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	23441 MADISON ST STE 110	
	Phone num:	3104651604	
	Termination reason:	00	
	Term Date:	20081003	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070156686	

CU618			SRHO20070011259
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19783	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	19900130	

Medicare/Medicaid:	1
Facility name:	SKYPARK REHABILITATION CTR
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19850222
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	056573
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	23441 MADISON ST, STE 290
Phone num:	2133789807
Termination reason:	01
Term Date:	19920331
Purpose of action:	2
Provider control:	06
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070011259

CU619 SRHO20070158305
SE AHA Hospitals
2-4 mi
19783
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WESTERN CLINICAL RESEARCH INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000523
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0973939
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	23441 MADISON ST STE 130
Phone num:	3103785003
Termination reason:	00
Term Date:	20080522
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158305

CU620			SRHO20070008401
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19783	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	19930519	
	Medicare/Medicaid:	1	
	Facility name:	CASA COLINA CTR SOUTH BAY	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19841212	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	054503	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	23441 MADISON ST	
	Phone num:	3103730032	
	Termination reason:	04	
	Term Date:	19930722	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90505	
	Fips state:	06	

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070008401

CU621 SRHO20070107461
SE AHA Hospitals
2-4 mi
19783
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20061011
Medicare/Medicaid:	1
Facility name:	HEALTHSOUTH SPORTS MEDICINE & REHAB CTR-TORRANCE
Intermediary/Carrier:	00010
Medicaid number:	Not Reported
Partcipation date:	20010118
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	556543
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	23441 MADISON ST SUITE 330 BUILDING 8
Phone num:	3106657141
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	06
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070107461

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CU622 SE 2-4 mi 19783 Higher			SRHO20070149312 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	CARDIOFIT MEDICAL GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19971204	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0936988	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	23441 MADISON STREET, STE 310	
	Phone num:	3107915577	
	Termination reason:	00	
	Term Date:	20071203	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149312	

CU623 SE 2-4 mi 19783 Higher			SRHO20070131912 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 TREATMENT CTR
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930517
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0551155
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	23441 MADISON ST 340
Phone num:	3103730340
Termination reason:	00
Term Date:	20071222
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131912

CU624 SRHO20070161011
SE AHA Hospitals
2-4 mi
19783
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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
Partcipation date:	20030811
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1015658
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	23441 MADISON ST BLDG 8 STE 290
Phone num:	3103757172
Termination reason:	00
Term Date:	20070810
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070161011

CU625			SRHO20070131913
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19783	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	05D0547733	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	DOCTOR'S UROLOGY GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921221	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0551171	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	23441 MADISON ST #140	
	Phone num:	3103739451	
	Termination reason:	33	
	Term Date:	19960831	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90505	
	Fips state:	06	

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:	SRHO20070131913	

CU626			SRHO20070130805
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19783	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	05D0551171	
	FMS survey date:	Not Reported	
	Current survey date:	19970926	
	Medicare/Medicaid:	1	
	Facility name:	DOCTORS UROLOGY GROUP	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0547733	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	23441 MADISON STREET # 140	
	Phone num:	3103739451	
	Termination reason:	08	
	Term Date:	20060925	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070130805	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CU627			SRHO20070165186
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19783	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ENDOSCOPY CENTER AT SKYPARK	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20060420	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1053329	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	23441 MADISON ST #230	
	Phone num:	3103756461	
	Termination reason:	00	
	Term Date:	20080419	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070165186	

CU628			SRHO20070004759
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19783	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20020723	

Medicare/Medicaid:	1
Facility name:	ENDOSCOPY CENTER AT SKYPARK
Intermediary/Carrier:	00542
Medicaid number:	Not Reported
Partcipation date:	20020723
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001559
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	23441 MADISON STREET, SUITE 230
Phone num:	3103751246
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	90505
Fips 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:	SRHO20070004759

CU629 SRHO20070155968
SE AHA Hospitals
2-4 mi
19783
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DEEPJOT K SINGH, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021028
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1005654
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	23441 MADISON ST, SUITE 301, BLDG #8
Phone num:	3103737900
Termination reason:	00
Term Date:	20081027
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155968

CU630 SRHO20070139481
SE AHA Hospitals
2-4 mi
19807
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20051021
Medicare/Medicaid:	1
Facility name:	SUSAN GOODLERNER MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0686492
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	23451 MADISON STREET, BLDG 7, SUITE 330
Phone num:	3103759994
Termination reason:	00
Term Date:	20071214
Purpose of action:	2
Provider control:	04
Zip:	90505
Fips state:	06

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:	SRHO20070139481	

CU631			SRHO20070131496
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19807	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20050915	
	Medicare/Medicaid:	1	
	Facility name:	JAMES V O’CONNELL MD INC	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0550965	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	23451 MADISON STREET 190T	
	Phone num:	3103736952	
	Termination reason:	00	
	Term Date:	20071025	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131496	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CU632			SRHO20070131782
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19807	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 J GROSSMAN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930125	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0551051	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	23451 MADISON ST STE 210	
	Phone num:	3105348100	
	Termination reason:	12	
	Term Date:	19941107	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131782	

CU633			SRHO20070145234
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19807	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	19941129	

Medicare/Medicaid:	1
Facility name:	SKYPARK FAMILY MEDICINE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0867755
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	23451 MADISON ST #140
Phone num:	3103786208
Termination reason:	00
Term Date:	20070617
Purpose of action:	1
Provider control:	10
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145234

CU634 SRHO20070158486
SE AHA Hospitals
2-4 mi
19807
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GLADYS E PALOMENO MD/ENDOCRINOLOGIST
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040402
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1024133
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	23451 MADISON STREET, BUILDING 7, SUITE 210
Phone num:	3103252392
Termination reason:	00
Term Date:	20080401
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158486

CU635 SRHO20070145385
SE AHA Hospitals
2-4 mi
19807
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	EMERY MEDICAL CORP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930806
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0874392
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	23451 MADISON ST #250
Phone num:	3107910083
Termination reason:	12
Term Date:	19970605
Purpose of action:	Not Reported
Provider control:	02
Zip:	90505
Fips state:	06

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:	SRHO20070145385	

CU636			SRHO20070151634
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19807	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	DRS FELSHER, HOLT, SATTLER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20000208	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0970249	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	23451 MADISON, SUITE 200	
	Phone num:	5625313225	
	Termination reason:	08	
	Term Date:	20020207	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070151634	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CU637 SE 2-4 mi 19807 Higher			SRHO20070147341 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	DIGESTIVE CARE CONSULTANTS	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930804	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0874154	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	23451 MADISON STREET SUITE 290	
	Phone num:	3103751246	
	Termination reason:	08	
	Term Date:	20030803	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070147341	
DD638 ENE 2-4 mi 19823 Higher			SRDCCA200720258 Daycare
	EDR ID:	SRDCCA200720258	
	Facility number:	197409221	
	Facility name:	ANCHETA FAMILY CHILD CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	3312 W. 185TH STREET	
	City:	TORRANCE	

State:	CA
Zip:	90504
Alt. address:	3312 W. 185TH STREET
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"ANCHETA, LILLIAN G. "
Licensee type:	A
License effective date:	30321
License expiration date:	Not Reported
License issue date:	030321
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:	021003
Facility closed date:	Not Reported
Mailing address:	3312 W. 185TH STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"ANCHETA, LILLIAN G. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103292137

CX639 SRPR20051024860
SE Private Schools
2-4 mi
19882
Higher

Pss school id:	A0300195
Pss inst:	COAST CHRISTIAN SCHOOLS PCH-HS
Lograde:	9
Higrade:	12
Pss address:	4010 PACIFIC COAST HWY
Pss city:	TORRANCE
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90505
Pss phone:	3103758897
Pss sch days:	172
Pss stu day hrs:	7.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	0
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:	4
Pss enroll 10:	6

Pss enroll 11:	4
Pss enroll 12:	5
Pss enroll t:	19
Pss enroll tk12:	19
Pss race ai:	0
Pss race as:	13
Pss race h:	3
Pss race b:	2
Pss race w:	1
Pss fte teach:	1.3
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	2
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	68.42
Pss hisp pct:	15.79
Pss black pct:	10.53
Pss white pct:	5.26
Pss stdtch rt:	14.62
Pss orient:	4
Pss county name:	LOS ANGELES
Pss assoc 1:	Accelerated Christian Education (ACE) or (School of Tomorrow)
Pss assoc 2:	Association of Christian Schools International (ACSI)
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:	SRPR20051024860

DC640 SRHO20070156210
NE AHA Hospitals
2-4 mi
19891
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	UNIVERSITY PHYSICIANS HEALTH CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021017
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1005288
Record Status:	A
Region code:	09

Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	15222 HAWTHORNE BLVD
Phone num:	5629031261
Termination reason:	08
Term Date:	20041016
Purpose of action:	Not Reported
Provider control:	02
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156210

DB641 SRHO20070164802
SE AHA Hospitals
2-4 mi
19891
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 BAY FAMILY MEDICAL GROUP LABORATORY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060427
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1053577
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3701 SKYPARK DRIVE, SUITE 220
Phone num:	3103782234
Termination reason:	00
Term Date:	20080426
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505

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:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070164802	

DB642			SRHO20070164948
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19891	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 BAY FAMILY MEDICAL GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20060110	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1049571	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3701 SKYPARK DRIVE, SUITE 100	
	Phone num:	3103782234	
	Termination reason:	00	
	Term Date:	20080109	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070164948	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DB643			SRHO20070141318
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19891	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20060609	
	Medicare/Medicaid:	1	
	Facility name:	DRS ABE, BOLD, CHANG, SCOTT, SINKOWITZ & WONG	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0703496	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3701 SKYPARK DRIVE SUITE 200	
	Phone num:	3103788900	
	Termination reason:	00	
	Term Date:	20090115	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070141318	

DE644			SRHO20070146764
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19894	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	OXFORD HEALTHCARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930804
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0874052
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	350 S CRENSHAW BLVD SUITE A 203
Phone num:	3102127000
Termination reason:	08
Term Date:	19990803
Purpose of action:	Not Reported
Provider control:	04
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146764

DE645 SRHO20070011020
East AHA Hospitals
2-4 mi
19894
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19980113
Medicare/Medicaid:	2
Facility name:	CAMBRIAN HOMECARE
Intermediary/Carrier:	00140
Medicaid number:	Not Reported
Partcipation date:	19930818
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	057403
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	350 SOUTH CRENSHAW BLVD
Phone num:	3102127000
Termination reason:	05
Term Date:	19980217
Purpose of action:	3
Provider control:	04
Zip:	90503
Fips 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:	SRHO20070011020

DE646			SRHO20070010649
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	06	
19902	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	19970902	
	Medicare/Medicaid:	1	
	Facility name:	HYGEIA, INC	
	Intermediary/Carrier:	00140	
	Medicaid number:	Not Reported	
	Partcipation date:	19930407	
	Prior COO date:	19970507	
	Prior carrier:	00040	
	Provider ID:	057357	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	370 SOUTH CRENSHAW BL, SUITE E-104	
	Phone num:	3107872444	
	Termination reason:	01	
	Term Date:	19971214	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	

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:	SRHO20070010649	
DE647			SRHO20070145864
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19902	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SUPERB HOME HEALTH AGENCY INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950121	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0896838	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	370 S CRENSHAW BLVD, SUITE E202L	
	Phone num:	3102120916	
	Termination reason:	00	
	Term Date:	20090120	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90501	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070145864	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DE648			SRHO20070145356
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19902	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	HYGEIA, INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950530	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0901536	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	370 S CRENSHAW BLVD, #E-104	
	Phone num:	3107874400	
	Termination reason:	12	
	Term Date:	19971209	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90503	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070145356	

DE649			SRHO20070109035
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19902	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20030212	

Medicare/Medicaid:	2
Facility name:	SUPERB HOME HEALTH AGENCY, INC
Intermediary/Carrier:	00140
Medicaid number:	HHA57505F
Partcipation date:	19950130
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557505
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	370 S CRENSHAW BLVD SUITE E202L
Phone num:	3105323844
Termination reason:	01
Term Date:	20030717
Purpose of action:	2
Provider control:	04
Zip:	90501
Fips 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:	SRHO20070109035

DB650 SRHO20070005384
SE AHA Hospitals
2-4 mi
19937
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	20040826
City:	TORRANCE
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:	19990615
Medicare/Medicaid:	1
Facility name:	SURGERY CENTER OF SOUTH BAY
Intermediary/Carrier:	31144
Medicaid number:	Not Reported
Partcipation date:	19831013
Prior COO date:	Not Reported
Prior carrier:	02050
Provider ID:	05C0001013
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	23500 MADISON ST
Phone num:	2135395120
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	90505
Fips 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:	SRHO20070005384

DB651 SRHO20070136563
SE AHA Hospitals
2-4 mi
19937
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20000314
Medicare/Medicaid:	1
Facility name:	SURGERY CENTER OF SOUTH BAY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0665208
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	23500 MADISON ST
Phone num:	3107842710
Termination reason:	00
Term Date:	20081018
Purpose of action:	2
Provider control:	04
Zip:	90505
Fips state:	06

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:	SRHO20070136563	

DF652			SRHO20070157933
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20032	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	GENE SHERMAN MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20031229	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1020660	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3500 LOMITA BLVD SUITE 203	
	Phone num:	3103260210	
	Termination reason:	00	
	Term Date:	20081110	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070157933	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DF653 SE 2-4 mi 20032 Higher			SRHO20070158744 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SOLIMAN CARE FAMILY PRACTICE CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20031219	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1020464	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3500 LOMITA BLVD SUITE 100	
	Phone num:	3105307244	
	Termination reason:	00	
	Term Date:	20071218	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070158744	

DF654 SE 2-4 mi 20032 Higher			SRHO20070132184 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	19950125	

Medicare/Medicaid:	1
Facility name:	SOUTH BAY MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0551269
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3500 W LOMITA BLVD STE 300
Phone num:	3105343800
Termination reason:	12
Term Date:	19951012
Purpose of action:	1
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132184

DF655 SRHO20070142268
SE AHA Hospitals
2-4 mi
20032
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19941209
Medicare/Medicaid:	1
Facility name:	DR MIRIAM BAHREINI
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19931202
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0879741
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3500 LOMITA BLVD, STE 203
Phone num:	3105302063
Termination reason:	10
Term Date:	19951201
Purpose of action:	1
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142268

DF656 SRHO20070145215
SE AHA Hospitals
2-4 mi
20032
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	COASTAL PHYSICIANS MEDICAL GROUP
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19941129
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0895057
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3500 W LOMITA BLVD, SUITE 203
Phone num:	3107846362
Termination reason:	00
Term Date:	20080225
Purpose of action:	1
Provider control:	04
Zip:	90505
Fips state:	06

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:	SRHO20070145215	
DF657			SRHO20070137342
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20032	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	19981110	
	Medicare/Medicaid:	1	
	Facility name:	CYTOGENETICS CENTER	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0642590	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3500 LOMITA BOULEVARD #307	
	Phone num:	3107913818	
	Termination reason:	01	
	Term Date:	20031231	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070137342	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DF658			SRHO20070137352
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	01	
20032	Owner date:	19931110	
Higher	City:	TORRANCE	
	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:	19930930	
	Medicare/Medicaid:	1	
	Facility name:	UNILAB	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0642591	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3500 WEST LOMITA BOULEVARD SUITE 104	
	Phone num:	3103262241	
	Termination reason:	12	
	Term Date:	19951111	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070137352	

DF659			SRHO20070143970
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20032	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	JANE R HUNTER MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930309
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0863575
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3500 LOMITA BOULEVARD #200
Phone num:	3105396003
Termination reason:	17
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143970

DF660 SRHO20070141396
SE AHA Hospitals
2-4 mi
20032
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JOEL RINGOLD MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930111
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0719269
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3500 W LOMITA BLVD 305
Phone num:	3105396040
Termination reason:	00
Term Date:	20071231
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141396

DB661			SRHO20070131901
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20065	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	M DIA MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930330	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0551082	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	23560 MADISON	
	Phone num:	3105394660	
	Termination reason:	08	
	Term Date:	19980831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131901

DB662 SRHO20070131899
SE AHA Hospitals
2-4 mi
20065
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19980506
Medicare/Medicaid:	1
Facility name:	DRS ALAN COHN, WM BRODY, D CARLSON
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0551053
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	23560 MADISON ST SUITE 215
Phone num:	3105340393
Termination reason:	12
Term Date:	19990118
Purpose of action:	2
Provider control:	02
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131899

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DB663 SE 2-4 mi 20065 Higher			SRHO20070005900 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	01	
	Owner date:	19940114	
	City:	TORRANCE	
	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:	20050324	
	Medicare/Medicaid:	1	
	Facility name:	ENDOSCOPY CENTER OF THE S BAY,	
	Intermediary/Carrier:	31143	
	Medicaid number:	Not Reported	
	Partcipation date:	19911008	
	Prior COO date:	Not Reported	
	Prior carrier:	02050	
	Provider ID:	05C0001211	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	23560 MADISON ST, SUITE 109	
	Phone num:	2133256331	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	01	
	Zip:	90505	
	Fips 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:	SRHO20070005900	
DB664 SE 2-4 mi 20065 Higher			SRHO20070135585 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	19980325	

Medicare/Medicaid:	1
Facility name:	SOUTH BAY GASTROENTEROLOGY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0670379
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	23560 MADISON ST #211
Phone num:	3105392055
Termination reason:	00
Term Date:	20081127
Purpose of action:	2
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070135585

DB665 SRHO20070130022
SE AHA Hospitals
2-4 mi
20065
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HARVEY N LARSEN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921215
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0544100
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	23560 MADISON STREET, #202
Phone num:	3106454704
Termination reason:	04
Term Date:	19991231
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130022

DB666 SRHO20070156957
SE AHA Hospitals
2-4 mi
20065
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ENDOSCOPY CENTER OF THE SOUTH BAY,THE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20011226
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0994566
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	23560 MADISON STREET SUITE 114
Phone num:	3103256331
Termination reason:	00
Term Date:	20071225
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06

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:	SRHO20070156957	

DB667			SRHO20070151459
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20065	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 PHYSICIANS MEDICAL GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990405	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0959192	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	23560 MADISON STREET, SUITE #201	
	Phone num:	3105302063	
	Termination reason:	08	
	Term Date:	20050404	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070151459	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DB668			SRHO20070147762
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20065	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PARVIZ YALZADEH, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960624	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0916512	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	23560 MADISON STREET, #206	
	Phone num:	3105344990	
	Termination reason:	00	
	Term Date:	20080623	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070147762	

DB669			SRHO20070147901
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20065	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	DAVID ROSS STERNFELD MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960529
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0915487
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	23560 MADISON STREET SUITE 206
Phone num:	Not Reported
Termination reason:	04
Term Date:	19970928
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147901

DB670 SRHO20070143389
SE AHA Hospitals
2-4 mi
20065
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DAVID R STERNFELD MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940221
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0883010
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	23560 MADISON STREET SUITE 206
Phone num:	3105391490
Termination reason:	17
Term Date:	19960220
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143389

DG671 SRDCCA200723759
NNE Daycare
2-4 mi
20077
Higher

EDR ID:	SRDCCA200723759
Facility number:	197410581
Facility name:	SWAN FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4727 WEST 147TH STREET #141
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	"4727 WEST 147TH STREET, #141 "
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"SWAN, LEMETTRICE "
Licensee type:	A
License effective date:	31022
License expiration date:	Not Reported
License issue date:	031022
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:	030801
Facility closed date:	Not Reported
Mailing address:	"4727 WEST 147TH STREET, #141 "
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"SWAN, LEMETTRICE "

Facility capacity:	8
Type of clients served:	960
Facility phone:	3102190939

DB672			SRPR20051022657
SE	Pss school id:	01898317	Private Schools
2-4 mi	Pss inst:	LOS ANGELES INTERNATIONAL SCHO	
20107	Lograde:	7	
Higher	Higrade:	12	
	Pss address:	23800 HAWTHORNE BLVD	
	Pss city:	TORRANCE	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90505	
	Pss phone:	3108973503	
	Pss sch days:	220	
	Pss stu day hrs:	8.25	
	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:	3	
	Pss enroll 8:	5	
	Pss enroll 9:	8	
	Pss enroll 10:	3	
	Pss enroll 11:	7	
	Pss enroll 12:	12	
	Pss enroll t:	38	
	Pss enroll tk12:	38	
	Pss race ai:	0	
	Pss race as:	38	
	Pss race h:	0	
	Pss race b:	0	
	Pss race w:	0	
	Pss fte teach:	13.6	
	Pss locale:	2	
	Pss coed:	1	
	Pss type:	3	
	Pss level:	2	
	Pss relig:	3	
	Pss comm type:	1	
	Pss indian pct:	0	
	Pss asian pct:	100	
	Pss hisp pct:	0	
	Pss black pct:	0	
	Pss white pct:	0	
	Pss stdtch rt:	2.79	

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:	SRPR20051022657

DF673 SRHO20070157034
SE AHA Hospitals
2-4 mi
20118
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GWEN KLYMAN-FRIEND MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050125
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1036241
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3440 LOMITA BLVD #447
Phone num:	3105392445
Termination reason:	00
Term Date:	20090124
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157034

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DF674 SE 2-4 mi 20118 Higher			SRHO20070131780 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	20050823	
	Medicare/Medicaid:	1	
	Facility name:	KURT F PICKUS MD	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0551024	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3440 WEST LOMITA BOULEVARD, #442	
	Phone num:	3105305451	
	Termination reason:	00	
	Term Date:	20071009	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131780	

DF675 SE 2-4 mi 20118 Higher			SRHO20070149150 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	GWEN KLYMAN-FRIEND MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960319
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0913028
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3440 W LOMITA BLVD SUITE 320
Phone num:	3105392445
Termination reason:	00
Term Date:	20080318
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149150

DF676 SRHO20070138913
SE AHA Hospitals
2-4 mi
20118
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20050608
Medicare/Medicaid:	1
Facility name:	WILLIAM R CRUDUP MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0686147
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3440 WEST LOMITA BOULEVARD, SUITE #420
Phone num:	3105391511
Termination reason:	00
Term Date:	20070725
Purpose of action:	2
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138913

DF677 SRHO20070138678
SE AHA Hospitals
2-4 mi
20118
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DAVID R COLMAN MD FACS INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921214
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0691358
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3440 LOMITA BLVD
Phone num:	3105301600
Termination reason:	01
Term Date:	19950908
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06

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:	SRHO20070138678	
DF678			SRHO20070144979
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20118	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ALBERT C CHEN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930506	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0867733	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3440 LOMITA BLVD #346	
	Phone num:	3103251198	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070144979	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DF679 SE 2-4 mi 20118 Higher			SRHO20070158459 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 UROLOGY MEDICAL OFFICES	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20001031	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0979803	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3440 W LOMITA BLVD STE 440	
	Phone num:	3105305050	
	Termination reason:	00	
	Term Date:	20081030	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070158459	

DF680 SE 2-4 mi 20118 Higher			SRHO20070141354 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	19970728	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicare/Medicaid:	1
Facility name:	TORRANCE PEDIATRIC MANAGEMENT SERVICES
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0715283
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3440 LOMITA BOULEVARD SUITE #136
Phone num:	3105390400
Termination reason:	00
Term Date:	20080619
Purpose of action:	2
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141354

DF681 SRHO20070141344
SE AHA Hospitals
2-4 mi
20118
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20051221
Medicare/Medicaid:	1
Facility name:	PETER B SHIN MD INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0711802
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3440 LOMITA BOULEVARD, #427
Phone num:	3103262161
Termination reason:	00
Term Date:	20080401
Purpose of action:	2
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141344

DF682 SRHO20070131770
SE AHA Hospitals
2-4 mi
20118
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MARTIN P LEVINSON MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930524
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0551022
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3440 LOMITA BLVD #440
Phone num:	3105305050
Termination reason:	08
Term Date:	20020831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06

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:	SRHO20070131770	
DF683			SRHO20070153202
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20118	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	NAM M LAI MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20010430	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0985803	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3440 W LOMITA BLVD STE 202	
	Phone num:	3103250837	
	Termination reason:	00	
	Term Date:	20070429	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070153202	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DF684			SRHO20070131499
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20118	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ARONSON AND ROSENTHAL MDS INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930204	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0550981	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3440 LOMITA BLVD SUITE 120	
	Phone num:	3103258864	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131499	

DF685			SRHO20070160837
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20118	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	ERIN C HAMILTON MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050706
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1042699
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3440 LOMITA BLVD SUITE 429
Phone num:	3103268718
Termination reason:	00
Term Date:	20070705
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160837

DF686 SRHO20070145009
SE AHA Hospitals
2-4 mi
20118
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TORRANCE OB GYN MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19941024
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0893538
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3440 LOMITA BLVD #352
Phone num:	3105395060
Termination reason:	00
Term Date:	20081023
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145009

DF687 SRHO20070143268
SE AHA Hospitals
2-4 mi
20118
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20060322
Medicare/Medicaid:	1
Facility name:	CANCER CARE ASSOCIATES CLIN LABORATORY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0856911
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3440 LOMITA BOULEVARD #252
Phone num:	3105309389
Termination reason:	00
Term Date:	20081109
Purpose of action:	2
Provider control:	02
Zip:	90505
Fips state:	06

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:	SRHO20070143268	

DF688			SRHO20070129023
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20118	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	HORIZON PODIATRY GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930326	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0547948	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3440 LOMITA BOULEVARS SUITE 202	
	Phone num:	3106792251	
	Termination reason:	08	
	Term Date:	20020831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070129023	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DF689 SE 2-4 mi 20118 Higher			SRHO20070010530 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	19870625	
	Medicare/Medicaid:	1	
	Facility name:	NATIONAL IN HOME HEALTH SERVICES	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19870625	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	057346	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	3440 LOMITA BLVD, NO 347	
	Phone num:	2135307310	
	Termination reason:	01	
	Term Date:	19880331	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	90505	
	Fips 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:	SRHO20070010530	

DF690 SE 2-4 mi 20118 Higher			SRHO20070142351 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	20010710	

Medicare/Medicaid:	1
Facility name:	SOUTH BAY NIKKEI PEDIATRIC MEDICAL
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0861399
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3440 LOMITA BOULEVARD SUITE 144
Phone num:	3103263396
Termination reason:	00
Term Date:	20080811
Purpose of action:	2
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142351

DF691 SRHO20070141377
SE AHA Hospitals
2-4 mi
20163
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TORMED WOMENS MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960916
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0716551
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3400 W LOMITA BLVD 602
Phone num:	3103265150
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141377

DF692 SRHO20070161154
SE AHA Hospitals
2-4 mi
20163
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	OSATO MEDICAL CLINIC INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030702
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1014331
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3400 LOMITA BLVD SUITE 204
Phone num:	3105348200
Termination reason:	00
Term Date:	20070701
Purpose of action:	Not Reported
Provider control:	02
Zip:	90505
Fips state:	06

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:	SRHO20070161154

DF693			SRHO20070151398
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20163	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	STEVEN H ROSENBERG	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980805	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0949576	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3400 LOMITA BLVD #400	
	Phone num:	3105394957	
	Termination reason:	00	
	Term Date:	20080804	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070151398	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DF694			SRHO20070153440
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20163	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	DINA RAGAB MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980406	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0943873	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3400 LOMITA BLVD SUITE #503	
	Phone num:	3105394660	
	Termination reason:	00	
	Term Date:	20080405	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070153440	

DF695			SRHO20070006189
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20163	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20031120	

Medicare/Medicaid:	1
Facility name:	PALOS VERDES AMBULATORY SURGERY MEDICAL CENTER
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920422
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001224
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	3400 W LOMITA BLVD, STE 307
Phone num:	3105395888
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	90505
Fips 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:	SRHO20070006189

DF696 SRHO20070151607
SE AHA Hospitals
2-4 mi
20163
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	IWAO KANDA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990319
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0958471
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3400 LOMITA BLVD STE 208
Phone num:	3105391250
Termination reason:	08
Term Date:	20010318
Purpose of action:	Not Reported
Provider control:	02
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151607

DF697 SRHO20070149743
SE AHA Hospitals
2-4 mi
20163
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PALOS VERDES AMBULATORY SURGERY,THE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970626
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0930000
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3400 W LOMITA BLVD, #307A
Phone num:	3105178689
Termination reason:	08
Term Date:	20010625
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06

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:	SRHO20070149743	

DF698			SRHO20070157319
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20163	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SHAHRAM PARSA INCORPORATED	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20040817	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1029488	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3400 WEST LOMITA BLVD #500	
	Phone num:	3105390128	
	Termination reason:	00	
	Term Date:	20080816	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070157319	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DF699 SE 2-4 mi 20163 Higher			SRHO20070159427 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SUSHILA J AGRAWAL MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050414	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1039474	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3400 LOMITA BLVD #605	
	Phone num:	3105393303	
	Termination reason:	00	
	Term Date:	20070413	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070159427	

DF700 SE 2-4 mi 20163 Higher			SRHO20070156600 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not 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 ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicare/Medicaid:	Not Reported
Facility name:	MILEFCHIK RAND MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020417
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0998537
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3400 LOMITA BLVD SUITE 104
Phone num:	3103265648
Termination reason:	00
Term Date:	20080416
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156600

DF701 SRHO20070157760
SE AHA Hospitals
2-4 mi
20163
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WILLIAM K AVERILL MD FACC A MED CORP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000405
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0972389
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3400 LOMITA BLVD,STE 603
Phone num:	3103265142
Termination reason:	00
Term Date:	20080404
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157760

DF702 SRHO20070153141
SE AHA Hospitals
2-4 mi
20163
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	VAL MARGETA, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980107
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0938465
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3400 LOMITA BLVD, SUITE 501
Phone num:	3102570860
Termination reason:	00
Term Date:	20080106
Purpose of action:	Not Reported
Provider control:	03
Zip:	90505
Fips state:	06

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:	SRHO20070153141	
DF703			SRHO20070156977
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20163	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ELAINE GUTIERREZ MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20020326	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0997752	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3400 LOMITA BLVD SUITE 203	
	Phone num:	3103264670	
	Termination reason:	00	
	Term Date:	20080325	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070156977	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DF704 SE 2-4 mi 20163 Higher			SRHO20070131781 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	NAGAMANI P NADELLA MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950628	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0551041	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3400 W LOMITA BLVD 306	
	Phone num:	3105341700	
	Termination reason:	08	
	Term Date:	20040831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131781	

DF705 SE 2-4 mi 20163 Higher			SRHO20070144328 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	19960116	

Medicare/Medicaid:	1
Facility name:	LINDA E SCHACK MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19941021
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0893429
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3400 LOMITA BOULEVARD #300
Phone num:	3103254353
Termination reason:	00
Term Date:	20080229
Purpose of action:	1
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144328

DF706 SRHO20070131483
SE AHA Hospitals
2-4 mi
20163
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20050607
Medicare/Medicaid:	1
Facility name:	SELBERT A CHERNILA MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550930
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3400 WEST LOMITA BOULEVARD, SUITE #310
Phone num:	3103254731
Termination reason:	00
Term Date:	20070731
Purpose of action:	2
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131483

DF707 SRHO20070163817
SE AHA Hospitals
2-4 mi
20163
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CONTINENCE CENTER MED GRP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060830
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1058170
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3400 LOMITA BLVD #300
Phone num:	8008310602
Termination reason:	00
Term Date:	20080829
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06

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:	SRHO20070163817	

DF708			SRHO20070131900
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20163	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 G BRAEMER MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930310	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0551076	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3400 W LOMITA BL 301	
	Phone num:	3105393151	
	Termination reason:	08	
	Term Date:	20040831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131900	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DF709			SRHO20070155452
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20163	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ARUNA RAMAYYA MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20001106	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0979927	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3400 LOMITA BLVD STE 608	
	Phone num:	3105348445	
	Termination reason:	00	
	Term Date:	20081105	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070155452	

DF710			SRHO20070132170
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20163	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20051222	

Medicare/Medicaid:	1
Facility name:	DICKEY HEALTHTECH LABORATORY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0551193
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3400 WEST LOMITA BOULEVARD, SUITE 101
Phone num:	3105342522
Termination reason:	01
Term Date:	20060701
Purpose of action:	2
Provider control:	02
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132170

DC711 SRHO20070158404
NE AHA Hospitals
2-4 mi
20214
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 DRUG #9588
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20041231
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1035366
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	15103 S HAWTHORNE BLVD
Phone num:	3106797619
Termination reason:	08
Term Date:	20050705
Purpose of action:	Not Reported
Provider control:	04
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158404

DD712 SRDCCA200704709
ENE Daycare
2-4 mi
20251
Higher

EDR ID:	SRDCCA200704709
Facility number:	191606378
Facility name:	CURRY FAMILY DAY CARE
Facility eval. code:	7060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3220 W. 185TH STREET
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	3220 W. 185TH STREET
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"CURRY, KATHLEEN "
Licensee type:	A
License effective date:	940729
License expiration date:	Not Reported
License issue date:	910729
Program type:	"MAX. CAP; 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP. 7 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL OR 1 CHILD AT LEAST AGE 6. "
Original app. received date:	910514
Facility closed date:	Not Reported
Mailing address:	3220 W. 185TH STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"CURRY, KATHLEEN "
Facility capacity:	7

Type of clients served:	960
Facility phone:	3103245706

DH713 SRDCCA200747515
East Daycare
2-4 mi
20286
Higher

EDR ID:	SRDCCA200747515
Facility number:	191602025
Facility name:	CRENSHAW CHILDREN'S CTR
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	18909 CRENSHAW BLVD
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	18909 CRENSHAW BLVD
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	"RITTER, WILLIAM "
Licensee type:	A
License effective date:	940725
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:	18909 CRENSHAW BLVD.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90503
Contact person:	"BAXLEY, KATHLEEN "
Facility capacity:	44
Type of clients served:	950
Facility phone:	3103238739

DH714 SRPR20051023661
East Private Schools
2-4 mi
20286
Higher

Pss school id:	K9300190
Pss inst:	CRENSHAW CHILDREN'S CENTER
Lograde:	PK
Higrade:	K
Pss address:	18909 CRENSHAW BLVD
Pss city:	TORRANCE
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90504
Pss phone:	3103238739
Pss sch days:	256
Pss stu day hrs:	9

Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	16
Pss enroll k:	5
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:	21
Pss enroll tk12:	5
Pss race ai:	0
Pss race as:	0
Pss race h:	1
Pss race b:	0
Pss race w:	4
Pss fte teach:	1
Pss locale:	2
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:	20
Pss black pct:	0
Pss white pct:	80
Pss stdtch rt:	5
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:	SRPR20051023661

DI715 SRDCCA200744552
ESE Daycare
2-4 mi
20315
Higher

EDR ID:	SRDCCA200744552
Facility number:	197413748
Facility name:	TUTOR TIME CHILD CARE/LEARNING CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Facility type code: 830
Facility status code: 03
Address: 2850 W. SEPULVEDA BLVD.
City: TORRANCE
State: CA
Zip: 90505
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: 61117
License expiration date: Not Reported
License issue date: 061117
Program type: COMBINATION CENTER: (24) INFANTS AGES 0-2 YEARS. X
(197413747 (132) PRESCHOOL AGES 2-5 YEARS). X
(197413749 (24) SCHOOL AGE - AGES 6-12 YEARS).
Original app. received date: 060714
Facility closed date: Not Reported
Mailing address: 21333 HAGGERTY RD. SUITE #300
Mailing city: NOVI
Mailing state: MI
Mailing zip: 48375
Contact person: JERELYN WEBER
Facility capacity: 24
Type of clients served: 955
Facility phone: 3105394890

DI716			SRDCCA200745530
ESE	EDR ID:	SRDCCA200745530	Daycare
2-4 mi	Facility number:	197413749	
20315	Facility name:	TUTOR TIME CHILD CARE/LEARNING CENTER	
Higher	Facility eval. code:	5040	

Facility office number: 30
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 2850 W. SEPULVEDA BLVD.
City: TORRANCE
State: CA
Zip: 90505
Alt. address: 21333 HAGGERTY RD. SUITE #300
City: NOVI
State: MI
Zip: 48375
Facility investor: "TUTOR TIME CHILD CARE/LEARNING, LLC "
Licensee type: G
License effective date: 61117
License expiration date: Not Reported
License issue date: 061117
Program type: COMBINATION CENTER: SCHOOL AGE (24) AGES 6-12 YEARS. X
(197413747 (132) PRESCHOOL AGES 2-5 YEARS). X
(197413748 (24) INFANTS AGES 0-2 YEARS).
Original app. received date: 060714

Facility closed date:	Not Reported
Mailing address:	21333 HAGGERTY RD. SUITE #300
Mailing city:	NOVI
Mailing state:	MI
Mailing zip:	48375
Contact person:	JERELYN WEBER
Facility capacity:	24
Type of clients served:	950
Facility phone:	3105394890

DI717 SRDCCA200755051
ESE Daycare
2-4 mi
20315
Higher

EDR ID:	SRDCCA200755051
Facility number:	197413747
Facility name:	TUTOR TIME CHILD CARE/LEARNING CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2850 W. SEPULVEDA BLVD.
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	2850 W. SEPULVEDA BLVD.
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"TUTOR TIME LEARNING CENTERS, LLC "
Licensee type:	G
License effective date:	61117
License expiration date:	Not Reported
License issue date:	061117
Program type:	COMBINATION CENTER: (132) PRESCHOOL AGES 2-5 YEARS. X (197413748 (24) INFANTS AGES 0-2 YEARS). X (197413749 (24) SCHOOL AGE - AGES 6-12 YEARS).
Original app. received date:	060714
Facility closed date:	Not Reported
Mailing address:	21333 HAGGERTY R. SUITE #300
Mailing city:	NOVI
Mailing state:	MI
Mailing zip:	48375
Contact person:	JERELYN WEBER
Facility capacity:	132
Type of clients served:	950
Facility phone:	3105394890

DG718 SRDCCA200704521
NNE Daycare
2-4 mi
20330
Higher

EDR ID:	SRDCCA200704521
Facility number:	191605928
Facility name:	WAHBA FAMILY DAY CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Facility status code:	03
Address:	4638 W. 147TH ST.
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	4638 W. 147TH ST.
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	RITA J. AND ADEL WAHBA
Licensee type:	A
License effective date:	940530
License expiration date:	Not Reported
License issue date:	910530
Program type:	"MAXIMUM CAPACITY<: 12 CHILDREN, INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN UNDER 10 WHO RESIDE IN THE HOME WITH NO MORE THAN 4 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	910204
Facility closed date:	Not Reported
Mailing address:	4638 W. 147TH ST.
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	RITA J. AND ADEL WAHBA
Facility capacity:	12
Type of clients served:	960
Facility phone:	3109700030

DJ719			SRHO20070010601
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20346	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20030331	
	Medicare/Medicaid:	1	
	Facility name:	INDEPENDENT PHYSICAL THERAPY	
	Intermediary/Carrier:	00454	
	Medicaid number:	Not Reported	
	Partcipation date:	19980512	
	Prior COO date:	Not Reported	
	Prior carrier:	00040	
	Provider ID:	056866	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	2516 TORRANCE BLVD	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Phone num:	3103287555
Termination reason:	01
Term Date:	20030623
Purpose of action:	2
Provider control:	06
Zip:	90501
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070010601

DJ720 SRHO20070149273
ESE AHA Hospitals
2-4 mi
20346
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	05D0705682
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TORRANCE FAMILY PRACTICE MED GRP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19951031
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0908193
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2516 TORRANCE BOULEVARD
Phone num:	3103286526
Termination reason:	01
Term Date:	19960919
Purpose of action:	Not Reported
Provider control:	02
Zip:	90503
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported

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:	SRHO20070149273	
DJ721			SRHO20070132196
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20418	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	R J MARSHALL & ASSOCIATES INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930125	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0550484	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1010 CRENSHAW BLVD #170	
	Phone num:	3103201132	
	Termination reason:	12	
	Term Date:	19941123	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90501	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070132196	
DH722			SRHO20070005891
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20451			
Higher			

Owner date:	Not Reported
City:	TORRANCE
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:	19880628
Medicare/Medicaid:	1
Facility name:	MOBILEX PORTABLE SERVICES
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19710701
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05X0009810
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	18815 CRENSHAW BLVD, SUITE C
Phone num:	2133206510
Termination reason:	04
Term Date:	19911231
Purpose of action:	2
Provider control:	03
Zip:	90504
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070005891

DG723 SRHO20070159298
NNE AHA Hospitals
2-4 mi
20504
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 #9433
Intermediary/Carrier:	Not Reported

Medicaid number:	Not Reported
Partcipation date:	20050328
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1038783
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	14441 SOUTH INGLEWOOD AVE
Phone num:	3109737356
Termination reason:	00
Term Date:	20070327
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159298

DK724 SRHO20070006530
NE AHA Hospitals
2-4 mi
20519
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
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:	20060512
Medicare/Medicaid:	1
Facility name:	MATHARU ASSISTED LIVING #4
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930615
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05G675
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L2

street address:	15330 EASTWOOD AVE
Phone num:	3103551910
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90260
Fips state:	06
Fips cnty:	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:	SRHO20070006530

DA725 SRDCCA200749551
NE Daycare
2-4 mi
20525
Higher

EDR ID:	SRDCCA200749551
Facility number:	197405897
Facility name:	LAWNDALE SCHOOL DISTRICT-WILLIAM ANDERSON PRESCH.
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4110 W. 154TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	4110 W. 154TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	LAWNDALE SCHOOL DISTRICT
Licensee type:	F
License effective date:	990406
License expiration date:	Not Reported
License issue date:	990406
Program type:	AMBULTORY ONLY. PRESCHOOL CHILDREN AGES 3 TO 4 YEARS OLD.
Original app. received date:	990222
Facility closed date:	Not Reported
Mailing address:	4161 W. 147TH STREET
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	DENISE APPELL
Facility capacity:	48
Type of clients served:	950
Facility phone:	3106792724

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

DJ726
ESE
2-4 mi
20555
Higher

SRDCCA200754402
Daycare

EDR ID:	SRDCCA200754402
Facility number:	197407841
Facility name:	"CHILDREN'S PLACE, THE "
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1215 CRENSHAW BLVD
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	1215 CRENSHAW BLVD
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"RICHARDS, JENNIFER "
Licensee type:	B
License effective date:	10213
License expiration date:	Not Reported
License issue date:	010213
Program type:	CAPACITY: 50 CHILDREN AGES: 2.5 YEARS TO 6 YEARS OLD; WITH A TODDLER OPTION TO SERVE 9 CHILDREN AGES 12 MONTHS THROUGH 30 MONTHS. AMBULATORY ONLY.
Original app. received date:	001004
Facility closed date:	Not Reported
Mailing address:	1625 CRENSHAW BLVD
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	JENNIFER RICHARDS
Facility capacity:	59
Type of clients served:	950
Facility phone:	3103286313

DJ727
ESE
2-4 mi
20555
Higher

SRPR20051024558
Private Schools

Pss school id:	BB040118
Pss inst:	CHILDRENS PLACE
Lograde:	PK
Higrade:	UG
Pss address:	1215 CRENSHAW BLVD
Pss city:	TORRANCE
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90501
Pss phone:	3103286313
Pss sch days:	200
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	11
Pss enroll pk:	28
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:	39
Pss enroll tk12:	11
Pss race ai:	0
Pss race as:	3
Pss race h:	4
Pss race b:	2
Pss race w:	2
Pss fte teach:	2
Pss locale:	2
Pss coed:	1
Pss type:	2
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	27.27
Pss hisp pct:	36.36
Pss black pct:	18.18
Pss white pct:	18.18
Pss stdtch rt:	5.5
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:	SRPR20051024558

DL728 SRHO20070137685
NE AHA Hospitals
2-4 mi
20555
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported

Medicare/Medicaid:	Not Reported
Facility name:	EDWARD D WILLIAMS MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921222
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0679573
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	15001 HAWTHORNE BLVD
Phone num:	3106790269
Termination reason:	08
Term Date:	20020831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137685

DJ729 SRHO20070132182
ESE AHA Hospitals
2-4 mi
20566
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DAVID H STERN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930319
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550430
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1218 CRENSHAW BLVD
Phone num:	3103281181
Termination reason:	00
Term Date:	20081226
Purpose of action:	Not Reported
Provider control:	04
Zip:	90501
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132182

DM730 SRDCCA200708873
NNE Daycare
2-4 mi
20594
Higher

EDR ID:	SRDCCA200708873
Facility number:	197405267
Facility name:	FORTUNE-KEY FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5403 W. 139TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	5403 W. 139TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"FORTUNE-KEY, CHARLETTE "
Licensee type:	A
License effective date:	981014
License expiration date:	Not Reported
License issue date:	981014
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:	980825
Facility closed date:	Not Reported
Mailing address:	5403 W. 139TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	CHARLETTE FORTUNE-KEY
Facility capacity:	14

Type of clients served:	960
Facility phone:	3106436787

DI731 SRDCCA200725695
ESE Daycare
2-4 mi
20620
Higher

EDR ID:	SRDCCA200725695
Facility number:	197411070
Facility name:	AFTAB FAMILY CHILD CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2815 SEPULVEDA BLVD. #2
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	2815 SEPULVEDA BLVD. #2
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"AFTAB, FIRDOUS "
Licensee type:	A
License effective date:	40122
License expiration date:	Not Reported
License issue date:	040122
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:	031201
Facility closed date:	Not Reported
Mailing address:	2815 SEPULVEDA BLVD. #2
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90505
Contact person:	"AFTAB, FIRDOUS "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103283343

DJ732 SRHO20070132195
ESE AHA Hospitals
2-4 mi
20648
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PREGNANCY HELP CENTER
Intermediary/Carrier:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicaid number:	Not Reported
Partcipation date:	19921230
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550482
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1311 CRENSHAW BLVD, STE A
Phone num:	3103208976
Termination reason:	08
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90501
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132195

DJ733 SRHO20070159839
ESE AHA Hospitals
2-4 mi
20648
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PREGNANCY HELP CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050425
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1039837
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1

street address:	1311 CRENSHAW BLVD STE A
Phone num:	3103208976
Termination reason:	00
Term Date:	20070424
Purpose of action:	Not Reported
Provider control:	03
Zip:	90501
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159839

DF734 SRDCCA200745490
SE Daycare
2-4 mi
20659
Higher

EDR ID:	SRDCCA200745490
Facility number:	191606944
Facility name:	TORRANCE LOVES CHILDREN (TLC)
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	845
Facility status code:	03
Address:	3330 LOMITA BLVD
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	3330 LOMITA BLVD
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	TORRANCE MEMORIAL HOSPITAL MEDICAL CENTER
Licensee type:	A
License effective date:	951203
License expiration date:	Not Reported
License issue date:	921203
Program type:	"DAY CARE CENTER, LICENSEE PREFERS TO SERVE AGES AGES 0 - 12 MILDLY ILL CHILDREN. "
Original app. received date:	910812
Facility closed date:	Not Reported
Mailing address:	3330 LOMITA BLVD
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90505
Contact person:	DIANE MARSHALL
Facility capacity:	13
Type of clients served:	950
Facility phone:	3103259110

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DF735			SRHO20070139559
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20659	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	DOCTORS HOME TECHNOLOGIES	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940326	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0681450	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3330 LOMITA BOULEVARD	
	Phone num:	3107843739	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070139559	

DF736			SRHO20070151911
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20659	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	TORRANCE MEMORAL MED CENTER LABOR/DEL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990727
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0963308
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3330 LOMITA BLVD
Phone num:	3103259110
Termination reason:	01
Term Date:	20030402
Purpose of action:	Not Reported
Provider control:	02
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151911

DF737 SRHO20070138487
SE AHA Hospitals
2-4 mi
20659
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TMMC CATH LAB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930111
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0699147
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3330 LOMITA BLVD
Phone num:	3105174710
Termination reason:	00
Term Date:	20071130
Purpose of action:	Not Reported
Provider control:	02
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138487

DF738 SRHO20070138265
SE AHA Hospitals
2-4 mi
20659
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19941205
Medicare/Medicaid:	1
Facility name:	TORRANCE MEM MED CTR PULMONARY LAB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0684693
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3330 LOMITA BLVD
Phone num:	3103259110
Termination reason:	00
Term Date:	20071130
Purpose of action:	1
Provider control:	02
Zip:	90505
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138265

DF739 SRHO20070007621
SE AHA Hospitals
2-4 mi
20659
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20000608
Medicare/Medicaid:	1
Facility name:	TORRANCE MEMORIAL MEDICAL CENTER
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19660701
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	050351
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	3330 LOMITA BLVD
Phone num:	3103259110
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	5
Provider control:	03
Zip:	90509
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	19970419
Accred expire date:	20000419
Accred Org:	1
Num beds:	0380
Num cert beds:	0380
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070007621

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DF740 SE 2-4 mi 20659 Higher			SRHO20070010672 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	02	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	20040624	
	Medicare/Medicaid:	1	
	Facility name:	TORRANCE MEMORIAL HOME HEALTH	
	Intermediary/Carrier:	00040	
	Medicaid number:	HHA07788F	
	Partcipation date:	19871210	
	Prior COO date:	19931101	
	Prior carrier:	Not Reported	
	Provider ID:	057788	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	3330 LOMITA BOULEVARD	
	Phone num:	3107843739	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90505	
	Fips 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:	SRHO20070010672	

DF741 SE 2-4 mi 20659 Higher			SRHO20070137460 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not 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 ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicare/Medicaid:	Not Reported
Facility name:	TORRANCE MEMORIAL MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930122
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0642594
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3330 LOMITA BOULEVARD
Phone num:	3103259110
Termination reason:	00
Term Date:	20070227
Purpose of action:	Not Reported
Provider control:	02
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137460

DF742			SRHO20070145339
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20659	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	TORRANCE MEM MED CTR/PRDNT BUYER CK UP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950328	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0899356	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3330 LOMITA BOULEVARD
Phone num:	3105174605
Termination reason:	12
Term Date:	19951122
Purpose of action:	Not Reported
Provider control:	03
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145339

DF743 SRHO20070145967
SE AHA Hospitals
2-4 mi
20659
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TORRANCE MEMORIAL MED CTR-NURSING DIV
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940419
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0885340
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3330 LOMITA BLVD
Phone num:	3103259110
Termination reason:	00
Term Date:	20080418
Purpose of action:	Not Reported
Provider control:	02
Zip:	90505
Fips state:	06

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:	SRHO20070145967	

DF744			SRHO20070110255
SE	Hospital type:	03	AHA Hospitals
2-4 mi	Num of times COO:	00	
20659	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20060724	
	Medicare/Medicaid:	1	
	Facility name:	TORRANCE MEMORIAL MED CTR SNF/DP	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19940301	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	555599	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	3330 WEST LOMITA BLVD	
	Phone num:	3107844924	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	05	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0040	
	Num cert beds:	0040	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070110255	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DF745 SE 2-4 mi 20659 Higher			SRHO20070152405 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	TORRANCE MEMORIAL MEDICAL CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19981030	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0953329	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3330 LOMITA BLVD	
	Phone num:	8005219757	
	Termination reason:	33	
	Term Date:	19981101	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070152405	

DF746 SE 2-4 mi 20659 Higher			SRNH20060914617 Nursing Homes
	Provnum:	555599	
	Nursinghomename:	TORRANCE MEMORIAL MED CTR SNF/DP	
	Street:	3330 WEST LOMITA BLVD	
	City:	TORRANCE	
	State:	CA	
	Zipcode:	90505	
	Phonenumber:	3107844924	
	Dateoflastinspection:	20050729	
	Certifiednumberofbeds:	40	
	Totalnumberofresidents:	31	

Percofoccupiedbeds:	78
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	Non profit - Corporation
Locatedwithinahospital:	YES
Multinursinghomeownership:	NO
Residentandfamilycouncils:	NONE
Edr id:	SRNH20060914617

DG747 SRDCCA200700444
NNE Daycare
2-4 mi
20690
Higher

EDR ID:	SRDCCA200700444
Facility number:	191601689
Facility name:	"HOUSE OF BETHESDA, THE "
Facility eval. code:	0207
Facility office number:	34
Facility county number:	19
Facility type code:	730
Facility status code:	03
Address:	14614 FIRMONA AVE.
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	P.O. BOX 5363
City:	INGLEWOOD
State:	CA
Zip:	90310
Facility investor:	"HOUSE OF BETHESDA, INC., THE "
Licensee type:	C
License effective date:	930826
License expiration date:	Not Reported
License issue date:	930826
Program type:	AMBULATORY ADOLESCENT BOYS.
Original app. received date:	930511
Facility closed date:	Not Reported
Mailing address:	P.O. BOX 5363
Mailing city:	INGLEWOOD
Mailing state:	CA
Mailing zip:	90310
Contact person:	"SMITH, ALINE "
Facility capacity:	6
Type of clients served:	950
Facility phone:	3106751444

DE748 SRDCCA200707651
East Daycare
2-4 mi
20691
Higher

EDR ID:	SRDCCA200707651
Facility number:	197403219
Facility name:	ARSECULERATNE FAMILY DAY CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2373 DEL AMO BLVD
City:	TORRANCE
State:	CA

Zip:	90501
Alt. address:	2373 DEL AMO BLVD
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"ARSECULERATNE, KANTHIE & RUVINI "
Licensee type:	A
License effective date:	970213
License expiration date:	Not Reported
License issue date:	970213
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:	961219
Facility closed date:	Not Reported
Mailing address:	2373 DEL AMO BOULEVARD
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	ARSECULERATNE
Facility capacity:	6
Type of clients served:	960
Facility phone:	3106188269

DJ749 SRHO20070154956
ESE AHA Hospitals
2-4 mi
20741
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	EXCELL HOME CARE INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020515
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0999542
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2463 TORRANCE BLVD SUITE 1
Phone num:	3103208884
Termination reason:	00
Term Date:	20080514
Purpose of action:	Not Reported
Provider control:	04

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Zip:	90501	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070154956	
DL750 NE 2-4 mi 20799 Higher			SRPU20071013014 Public Schools
	Ncessch:	062121011613	
	Schname05:	LUCILLE J. SMITH ELEMENTARY	
	Mstreet05:	4521 WEST 147TH ST.	
	Mcity05:	LAWNDALE	
	Mstate05:	CA	
	Mzip05:	90260	
	Mzip405:	Not Reported	
	Member05:	-2	
	Phone05:	M	
	Locale05:	3	
	Type05:	1	
	Level05:	4	
	Gslo05:	N	
	Gshi05:	N	
	Edr id:	SRPU20071013014	
DF751 SE 2-4 mi 20804 Higher			SRHO20070148535 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 TORRANCE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19970722	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0931087	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state region cd:	LAB
street address:	3333 SKYPARK DRIVE
Phone num:	5629053003
Termination reason:	08
Term Date:	20010430
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148535

DF752			SRHO20070156647
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20804	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	KATHERINE V MILLER MD,INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20020828	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1003354	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3333 SKYPARK DRIVE, #240	
	Phone num:	3105348140	
	Termination reason:	01	
	Term Date:	20060118	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	

SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156647

DF753			SRHO20070131914
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20804	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	19950629	
	Medicare/Medicaid:	1	
	Facility name:	KPC LABORATORY - TORRANCE	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0551180	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3333 SKYPARK DRIVE	
	Phone num:	3105396670	
	Termination reason:	12	
	Term Date:	20000217	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131914	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DF754			SRHO20070131645
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20804	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	AQDAS KURAISHI MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930205	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0548638	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3333 SKYPARK DRIVE, SUITE 160	
	Phone num:	3105179006	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131645	

DF755			SRHO20070138619
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20804	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	19980312	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicare/Medicaid:	1
Facility name:	TORRANCE FAMILY PRACTICE
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0705682
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3333 SKYPARK DRIVE, #100
Phone num:	3107846300
Termination reason:	00
Term Date:	20081106
Purpose of action:	2
Provider control:	02
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138619

DJ756 SRHO20070008704
ESE AHA Hospitals
2-4 mi
20832
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20040518
Medicare/Medicaid:	1
Facility name:	MILESTONE HOSPICE
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19980506
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	051718
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	1500 CRENSHAW BLVD
Phone num:	3107821177
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	06
Zip:	90501
Fips 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:	SRHO20070008704

DF757			SRHO20070008519
SE	Hospital type:	04	AHA Hospitals
2-4 mi	Num of times COO:	02	
20886	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	19981007	
	Medicare/Medicaid:	1	
	Facility name:	DEL AMO HOSPITAL	
	Intermediary/Carrier:	52280	
	Medicaid number:	Not Reported	
	Partcipation date:	19721106	
	Prior COO date:	19910614	
	Prior carrier:	00040	
	Provider ID:	054053	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	3270 W LOMITA BLVD	
	Phone num:	3105301151	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	19950608	
	Accred expire date:	19980607	
	Accred Org:	1	
	Num beds:	0166	
	Num cert beds:	0166	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070008519	
DL758			SRHO20070146834
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20917	Owner date:	Not Reported	
Higher	City:	LAWNDALE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	LAWNDALE HEALTH CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960705	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0916951	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	14616 SOUTH GREVILLEA AVENUE	
	Phone num:	3109733100	
	Termination reason:	08	
	Term Date:	20030115	
	Purpose of action:	Not Reported	
	Provider control:	06	
	Zip:	90260	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070146834	

DK759 SRDCCA200735672
NE Daycare
2-4 mi
20918
Higher

EDR ID:	SRDCCA200735672
Facility number:	197413385
Facility name:	SOSA FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	15111 FREEMAN AVENUE #25
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	15111 FREEMAN AVENUE #25
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"SOSA, ZELVA "
Licensee type:	A
License effective date:	60308
License expiration date:	Not Reported
License issue date:	060308
Program type:	"MAXIMUM CAPACITY - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAPACITY 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060222
Facility closed date:	Not Reported
Mailing address:	15111 FREEMAN AVENUE #25
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"SOSA, ZELVA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3109782043

DG760 SRDCCA200749502
NNE Daycare
2-4 mi
20927
Higher

EDR ID:	SRDCCA200749502
Facility number:	197405895
Facility name:	LAWNDALE SCHOOL DISTRICT -BILLY MITCHELL PRESCHOOL
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	14429 CONDON AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	14429 CONDON AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	LAWNDALE SCHOOL DISTRICT

Licensee type:	F
License effective date:	990406
License expiration date:	Not Reported
License issue date:	990406
Program type:	AMBULATORY ONLY PRESCHOOL: CHILDREN AGES THREE THROUGH FIVE YEARS.
Original app. received date:	990222
Facility closed date:	Not Reported
Mailing address:	4161 W. 147TH STREET
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	LUCIA KARPATIAN
Facility capacity:	72
Type of clients served:	950
Facility phone:	3102636673

DN761 SRPR20051027913
ESE Private Schools
2-4 mi
20945
Higher

Pss school id:	BB040119
Pss inst:	THE CHLDRENS PLACE
Lograde:	PK
Higrade:	3
Pss address:	1625 CRENSHAW BLVD
Pss city:	TORRANCE
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90501
Pss phone:	3107829634
Pss sch days:	190
Pss stu day hrs:	7
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	28
Pss enroll k:	8
Pss enroll 1:	2
Pss enroll 2:	2
Pss enroll 3:	1
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:	41
Pss enroll tk12:	13
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:	2
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:	13
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:	SRPR20051027913

DF762 SRHO20070140834
SE AHA Hospitals
2-4 mi
20954
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 S SILVESTRE MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930218
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0720600
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3250 W LOMITA BLVD SUITE 206
Phone num:	3105309901
Termination reason:	08
Term Date:	19980831
Purpose of action:	Not Reported

Provider control:	02
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140834

DF763			SRHO20070010370
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20954	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20030401	
	Medicare/Medicaid:	1	
	Facility name:	INDEPENDENT PHYSICAL THERAPY,INC	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19980421	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	056857	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	3250 LOMITA BLVD , SUITE 306	
	Phone num:	3105398800	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	06	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	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:	SRHO20070010370	

DF764 SRHO20070158835
SE AHA Hospitals
2-4 mi
20954
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DANIEL D ANDERSON MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050125
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1036300
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3250 LOMITA BLVD #107
Phone num:	3108911383
Termination reason:	00
Term Date:	20090124
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158835

DF765 SRHO20070155512
SE AHA Hospitals
2-4 mi
21014
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported

SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DEL AMO HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20011224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0994518
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	23700 CAMINO DEL SOL
Phone num:	3105301151
Termination reason:	00
Term Date:	20071223
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155512

DM766 SRPU20071011146
NNE Public Schools
2-4 mi
21082
Higher

Ncessch:	064299007146
Schname05:	PETER BURNETT ELEMENTARY
Mstreet05:	5403 WEST 138TH ST.
Mcity05:	HAWTHORNE
Mstate05:	CA
Mzip05:	90250
Mzip405:	Not Reported
Member05:	384
Phone05:	(310) 725-2151
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	03
Gshi05:	05
Edr id:	SRPU20071011146

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DJ767 ESE 2-4 mi 21095 Higher			SRDCCA200703137 Daycare
	EDR ID:	SRDCCA200703137	
	Facility number:	191603536	
	Facility name:	HOLMSTEDT FAMILY DAY CARE	
	Facility eval. code:	4040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	1407 BEECH AVE.	
	City:	TORRANCE	
	State:	CA	
	Zip:	90501	
	Alt. address:	1407 BEECH AVE.	
	City:	TORRANCE	
	State:	CA	
	Zip:	90501	
	Facility investor:	"HOLMSTEDT, MARY & EARL "	
	Licensee type:	A	
	License effective date:	930426	
	License expiration date:	Not Reported	
	License issue date:	890426	
	Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN UNDER 10 YEARS WHEN IN THE HOME, NO MORE THAN 4 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "	
	Original app. received date:	890130	
	Facility closed date:	Not Reported	
	Mailing address:	1407 BEECH AVE.	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90501	
	Contact person:	"HOLMSTED, MARY E. "	
	Facility capacity:	12	
	Type of clients served:	960	
	Facility phone:	3103286541	
DO768 SE 2-4 mi 21105 Higher			SRHO20070137354 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	TORRANCE COMMUNITY HEMODIALYSIS UNIT	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930115	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Provider ID:	05D0642593
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3295 SKYPARK DRIVE
Phone num:	3105395091
Termination reason:	08
Term Date:	19980831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137354

DO769			SRHO20070009872
SE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	03	
21105	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20000209	
	Medicare/Medicaid:	1	
	Facility name:	SKYPARK DIALYSIS	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19781227	
	Prior COO date:	19990501	
	Prior carrier:	00400	
	Provider ID:	052556	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	3295 SKYPARK DRIVE	
	Phone num:	3105395091	
	Termination reason:	00	
	Term Date:	Not Reported	

Purpose of action:	2
Provider control:	01
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070009872

DI770 — SRDCCA200744077
ESE — Daycare
4-6 mi
21184
Higher

EDR ID:	SRDCCA200744077
Facility number:	191671712
Facility name:	YMCA OF METRO L.A. - HICKORY ELEMENTARY
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	2800-227TH STREET
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	2900 WEST SEPULVEDA BLVD.
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	YMCA OF METROPOLITAN LOS ANGELES
Licensee type:	C
License effective date:	930616
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY, LICENSEE PREFERS TO SERVE CHILDREN AGES 5 YEARS THRU 12 YEARS. "
Original app. received date:	850904
Facility closed date:	Not Reported
Mailing address:	625 S. NEW HAMPSHIRE AVE
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90005
Contact person:	TAMIE SPENDLOVE MANCINI
Facility capacity:	90
Type of clients served:	950
Facility phone:	3105309381

DI771 — SRPU20071009086
ESE — Public Schools
4-6 mi
21184
Higher

Ncessch:	063942006559
Schname05:	HICKORY ELEMENTARY

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Mstreet05:	2800 WEST 227TH ST.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90505
Mzip405:	2912
Member05:	832
Phone05:	(310) 533-4672
Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071009086

DP772 — SRDCCA200743129
ENE — Daycare
4-6 mi
21187
Higher

EDR ID:	SRDCCA200743129
Facility number:	191609876
Facility name:	YMCA OF METRO L. A. - CARR ELEMENTARY
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	3404 W. 168TH STREET
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	625 S. NEW HAMPSHIRE AVE.
City:	LOS ANGELES
State:	CA
Zip:	90005
Facility investor:	YMCA OF METROPOLITAN LOS ANGELES
Licensee type:	C
License effective date:	931004
License expiration date:	Not Reported
License issue date:	931004
Program type:	LICENSEE PREFERS TO SERVE SCHOOL AGE CHILDREN 5 - 12 YEARS OLD.
Original app. received date:	930825
Facility closed date:	Not Reported
Mailing address:	625 S. NEW HAMPSHIRE AVENUE
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90005
Contact person:	SONIA PENA
Facility capacity:	80
Type of clients served:	950
Facility phone:	3103290824

DP773 — SRDCCA200754305
ENE — Daycare
4-6 mi
21187
Higher

EDR ID:	SRDCCA200754305
Facility number:	197408425
Facility name:	TORRANCE TYKES PRESCHOOL @ CARR ELEMENTARY
Facility eval. code:	5040
Facility office number:	30

Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3404 W. 168TH STREET
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	17800 VAN NESS AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	TORRANCE UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	11220
License expiration date:	Not Reported
License issue date:	011220
Program type:	MAXIMUM CAPACITY: 16 CHILDREN AGES 3 THROUGH ENTRY INTO FIRST GRADE. AMBULATORY CARE. THE FACILITY OPERATES FROM 7:30-4:00. THE PROGRAM CONSIST OF TWO SESSIONS 8:00-11:00 & 12:15-3:15.
Original app. received date:	010913
Facility closed date:	Not Reported
Mailing address:	17800 VAN NESS AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	DEBORAH JONES
Facility capacity:	16
Type of clients served:	950
Facility phone:	3105334500

DP774 SRPU20071009082
ENE Public Schools
4-6 mi
21187
Higher

Ncessch:	063942006554
Schname05:	EVELYN CARR ELEMENTARY
Mstreet05:	3404 WEST 168TH ST.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90504
Mzip405:	1752
Member05:	491
Phone05:	(310) 533-4467
Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071009082

DO775 SRHO20070132171
SE AHA Hospitals
4-6 mi
21191
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported

SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	INTERNAL MEDICINE/NEPHROLOGY MED GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930202
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0551215
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3291 SKYPARK DRIVE
Phone num:	3103254517
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132171

DQ776 SRDCCA200729919
NNE Daycare
4-6 mi
21193
Higher

EDR ID:	SRDCCA200729919
Facility number:	197412578
Facility name:	ARANGO FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4833 W. 142ND STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4833 WEST 142ND STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"ARANGO, ELSA IMELDA & FERNANDO "

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:	050422
Facility closed date:	Not Reported
Mailing address:	4833 W. 142ND STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	ARANGO/ELSA/FERNANDO
Facility capacity:	14
Type of clients served:	960
Facility phone:	3106750690

DP777 SRDCCA200750653
ENE Daycare
4-6 mi
21195
Higher

EDR ID:	SRDCCA200750653
Facility number:	191604880
Facility name:	FEDERATION/CARR STATE PRESCHOOL
Facility eval. code:	4000
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3403 W. 168TH STREET
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	"460 E. CARSON PLAZA DR,STE 100"
City:	CARSON
State:	CA
Zip:	90746
Facility investor:	FEDERATION OF PRESCHOOLS & COMMUNITY EDUCATION CTR
Licensee type:	C
License effective date:	931220
License expiration date:	Not Reported
License issue date:	901220
Program type:	LICENSEE WILL SERVE AGES 3 - 5 YEARS OLD. OPTIONAL RATIO: 1 TEACHER 1 ASSISTANT TO 18 CHILDREN (ASSISTANT MUST HAVE 6 ECE UNITS).
Original app. received date:	900308
Facility closed date:	Not Reported
Mailing address:	"460 E. CARSON PLAZA DR,STE 100"
Mailing city:	CARSON
Mailing state:	CA
Mailing zip:	90746
Contact person:	"COPES, PRISCILLA "
Facility capacity:	37
Type of clients served:	950
Facility phone:	3103239930

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DJ778 ESE 4-6 mi 21197 Higher			SRHO20070143348 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 MEDICAL CORP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940111	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0881496	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	2406 TORRANCE BLVD	
	Phone num:	3103283421	
	Termination reason:	00	
	Term Date:	20080112	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90501	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070143348	

DL779 NE 4-6 mi 21227 Higher			SRHO20070011653 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LAWNDALE	
	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:	20031010	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicare/Medicaid:	1
Facility name:	GIDDA'S HOME HEALTH SERVICES, INC
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	20031110
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	058226
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	14717 HAWTHORNE BLVD SUITE C
Phone num:	3106440985
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	04
Zip:	90260
Fips 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:	SRHO20070011653

DL780 SRHO20070155555
NE AHA Hospitals
4-6 mi
21227
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GIDDAS HOME HEALTH SERVICES INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021126
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1006685
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	14717 HAWTHORNE BLVD SUITE C
Phone num:	3106440985
Termination reason:	00
Term Date:	20081125
Purpose of action:	Not Reported
Provider control:	10
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155555

DK781 SRDCCA200728078
NE Daycare
4-6 mi
21255
Higher

EDR ID:	SRDCCA200728078
Facility number:	197412229
Facility name:	FORDHAM & STRAUGHTER FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	15323 S. PRAIRIE AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	1311 E. 118TH. STREET
City:	LOS ANGELES
State:	CA
Zip:	90059
Facility investor:	MONIQUE FORDHAM & DEHANKA STRAUGHTER
Licensee type:	A
License effective date:	50126
License expiration date:	Not Reported
License issue date:	050126
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:	041210
Facility closed date:	Not Reported
Mailing address:	1311 E. 118TH. STREET
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90059
Contact person:	MONIQUE FORDHAM
Facility capacity:	8

Type of clients served: 960
Facility phone: 3108773118

DR782 SRDCCA200716181
East Daycare
4-6 mi
21260
Higher

EDR ID:	SRDCCA200716181
Facility number:	192010144
Facility name:	LE FEVRE FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	703 MADRID AVENUE
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	703 MADRID AVENUE
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"LE FEVRE, JEANNIE MARIE "
Licensee type:	A
License effective date:	20528
License expiration date:	Not Reported
License issue date:	020528
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:	020204
Facility closed date:	Not Reported
Mailing address:	703 MADRID AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	LE FEVRE
Facility capacity:	14
Type of clients served:	960
Facility phone:	3103204269

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783 SRDCCA200718176
ESE Daycare
4-6 mi
21260
Higher

EDR ID:	SRDCCA200718176
Facility number:	197408870
Facility name:	HEDDE FAMILY CHILD CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2767 W. 227TH ST.
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	2767 W. 227TH ST.
City:	TORRANCE

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

State:	CA
Zip:	90505
Facility investor:	"HEDDE, BELINDA J. "
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:	020606
Facility closed date:	Not Reported
Mailing address:	2767 W. 227TH ST.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90505
Contact person:	"HEDDE, BELINDA J. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105302233

DQ784			SRHO20070142006
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21270	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	LENNOX MEDICAL CLINIC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940103	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0881010	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	14213 INGLEWOOD AVENUE	
	Phone num:	3106761107	
	Termination reason:	08	
	Term Date:	20060102	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90250	
	Fips state:	06	

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:	SRHO20070142006	
DS785			SRHO20070157815
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21279	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 CARE CENTER MEDICAL CLINIC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20031204	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1019937	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	18051 CRENSHAW BLVD SUITE C	
	Phone num:	3107152323	
	Termination reason:	00	
	Term Date:	20071203	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90504	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070157815	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

DP786 — SRDCCA200718915
ENE — Daycare
4-6 mi
21309
Higher

EDR ID:	SRDCCA200718915
Facility number:	197408698
Facility name:	RIOS FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	16501 CERISE AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	16501 CERISE AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"RIOS, MARY K "
Licensee type:	A
License effective date:	20329
License expiration date:	Not Reported
License issue date:	020329
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:	020301
Facility closed date:	Not Reported
Mailing address:	16501 CERISE AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"RIOS, MARY K "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105151227

DN787 — SRDCCA200703090
ESE — Daycare
4-6 mi
21347
Higher

EDR ID:	SRDCCA200703090
Facility number:	191603412
Facility name:	SHANK FAMILY DAY CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1629 BEECH AVE.
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	1629 BEECH AVE.
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"SHANK, ELIZABETH "

Licensee type: A
License effective date: 950405
License expiration date: Not Reported
License issue date: 890405
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: 881229
Facility closed date: Not Reported
Mailing address: 1629 BEECH AVE.
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90501
Contact person: "SHANK, ELIZIBETH "
Facility capacity: 6
Type of clients served: 960
Facility phone: 3102127576

DK788 SRDCCA200714784
NE Daycare
4-6 mi
21363
Higher

EDR ID: SRDCCA200714784
Facility number: 192005470
Facility name: RANKINS-DILLARD FAMILY CHILD CARE
Facility eval. code: 4060
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4125 MARINE AVE
City: LAWNDALE
State: CA
Zip: 90260
Alt. address: 4125 MARINE AVE
City: LAWNDALE
State: CA
Zip: 90260
Facility investor: "RANKINS-DILLARD, LAURA "
Licensee type: A
License effective date: 10122
License expiration date: Not Reported
License issue date: 010122
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: 001024
Facility closed date: Not Reported
Mailing address: 4125 MARINE AVE
Mailing city: LAWNDALE
Mailing state: CA
Mailing zip: 90260
Contact person: "RANKINS-DILLARD, LAURA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3106769401

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DL789 NE 4-6 mi 21414 Higher	EDR ID:	SRDCCA200729632	SRDCCA200729632 Daycare
	Facility number:	197412689	
	Facility name:	GORDON FAMILY CHILD CARE	
	Facility eval. code:	4060	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	14918 FREEMAN AVENUE	
	City:	LAWNDALE	
	State:	CA	
	Zip:	90260	
	Alt. address:	14918 FREEMAN AVENUE	
	City:	LAWNDALE	
	State:	CA	
	Zip:	90260	
	Facility investor:	"GORDON, CHERESE "	
	Licensee type:	A	
	License effective date:	50610	
	License expiration date:	Not Reported	
	License issue date:	050610	
	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:	050601	
	Facility closed date:	Not Reported	
	Mailing address:	14918 FREEMAN AVENUE	
	Mailing city:	LAWNDALE	
	Mailing state:	CA	
	Mailing zip:	90260	
	Contact person:	"GORDON, CHERESE "	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	3106794275	

DQ790 NNE 4-6 mi 21422 Higher	EDR ID:	SRDCCA200726162	SRDCCA200726162 Daycare
	Facility number:	197411951	
	Facility name:	MORAN FAMILY CHILD CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4912 W. 140TH STREET	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	4912 W. 140TH STREET	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Facility investor:	"MORAN, REYNA AMPARO "	
	Licensee type:	A	

License effective date:	40930
License expiration date:	Not Reported
License issue date:	040930
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:	040901
Facility closed date:	Not Reported
Mailing address:	4912 W. 140TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"MORAN, REYNA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3106791281

DL791 SRHO20070155910
NE AHA Hospitals
4-6 mi
21498
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ANGLES HOME HEALTH CARE CORPORATION
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021231
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1007812
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	14623 HAWTHORNE BLVD #409
Phone num:	3106756767
Termination reason:	00
Term Date:	20081230
Purpose of action:	Not Reported
Provider control:	04
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported

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:	SRHO20070155910	
DL792			SRHO20070108012
NE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21498	Owner date:	Not Reported	
Higher	City:	LAWNDALE	
	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:	19960306	
	Medicare/Medicaid:	1	
	Facility name:	UNITED HOME CARE	
	Intermediary/Carrier:	00140	
	Medicaid number:	Not Reported	
	Partcipation date:	19960306	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	557674	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L3	
	street address:	14623 HAWTHORNE BLVD SUITE 202	
	Phone num:	3103311628	
	Termination reason:	01	
	Term Date:	19980630	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	90260	
	Fips 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:	SRHO20070108012	
DL793			SRHO20070011662
NE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21498	Owner date:	Not Reported	
Higher			

City:	LAWNDALE
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:	20060417
Medicare/Medicaid:	1
Facility name:	ANGELS HOME HEALTH CARE CORP
Intermediary/Carrier:	00454
Medicaid number:	HHA08175F
Partcipation date:	20030423
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	058175
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	14623 S HAWTHORNE BLVD SUITE 409
Phone num:	3106756767
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	04
Zip:	90260
Fips 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:	SRHO20070011662

DL794 SRHO20070149805
NE AHA Hospitals
4-6 mi
21498
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	UNITED HOME CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	19951229
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0910181
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	14623 HAWTHORNE BLVD, STE 202
Phone num:	3103311628
Termination reason:	08
Term Date:	19991228
Purpose of action:	Not Reported
Provider control:	04
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149805

DT795 SRDCCA200711209
ENE Daycare
4-6 mi
21522
Higher

EDR ID:	SRDCCA200711209
Facility number:	197407167
Facility name:	CLARK FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	17303 ELGAR AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	17303 ELGAR AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	LISA AND DONALD CLARK
Licensee type:	A
License effective date:	991108
License expiration date:	Not Reported
License issue date:	991108
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:	990909

Facility closed date:	Not Reported
Mailing address:	17303 ELGAR AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"CLARK, LISA AND DONALD "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105383204

DU796 SRHO20070010153
East AHA Hospitals
4-6 mi
21528
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	20040101
City:	TORRANCE
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:	20060804
Medicare/Medicaid:	1
Facility name:	ACCXELL HOME HEALTH AGENCY
Intermediary/Carrier:	00454
Medicaid number:	HHA08058G
Partcipation date:	20000922
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	058058
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	370 AMA POLA AVENUE SUITE 203
Phone num:	3102580490
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	04
Zip:	90501
Fips 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:	SRHO20070010153

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DO797 SE 4-6 mi 21558 Higher			SRHO20070148398 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	TORRANCE FAMILY PRATICE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19971107	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0935854	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3275 SKYPARK DRIVE	
	Phone num:	3107846300	
	Termination reason:	08	
	Term Date:	19971107	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070148398	
798 NNE 4-6 mi 21560 Higher			SRDCCA200708780 Daycare
	EDR ID:	SRDCCA200708780	
	Facility number:	197404849	
	Facility name:	TAMAYO FAMILY CHILD CARE	
	Facility eval. code:	4060	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	14406 MANSEL AVENUE	
	City:	LAWNDALE	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

State:	CA
Zip:	90260
Alt. address:	14406 MANSEL AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"TAMAYO, ROSA "
Licensee type:	A
License effective date:	980710
License expiration date:	Not Reported
License issue date:	980710
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:	980506
Facility closed date:	Not Reported
Mailing address:	14406 MANSEL AVENUE
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	ROSA TAMAYO
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106795785

DV799 SRHO20070158616
SE AHA Hospitals
4-6 mi
21604
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 K HEALTHCARE SERVICES INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040518
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1025811
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3051 FUJITA STREET SUITE B
Phone num:	3105305656
Termination reason:	00
Term Date:	20080517

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070158616	
DV800			SRHO20070157190
SE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21604	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ONSITE WELLNESS MEDICAL ASSOCIATES	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20000621	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0974946	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3051 FUJITA STREET	
	Phone num:	3105305656	
	Termination reason:	00	
	Term Date:	20080620	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	

Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070157190

DW801 SRDCCA200714217
NE EDR ID: SRDCCA200714217 Daycare
4-6 mi Facility number: 192007906
21655 Facility name: DAVIS-HENDERSON FAMILY CHILD CARE
Higher Facility eval. code: 4060
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 15513 FLORWOOD
City: LAWNDALE
State: CA
Zip: 90260
Alt. address: 15513 FLORWOOD
City: LAWNDALE
State: CA
Zip: 90260
Facility investor: "DAVIS-HENDERSON, VICKIE "
Licensee type: A
License effective date: 10718
License expiration date: Not Reported
License issue date: 010718
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: 010611
Facility closed date: Not Reported
Mailing address: 15513 FLORWOOD
Mailing city: LAWNDALE
Mailing state: CA
Mailing zip: 90260
Contact person: "DAVIS-HENDERSON, VICKIE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103551176

DX802 SRDCCA200720866
NE EDR ID: SRDCCA200720866 Daycare
4-6 mi Facility number: 197410180
21687 Facility name: RAMIREZ DE SANDOVAL FAMILY CHILD CARE
Higher Facility eval. code: 4060
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 15007 OSAGE AVENUE
City: LAWNDALE
State: CA
Zip: 90260

Alt. address:	15007 OSAGE AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"RAMIREZ DE SANDOVAL, MARIA "
Licensee type:	A
License effective date:	31113
License expiration date:	Not Reported
License issue date:	031113
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:	15007 OSAGE AVENUE
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"RAMIREZ DE SANDOVAL, MARIA"
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106791292

DR803 SRDCCA200730754
East Daycare
4-6 mi
21696
Higher

EDR ID:	SRDCCA200730754
Facility number:	197412409
Facility name:	SEXTON FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	717 AMAPOLA AVENUE
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	717 AMAPOLA AVENUE
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"SEXTON, JOANN "
Licensee type:	A
License effective date:	50426
License expiration date:	Not Reported
License issue date:	050426
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:	050211
Facility closed date:	Not Reported
Mailing address:	717 AMAPOLA AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501

Contact person:	"SEXTON, JOANN "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103282379

DX804 SRDCCA200702032
NE Daycare
4-6 mi
21712
Higher

EDR ID:	SRDCCA200702032
Facility number:	191601218
Facility name:	BERMUDEZ FAMILY DAY CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	14912 EASTWOOD AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	14912 EASTWOOD AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"BERMUDEZ, GLORIA "
Licensee type:	A
License effective date:	950305
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:	870129
Facility closed date:	Not Reported
Mailing address:	14912 EASTWOOD AVENUE
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	GLORIA BERMUDEZ
Facility capacity:	6
Type of clients served:	960
Facility phone:	3109734975

DX805 SRHO20070155935
NE AHA Hospitals
4-6 mi
21720
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 DECUNTO MD FACGO

Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020820
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1003015
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	15159 SO PRAIRIE AVENUE
Phone num:	3103736841
Termination reason:	08
Term Date:	20060819
Purpose of action:	Not Reported
Provider control:	04
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155935

DX806 — SRHO20070164392

NE — AHA Hospitals

4-6 mi

21720

Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SANTOS F PACHECO MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060815
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1057536
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05

state region cd:	M1
street address:	15159 PRAIRIE AVE
Phone num:	3106447964
Termination reason:	00
Term Date:	20080814
Purpose of action:	Not Reported
Provider control:	04
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070164392

DQ807 SRDCCA200702408
NNE Daycare
4-6 mi
21758
Higher

EDR ID:	SRDCCA200702408
Facility number:	191605320
Facility name:	STURGIS FAMILY DAY CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4821 W. 140TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4821 W. 140TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"STURGIS, SUSAN "
Licensee type:	A
License effective date:	930806
License expiration date:	Not Reported
License issue date:	900806
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN UNDER 10 YEARS WHEN IN THE HOME, NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	900725
Facility closed date:	Not Reported
Mailing address:	4821 W. 140TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"STURGIS, SUSAN "
Facility capacity:	12
Type of clients served:	960

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Facility phone:	3109730476	
808 NNE 4-6 mi 21759 Higher			SRPU20071011145 Public Schools
	Ncessch:	064299006993	
	Schname05:	RICHARD HENRY DANA MIDDLE	
	Mstreet05:	13500 AVIATION BLVD.	
	Mcity05:	HAWTHORNE	
	Mstate05:	CA	
	Mzip05:	90250	
	Mzip405:	6462	
	Member05:	793	
	Phone05:	(310) 643-6165	
	Locale05:	3	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071011145	
DT809 ENE 4-6 mi 21791 Higher			SRHO20070131481 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	HONG G AHN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0550813	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	17507 CRENSHAW BLVD	
	Phone num:	3103244443	
	Termination reason:	00	
	Term Date:	20070514	
	Purpose of action:	1	
	Provider control:	02	
	Zip:	90504	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	

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:	SRHO20070131481

DT810			SRHO20070145783
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21791	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 SOON KIM MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930527	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0871047	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17507 CREMSHAW BLVD	
	Phone num:	3103244443	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90504	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070145783	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DT811 ENE 4-6 mi 21831 Higher			SRHO20070154853 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 #262	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20010605	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0987434	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17500 CRENSHAW BLVD	
	Phone num:	3103270675	
	Termination reason:	00	
	Term Date:	20070604	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90504	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070154853	

DV812 SE 4-6 mi 21839 Higher			SRHO20070145190 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	19970722	

Medicare/Medicaid:	1
Facility name:	PRUDENT BUYER CHECK UP CENTER
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19950407
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0899797
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3105 LOMITA BOULEVARD
Phone num:	3105174605
Termination reason:	00
Term Date:	20071121
Purpose of action:	2
Provider control:	03
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145190

DS813 SRDCCA200742975
ENE Daycare
4-6 mi
21871
Higher

EDR ID:	SRDCCA200742975
Facility number:	191608998
Facility name:	NORTH TORRANCE SCHOOL AGE CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	2806 W. 182ND STREET
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	2806 W. 182ND STREET
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"CURRIE, ISABEL "
Licensee type:	A
License effective date:	931002
License expiration date:	Not Reported
License issue date:	930202

Program type: COMBINATION CENTER: SCHOOL AGE CENTER (30) AGES 6 - 10 YEARS OLD; X-191601503 PRESCHOOL (113) AGES 2 - 5 YEARS OLD.
Original app. received date: 930105
Facility closed date: Not Reported
Mailing address: 2806 W. 182ND STREET
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90504
Contact person: "SUMMERS, SANDY "
Facility capacity: 30
Type of clients served: 950
Facility phone: 3103236995

DS814 SRDCCA200743828
ENE Daycare
4-6 mi
21871
Higher

EDR ID: SRDCCA200743828
Facility number: 197414190
Facility name: NORTH TORRANCE INFANT CARE CENTER
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 2806 W. 182ND STREET
City: TORRANCE
State: CA
Zip: 90504
Alt. address: 2806 W. 182ND STREET
City: TORRANCE
State: CA
Zip: 90504
Facility investor: "CURRIE, ISABEL & RITCHIE, KIMBERLY "
Licensee type: A
License effective date: 70206
License expiration date: Not Reported
License issue date: 070206
Program type: MAXIMUM CAPACITY: 20 INFANTS AGES WEEKS OLD TO 24 MONTHS OLD. COMBINATION CENTER X-191601503 PRE SCHOOL (93) AGES 2 YEARS OLD THROUGH ENTRY INTO FIRST GRADE.X-191608998 SCHOOL AGE (30) AGES 6-10 YEARS OF AGE. AMBULATORY CARE.
Original app. received date: 070109
Facility closed date: Not Reported
Mailing address: 2806 W. 182ND STREET
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90504
Contact person: "CURRIE, ISABEL "
Facility capacity: 20
Type of clients served: 955
Facility phone: 3103236995

DS815 SRDCCA200747446
ENE Daycare
4-6 mi
21871
Higher

EDR ID: SRDCCA200747446
Facility number: 191601503
Facility name: NORTH TORRANCE DAY CARE CENTER

Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2806 WEST 182ND STREET
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	2806 WEST 182ND STREET
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	ISABEL CURRIE
Licensee type:	A
License effective date:	931006
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	MAXIMUM CAPACITY: 93 PRE SCHOOL CHILDREN AGES 2 YEARS OLD THROUGH ENTRY INTO FIRST GRADE. COMBINATION CENTER: X-197414190 INFANTS (20) WEEKS OLD TO 24 MONTHSX-191608998 SCHOOL AGE (30) AGES 6-10 YEARS OF AGE. AMBULATORY CARE.
Original app. received date:	770505
Facility closed date:	Not Reported
Mailing address:	631 24TH STREET
Mailing city:	HERMOSA BEACH
Mailing state:	CA
Mailing zip:	90254
Contact person:	KIRSTEN KEY
Facility capacity:	93
Type of clients served:	950
Facility phone:	3103236995

DS816 SRPR20051022698
ENE Private Schools
4-6 mi
21871
Higher

Pss school id:	BB944818
Pss inst:	NORTH TORRANCE PRESCHOOL
Lograde:	PK
Higrade:	K
Pss address:	2806 W 182ND ST
Pss city:	TORRANCE
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90504
Pss phone:	3103236995
Pss sch days:	Not Reported
Pss stu day hrs:	Not Reported
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	38
Pss enroll k:	11
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:	49
Pss enroll tk12:	11
Pss race ai:	0
Pss race as:	6
Pss race h:	0
Pss race b:	1
Pss race w:	4
Pss fte teach:	8.1
Pss locale:	2
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	54.55
Pss hisp pct:	0
Pss black pct:	9.09
Pss white pct:	36.36
Pss stdtch rt:	1.36
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:	SRPR20051022698

DN817 SRHO20070159343
ESE AHA Hospitals
4-6 mi
21887
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CHERISH HOSPICE INC

Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050915
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1045491
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2420 W CARSON ST SUITE 200
Phone num:	3103201677
Termination reason:	00
Term Date:	20070914
Purpose of action:	Not Reported
Provider control:	04
Zip:	90501
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159343

DX818 — SRHO20070152619
NE — AHA Hospitals
4-6 mi
21887
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LAWNDALE MEDICAL & MENTAL HEALTH SERVS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980916
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0951364
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05

state region cd:	LAB
street address:	4023 MARINE AVE
Phone num:	3106759555
Termination reason:	00
Term Date:	20080915
Purpose of action:	Not Reported
Provider control:	02
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152619

DY819 SRPU20071013012
NE Public Schools
4-6 mi
21893
Higher

Ncessch:	062121008718
Schname05:	ENVIRONMENTAL CHARTER HIGH
Mstreet05:	4234 WEST 147TH ST.
Mcity05:	LAWNDALE
Mstate05:	CA
Mzip05:	90260
Mzip405:	Not Reported
Member05:	339
Phone05:	(310) 676-3107
Locale05:	3
Type05:	1
Level05:	3
Gslo05:	09
Gshi05:	12
Edr id:	SRPU20071013012

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820 SRHO20070006236
NE AHA Hospitals
4-6 mi
21906
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
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:	20060310
Medicare/Medicaid:	1
Facility name:	MATHARU ASSISTED LIVING
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19951103
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05G922
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	15227 ROSELLE AVENUE
Phone num:	3109732902
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90260
Fips state:	06
Fips cnty:	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:	SRHO20070006236

DZ821 SRDCCA200716079
NNE Daycare
4-6 mi
21912
Higher

EDR ID:	SRDCCA200716079
Facility number:	192009922
Facility name:	CHICA FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5107 W. 137TH PLACE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	5107 W. 137TH PLACE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"CHICA, ZORAIDA "
Licensee type:	A
License effective date:	20412
License expiration date:	Not Reported
License issue date:	020412
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 REQUIRED "
Original app. received date:	020110
Facility closed date:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing address:	5107 W. 137TH PLACE	
	Mailing city:	HAWTHORNE	
	Mailing state:	CA	
	Mailing zip:	90250	
	Contact person:	"CHICA, ZORAIDA "	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	3106756809	
DX822			SRHO20070140091
NE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21936	Owner date:	Not Reported	
Higher	City:	LAWNDALE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	LE QUOC KHANH MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930113	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0706566	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	15027 S PRAIRIE AVE	
	Phone num:	3109709040	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90260	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070140091	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DX823			SRHO20070147962
NE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21936	Owner date:	Not Reported	
Higher	City:	LAWNDALE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	DU QUANG TRAN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19961030	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0921539	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	15027 SOUTH PRAIRIE AVENUE	
	Phone num:	3109709040	
	Termination reason:	08	
	Term Date:	20021029	
	Purpose of action:	Not Reported	
	Provider control:	10	
	Zip:	90260	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070147962	

DP824			SRDCCA200711551
ENE	EDR ID:	SRDCCA200711551	Daycare
4-6 mi	Facility number:	197406924	
21957	Facility name:	STABEN FAMILY CHILD CARE	
Higher	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	16920 ELGAR AVENUE	
	City:	TORRANCE	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

State:	CA
Zip:	90504
Alt. address:	16920 ELGAR AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	CHERYL STABEN
Licensee type:	A
License effective date:	990909
License expiration date:	Not Reported
License issue date:	990909
Program type:	"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/LANDLARD CONSENT IS REQUIRED. "
Original app. received date:	990630
Facility closed date:	Not Reported
Mailing address:	16920 ELGAR AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"STABEN, CHERYL "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105156690

DV825 SRHO20070132198
SE AHA Hospitals
4-6 mi
21980
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20061005
Medicare/Medicaid:	1
Facility name:	UROLOGY INSTITUTE OF THE SOUTH BAY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0551298
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	23600 TELO AVENUE SUITE 220
Phone num:	3105348400
Termination reason:	00
Term Date:	20070430

Purpose of action:	2
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132198

DV826 SRHO20070154022
SE AHA Hospitals
4-6 mi
21980
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FRANK Y AN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20001106
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0979940
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	23600 TELO AVENUE SUITE 130
Phone num:	3105341144
Termination reason:	00
Term Date:	20081105
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070154022	
DV827			SRHO20070139033
SE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21980	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20040917	
	Medicare/Medicaid:	1	
	Facility name:	HICHAM SIOUTY MD	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0697349	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	23600 TELO AVENUE, SUITE 150	
	Phone num:	3103253084	
	Termination reason:	00	
	Term Date:	20090121	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070139033	
DV828			SRHO20070151113
SE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21980	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	

Compliance status:	Not Reported
SSA 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 YUH-FONG LIN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980915
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0951278
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	23600 TELO AVENUE # 280
Phone num:	3103783798
Termination reason:	00
Term Date:	20080914
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151113

DX829 SRHO20070144240
NE AHA Hospitals
4-6 mi
22000
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PARK IMPERIAL CONVALESCENT CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950307
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D0898645
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	15100 S PRAIRIE AVENUE
Phone num:	3106793344
Termination reason:	00
Term Date:	20070306
Purpose of action:	Not Reported
Provider control:	04
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144240

DX830 SRHO20070009674
NE AHA Hospitals
4-6 mi
22000
Higher

Hospital type:	03
Num of times COO:	07
Owner date:	Not Reported
City:	LAWNDALE
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:	20021127
Medicare/Medicaid:	2
Facility name:	LAWNDALE CARE CENTER
Intermediary/Carrier:	52280
Medicaid number:	ZZT05059I
Partcipation date:	19690402
Prior COO date:	19940913
Prior carrier:	00040
Provider ID:	055059
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	15100 SOUTH PRAIRIE AVENUE
Phone num:	3106793344
Termination reason:	01

Term Date:	20030730
Purpose of action:	2
Provider control:	03
Zip:	90260
Fips state:	06
Fips cnty:	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:	SRHO20070009674

DU831 SRDCCA200756355
East Daycare
4-6 mi
22026
Higher

EDR ID:	SRDCCA200756355
Facility number:	197412159
Facility name:	TORRANCE TYKES PRESCHOOL @ THE TRIANGLE
Facility eval. code:	5050
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	06
Address:	2201 PLAZA DEL AMO
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	2335 PLAZA DEL AMO
City:	TORRANCE
State:	CA
Zip:	90509
Facility investor:	TORRANCE UNIFIED SCHOOL DISRICT
Licensee type:	F
License effective date:	50210
License expiration date:	Not Reported
License issue date:	050210
Program type:	AMBULATORY PRESCHOOL CHILDREN (72) PRESCHOOL CHILDREN AGES 2 YEARS OLD TO 5 YEARS OLD WITH TODDLER OPTION OF 12 TODDLERS (18-30 MONTHS)
Original app. received date:	041108
Facility closed date:	Not Reported
Mailing address:	2335 PLAZA DEL AMO
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90509
Contact person:	"JONES, DEBORAH "
Facility capacity:	72
Type of clients served:	950
Facility phone:	3109726412

EA832 SRPU20071005776
ESE Public Schools
4-6 mi
22026
Higher

Ncessch:	060010710920
Schname05:	SOUTHERN CALIFORNIA ROC

Mstreet05:	2300 CRENSHAW BLVD.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90501
Mzip405:	Not Reported
Member05:	-1
Phone05:	(310) 320-6700
Locale05:	2
Type05:	3
Level05:	3
Gslo05:	09
Gshi05:	12
Edr id:	SRPU20071005776

DZ833 SRDCCA200740809
NNE Daycare
4-6 mi
22035
Higher

EDR ID:	SRDCCA200740809
Facility number:	197414113
Facility name:	CABALLERO FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5163 W. 137TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	5163 W. 137TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"CABALLERO, MARIANELA ZORAIDA "
Licensee type:	A
License effective date:	70118
License expiration date:	Not Reported
License issue date:	070118
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 REQUIRED.
Original app. received date:	061219
Facility closed date:	Not Reported
Mailing address:	5163 W. 137TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"CABALLERO, MARIANELA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106766010

DW834 SRDCCA200707597
NE Daycare
4-6 mi
22046
Higher

EDR ID:	SRDCCA200707597
Facility number:	197403706
Facility name:	RODRIGUEZ FAMILY DAY CARE

Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	15409 DOTY AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	15409 DOTY AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"RODRIGUEZ, RIKI NICOLE "
Licensee type:	A
License effective date:	970902
License expiration date:	Not Reported
License issue date:	970902
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:	970617
Facility closed date:	Not Reported
Mailing address:	15409 DOTY AVENUE
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	RODRIGUEZ
Facility capacity:	14
Type of clients served:	960
Facility phone:	3106755953

DQ835 SRHO20070128773
NNE AHA Hospitals
4-6 mi
22047
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	H L MONTGOMERY MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930121
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0547886
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA

ssa state:	05
state region cd:	LAB
street address:	13905 INGLEWOOD AVE
Phone num:	3106760181
Termination reason:	17
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070128773

DS836 SRDCCA200700438
ENE Daycare
4-6 mi
22062
Higher

EDR ID:	SRDCCA200700438
Facility number:	198202189
Facility name:	HAI'S CIRCLE OF FRIENDS FOUNDATION INC.
Facility eval. code:	0207
Facility office number:	34
Facility county number:	19
Facility type code:	730
Facility status code:	03
Address:	18014 S. ARDATH AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	18014 S. ARDATH AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	HAI'S CIRCLE OF FRIENDS FOUNDATION INC.
Licensee type:	C
License effective date:	990120
License expiration date:	Not Reported
License issue date:	990120
Program type:	LICENSEE PREFERS TO SERVE 5 DEVELOPMENTALLY DISABLED CLEIENTS AGES 6 THROUGH 17 YRS; 2 NON-AMBULATORY AND 3 AMBULATORY.
Original app. received date:	981023
Facility closed date:	Not Reported
Mailing address:	18014 S ARDATH AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"NGUYEN, HAI "
Facility capacity:	6
Type of clients served:	950
Facility phone:	3106300867

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

DS837 — SRDCCA200738959
ENE — Daycare
4-6 mi
22119
Higher

EDR ID:	SRDCCA200738959
Facility number:	197413822
Facility name:	TOMIYAMA FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2709 W. 182ND STREET #B
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	2709 W. 182ND STREET #B
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"TOMIYAMA, SARA "
Licensee type:	A
License effective date:	61128
License expiration date:	Not Reported
License issue date:	061128
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 REQUIRED. "
Original app. received date:	060824
Facility closed date:	Not Reported
Mailing address:	2709 W. 182ND STREET #B
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"TOMIYAMA, SARA "
Facility capacity:	8
Type of clients served:	950
Facility phone:	3103295416

DS838 — SRDCCA200749028
ENE — Daycare
4-6 mi
22137
Higher

EDR ID:	SRDCCA200749028
Facility number:	191609514
Facility name:	SUIKA PRESCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2706 W. 182ND STREET
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	2706 W. 182ND STREET
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"SUIKA EDUCATION, INC. "
Licensee type:	D

License effective date: 930824
License expiration date: Not Reported
License issue date: 930824
Program type: PRESCHOOL CHILDREN AGES 2 - 6 YEARS OLD. CAPACITY INCREASE TO 90 CHILDREN EFFECTIVE 12-7-95.
Original app. received date: 930618
Facility closed date: Not Reported
Mailing address: 2706 W. 182ND STREET
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90504
Contact person: "KON,KUMIKO "
Facility capacity: 90
Type of clients served: 950
Facility phone: 3103235221

DX839 SRHO20070145302
NE AHA Hospitals
4-6 mi
22145
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWTHORNE
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LIEU S NGUYEN MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19940831
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0891092
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 15032 S PRAIRIE AVENUE
Phone num: 3106757343
Termination reason: 00
Term Date: 20080830
Purpose of action: Not Reported
Provider control: 04
Zip: 90250
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070145302	
DY840			SRPU20071013008
NE	Ncessch:	062121002543	Public Schools
4-6 mi	Schname05:	MARK TWAIN ELEMENTARY	
22166	Mstreet05:	4161 WEST 147TH ST.	
Higher	Mcity05:	LAWNDALE	
	Mstate05:	CA	
	Mzip05:	90260	
	Mzip405:	2464	
	Member05:	439	
	Phone05:	(310) 675-9134	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	06	
	Edr id:	SRPU20071013008	
DY841			SRPU20071013009
NE	Ncessch:	062121002544	Public Schools
4-6 mi	Schname05:	WILL ROGERS MIDDLE	
22166	Mstreet05:	4161 WEST 147TH ST.	
Higher	Mcity05:	LAWNDALE	
	Mstate05:	CA	
	Mzip05:	90260	
	Mzip405:	1740	
	Member05:	1328	
	Phone05:	(310) 676-1197	
	Locale05:	3	
	Type05:	1	
	Level05:	2	
	Gslo05:	07	
	Gshi05:	08	
	Edr id:	SRPU20071013009	
DY842			SRPU20071013010
NE	Ncessch:	062121002545	Public Schools
4-6 mi	Schname05:	WILLIAM ANDERSON ELEMENTARY	
22166	Mstreet05:	4161 WEST 147TH ST.	
Higher	Mcity05:	LAWNDALE	
	Mstate05:	CA	
	Mzip05:	90260	
	Mzip405:	1740	
	Member05:	888	
	Phone05:	(310) 676-0197	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Gshi05:	06	
	Edr id:	SRPU20071013010	
DY843 NE 4-6 mi 22166 Higher			SRPU20071013006 Public Schools
	Ncessch:	062121002541	
	Schname05:	F. D. ROOSEVELT ELEMENTARY	
	Mstreet05:	4161 WEST 147TH ST.	
	Mcity05:	LAWNDALE	
	Mstate05:	CA	
	Mzip05:	90260	
	Mzip405:	Not Reported	
	Member05:	964	
	Phone05:	(310) 675-1121	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	06	
	Edr id:	SRPU20071013006	
DY844 NE 4-6 mi 22166 Higher			SRPU20071013005 Public Schools
	Ncessch:	062121002540	
	Schname05:	BILLY MITCHELL ELEMENTARY	
	Mstreet05:	4161 WEST 147TH ST.	
	Mcity05:	LAWNDALE	
	Mstate05:	CA	
	Mzip05:	90260	
	Mzip405:	1308	
	Member05:	724	
	Phone05:	(310) 676-6140	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	06	
	Edr id:	SRPU20071013005	
EB845 ESE 4-6 mi 22167 Higher			SRDCCA200747512 Daycare
	EDR ID:	SRDCCA200747512	
	Facility number:	191601913	
	Facility name:	HAPPY FACE PRE SCHOOL	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	22504 ERIEL AVE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90505	
	Alt. address:	29211 POSEY WAY	
	City:	RANCHO PALOS VERDES	
	State:	CA	

Zip: 90274
Facility investor: "SHAW, MARY C "
Licensee type: A
License effective date: 931215
License expiration date: Not Reported
License issue date: Not Reported
Program type: "PRESCHOOL (50) AGES 2 THRU 5 INCLUDING UP TO (12) SCHOOL AGE, AGES 6 TO 9 YEARS OLD.
"
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 29211 POSEY WAY
Mailing city: RANCHO PALOS VERDES
Mailing state: CA
Mailing zip: 90275
Contact person: SANDRA CARTER
Facility capacity: 50
Type of clients served: 950
Facility phone: 3103268070

DY846 SRDCCA200722818
NE Daycare
4-6 mi
22170
Higher

EDR ID: SRDCCA200722818
Facility number: 197410876
Facility name: PHILLIPS FAMILY CHILD CARE
Facility eval. code: 4060
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 14533 LARCH AVENUE
City: LAWNDALE
State: CA
Zip: 90260
Alt. address: 14533 LARCH AVENUE
City: LAWNDALE
State: CA
Zip: 90260
Facility investor: "PHILLIPS, JOYLYN "
Licensee type: A
License effective date: 31117
License expiration date: Not Reported
License issue date: 031117
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: 031021
Facility closed date: Not Reported
Mailing address: 14533 LARCH AVENUE
Mailing city: LAWNDALE
Mailing state: CA
Mailing zip: 90260
Contact person: "PHILLIPS, JOYLYN "
Facility capacity: 8
Type of clients served: 960

	Facility phone:	3106445104

DT847 SRHO20070011637
ENE AHA Hospitals
4-6 mi
22176
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19831206
Medicare/Medicaid:	1
Facility name:	SOUTHCOAST ASSOCIATES
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19811014
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	056539
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	17223 CRENSHAW BLVD
Phone num:	2135329242
Termination reason:	04
Term Date:	19870101
Purpose of action:	2
Provider control:	06
Zip:	90504
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070011637

EC848 SRDCCA200749986
ESE Daycare
4-6 mi
22222
Higher

EDR ID:	SRDCCA200749986
Facility number:	191605812
Facility name:	"STARTING POINT PRE-SCHOOL, THE "
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	850

Facility status code:	03
Address:	2260 TORRANCE BLVD
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	2260 TORRANCE BLVD.
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"WHITLOCK, DONNA M. "
Licensee type:	A
License effective date:	940320
License expiration date:	Not Reported
License issue date:	910320
Program type:	AMBULATORY: CHILDREN AGES 2 THRU 5 YEARS.
Original app. received date:	901113
Facility closed date:	Not Reported
Mailing address:	2260 TORRANCE BLVD.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"WHITLOCK, DONNA M. "
Facility capacity:	15
Type of clients served:	950
Facility phone:	3103204098

DX849 SRHO20070147959
NE AHA Hospitals
4-6 mi
22226
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DOCTOR'S CHOICE LABORATORY INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970613
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0929456
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3940 MARINE AVE SUITE A
Phone num:	3103201634
Termination reason:	08
Term Date:	19970613

Purpose of action:	Not Reported
Provider control:	04
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147959

DY850 SRDCCA200713826
NE Daycare
4-6 mi
22229
Higher

EDR ID:	SRDCCA200713826
Facility number:	192001356
Facility name:	SMITH FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	14511 LARCH AVENUE #5
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	14511 LARCH AVE APTS
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"SMITH, ROZELL "
Licensee type:	A
License effective date:	501
License expiration date:	Not Reported
License issue date:	000501
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:	000207
Facility closed date:	Not Reported
Mailing address:	14511 LARCH AVE APTS
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"SMITH, ROZELL "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106442528

ED851 SRDCCA200748958
NNE Daycare
4-6 mi
22242
Higher

EDR ID:	SRDCCA200748958
Facility number:	191608866
Facility name:	RAINBOW RIVER - CABRILLO SITE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	5309 W. 135TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	2154 MONTEREY BLVD.
City:	HERMOSA BEACH
State:	CA
Zip:	90254
Facility investor:	"RAINBOW RIVER, INC. "
Licensee type:	D
License effective date:	930819
License expiration date:	Not Reported
License issue date:	930819
Program type:	"COMBINATION CENTER: LICENSEE PREFERS TO SERVE SCHOOL AGE CHILDREN, AGES 4.9 THRU 12 YEARS; PRESCHOOL CHILDREN, AGES 2 UNTIL ENTRY INTO FIRST GRADE (70) (X192006559). "
Original app. received date:	921130
Facility closed date:	Not Reported
Mailing address:	2154 MONTEREY BLVD
Mailing city:	HERMOSA BEACH
Mailing state:	CA
Mailing zip:	90254
Contact person:	KAREN TEER
Facility capacity:	100
Type of clients served:	950
Facility phone:	3105369353

ED852 SRDCCA200754192
NNE Daycare
4-6 mi
22242
Higher

EDR ID:	SRDCCA200754192
Facility number:	192006559
Facility name:	RAINBOW RIVER - CABRILLO SITE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	5309 W. 135TH
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	2154 MONTEREY BLVD.
City:	HERMOSA BEACH
State:	CA
Zip:	90254
Facility investor:	"RAINBOW RIVER, INC. "

Licensee type:	D
License effective date:	20612
License expiration date:	Not Reported
License issue date:	020612
Program type:	"COMBINATION CENTER: LICENSEE PREFERS TO SERVE PRESCHOOL CHILDREN, AGES 2 UNTIL ENTRY INTO FIRST GRADE; SCHOOL AGE CHILDREN (100), AGES 4.9 THRU 12 YEARS OLD (X191608866). "
Original app. received date:	020506
Facility closed date:	Not Reported
Mailing address:	2154 MONTEREY BLVD
Mailing city:	HERMOSA BEACH
Mailing state:	CA
Mailing zip:	90254
Contact person:	KAREN TEER
Facility capacity:	70
Type of clients served:	960
Facility phone:	3107259955

ED853 SRPU20071011144
NNE Public Schools
4-6 mi
22242
Higher

Ncessch:	064299006992
Schname05:	JUAN CABRILLO ELEMENTARY
Mstreet05:	5309 WEST 135TH ST.
Mcity05:	HAWTHORNE
Mstate05:	CA
Mzip05:	90250
Mzip405:	4948
Member05:	411
Phone05:	(310) 643-5235
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	02
Edr id:	SRPU20071011144

DT854 SRHO20070131482
ENE AHA Hospitals
4-6 mi
22279
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20010226
Medicare/Medicaid:	1
Facility name:	ZONG LANG TSAI
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Provider ID:	05D0550814
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3011 WEST ARTESIA BOULEVARD
Phone num:	3103296395
Termination reason:	00
Term Date:	20080331
Purpose of action:	2
Provider control:	04
Zip:	90504
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131482

DW855 — SRDCCA200750308
NE — Daycare
4-6 mi
22285
Higher

EDR ID:	SRDCCA200750308
Facility number:	197405890
Facility name:	LAWNDALE SCHOOL DISTRICT - MARK TWAIN P.S.
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3728 WEST 154TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	3728 WEST 154TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	LAWNDALE SCHOOL DISTRICT
Licensee type:	F
License effective date:	990406
License expiration date:	Not Reported
License issue date:	990406
Program type:	AMBULATORY ONLY: PRESCHOOL CHILDREN AGES THREE THROUGH FIVE YEARS.
Original app. received date:	990222
Facility closed date:	Not Reported
Mailing address:	3728 WEST 154TH STREET
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260

Contact person:	BETH MOSSMAN
Facility capacity:	48
Type of clients served:	950
Facility phone:	3106448458

EE856 SRDCCA200723184
ENE Daycare
4-6 mi
22290
Higher

EDR ID:	SRDCCA200723184
Facility number:	197410807
Facility name:	PERERA FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2802 W. 177TH STREET
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	2802 W. 177TH STREET
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"PERERA, ROHINI, M. "
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 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:	030925
Facility closed date:	Not Reported
Mailing address:	2802 W. 177TH STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"PERERA, ROHINI M. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105158440

EF857 SRPR20051023060
ESE Private Schools
4-6 mi
22306
Higher

Pss school id:	00070963
Pss inst:	NATIVITY SCHOOL
Lograde:	K
Higrade:	9
Pss address:	2371 W CARSON STREET
Pss city:	TORRANCE
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90501

Pss phone:	3103285387
Pss sch days:	182
Pss stu day hrs:	Not Reported
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	24
Pss enroll 1:	22
Pss enroll 2:	30
Pss enroll 3:	28
Pss enroll 4:	33
Pss enroll 5:	33
Pss enroll 6:	33
Pss enroll 7:	33
Pss enroll 8:	35
Pss enroll 9:	247
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	518
Pss enroll tk12:	518
Pss race ai:	Not Reported
Pss race as:	275
Pss race h:	129
Pss race b:	12
Pss race w:	102
Pss fte teach:	9
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	3
Pss relig:	1
Pss comm type:	1
Pss indian pct:	Not Reported
Pss asian pct:	53.09
Pss hisp pct:	24.9
Pss black pct:	2.32
Pss white pct:	19.69
Pss stdtch rt:	57.56
Pss orient:	1
Pss county name:	LOS ANGELES
Pss assoc 1:	National Catholic Educational Association (NCEA)
Pss assoc 2:	National Association for the Education of Young Children (NAEYC)
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:	SRPR20051023060

DX858 SRHO20070148207
NE
4-6 mi
22355
Higher

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

AHA Hospitals

City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SUNRISE FAMILY MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970508
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0928106
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	14921 S PRAIRIE AVE STE 102
Phone num:	3103550011
Termination reason:	12
Term Date:	19981001
Purpose of action:	Not Reported
Provider control:	04
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148207

DX859 SRHO20070147788
NE AHA Hospitals
4-6 mi
22355
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAWNDALE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CUONG VIET NGUYEN, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	19961010
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0920819
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	14921 SOUTH PRAIRIE AVE, SUITE 1
Phone num:	3106708000
Termination reason:	00
Term Date:	20081009
Purpose of action:	Not Reported
Provider control:	04
Zip:	90260
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147788

EA860 SRHO20070145896
ESE AHA Hospitals
4-6 mi
22365
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19980807
Medicare/Medicaid:	1
Facility name:	CARESTATION-TORRANCE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19941130
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0895130
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2382 CRENSHAW BOULEVARD SUITE 5

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Phone num:	3106189200
Termination reason:	00
Term Date:	20070325
Purpose of action:	2
Provider control:	01
Zip:	90501
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145896

DX861 SRDCCA200734151
NE Daycare
4-6 mi
22376
Higher

EDR ID:	SRDCCA200734151
Facility number:	197413034
Facility name:	CALLAWAY FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4123 W. 147TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	4123 W. 147TH STREET
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"CALLAWAY, CHEVELLA "
Licensee type:	A
License effective date:	51227
License expiration date:	Not Reported
License issue date:	051227
Program type:	MAXIMUM CAPACITY (WHEN THERE IS AN ASSISTANT PRESENT) 12 - NO MORE THAN 4 INFANTS. CAPACITY 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	051011
Facility closed date:	Not Reported
Mailing address:	4123 W. 147TH STREET
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"CALLAWAY, CHEVELLA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3106761034

EG862 SRDCCA200718838
NNE Daycare
4-6 mi
22386
Higher

EDR ID:	SRDCCA200718838
Facility number:	197408646
Facility name:	FINISTER FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4630 WEST 140TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4630 WEST 140TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"FINISTER, NATASHA "
Licensee type:	A
License effective date:	20313
License expiration date:	Not Reported
License issue date:	020313
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:	020124
Facility closed date:	Not Reported
Mailing address:	4630 WEST 140TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"FINISTER, NATASHA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3106755497

EH863 SRDCCA200741460
ENE Daycare
4-6 mi
22404
Higher

EDR ID:	SRDCCA200741460
Facility number:	197409375
Facility name:	TORRANCE USD-HAMILTON INFANT/TODDLER CARE CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	2606 W. 182ND STREET
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	3420 W. 229TH PLACE
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	TORRANCE UNIFIED SCHOOL DISTRICT
Licensee type:	F

License effective date: 21223
License expiration date: Not Reported
License issue date: 021223
Program type: AMBULATORY ONLY. 12 INFANTS (AGES 8 WEEKS TO 18 MONTHS OF AGE). 12 TODDLERS (AGES 18 MONTHS TO 30 MONTHS).
Original app. received date: 020920
Facility closed date: Not Reported
Mailing address: 3420 W. 229TH PLACE
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90505
Contact person: BATOUL ABOLMOLOUKI
Facility capacity: 24
Type of clients served: 955
Facility phone: 3109726500

EH864 SRDCCA200701567
ENE Daycare
4-6 mi
22474
Higher

EDR ID: SRDCCA200701567
Facility number: 198204904
Facility name: ARIEL VISION GROUP HOME
Facility eval. code: 0207
Facility office number: 34
Facility county number: 19
Facility type code: 730
Facility status code: 03
Address: 2611 WEST 181ST STREET
City: "TORRANCE, "
State: CA
Zip: 90504
Alt. address: 5234 TRI BAY CIRCLE
City: "LAKEWOOD, "
State: CA
Zip: 90712
Facility investor: BEYOND BASICS INC.
Licensee type: C
License effective date: 51205
License expiration date: Not Reported
License issue date: 051205
Program type: LICENSEE PREFERS TO SERVE DEVELOPMENTALLY DISABLED CHILDREN AGES 7 THROUGH 17 YEARS OLD. THERE ARE NO BODIES OF WATER ON THE PREMISES.
Original app. received date: 051007
Facility closed date: Not Reported
Mailing address: 5234 TRI BAY CIRCLE
Mailing city: "LAKEWOOD, "
Mailing state: CA
Mailing zip: 90712
Contact person: "OROSZ, TAMI "
Facility capacity: 4
Type of clients served: 950
Facility phone: 3104200870

EC865 SRHO20070157324
ESE AHA Hospitals
4-6 mi
22601
Higher

Hospital type: 01
Num of times COO: 00

Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TRADITIONAL FAMILY PRACTICE INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040922
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1031043
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2204 W TORRANCE BLVD #105
Phone num:	3103282146
Termination reason:	00
Term Date:	20080921
Purpose of action:	Not Reported
Provider control:	04
Zip:	90501
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157324

DZ866 SRDCCA200742738
NNE Daycare
4-6 mi
22656
Higher

EDR ID:	SRDCCA200742738
Facility number:	197414377
Facility name:	MARJI FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5008 WEST 136TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	5008 WEST 136TH STREET

City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "MARJI, EBTESAM "
Licensee type: A
License effective date: 70423
License expiration date: Not Reported
License issue date: 070423
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: 070314
Facility closed date: Not Reported
Mailing address: 5008 WEST 136TH STREET
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "MARJI, EBTESAM "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3109784515

EE867 SRDCCA200734614
ENE Daycare
4-6 mi
22714
Higher

EDR ID: SRDCCA200734614
Facility number: 197413570
Facility name: CORELLO FAMILY CHILD CARE
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2603 W. 179TH STREET
City: TORRANCE
State: CA
Zip: 90504
Alt. address: 2603 W. 179TH STREET
City: TORRANCE
State: CA
Zip: 90504
Facility investor: "CORELLO, LINDA M. "
Licensee type: A
License effective date: 61106
License expiration date: Not Reported
License issue date: 061106
Program type: MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY; OR CAPACITY 8 CHILDREN WHEN TWO ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 2 INFANTS. AGES TO BE SERVED - 6 TO 12 YEARS."DAYS AND HOURS OF OPERATION: MONDAY-FRIDAY, 3:00PM TO 5:00PM. "
Original app. received date: 060508
Facility closed date: Not Reported
Mailing address: 2603 W. 179TH STREET
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90504
Contact person: "CORELLO, LINDA M. "

Facility capacity: 8
Type of clients served: 960
Facility phone: 3103242433

EI868 SRDCCA200747630
SSE Daycare
4-6 mi
22817
Higher

EDR ID: SRDCCA200747630
Facility number: 191600090
Facility name: BROADACRES PRE-SCHOOL
Facility eval. code: 6050
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 4915 PALOS VERDES DRIVE NORTH
City: ROLLING HILLS ESTATE
State: CA
Zip: 90274
Alt. address: 4915 PALOS VERDES DRIVE NORTH
City: ROLLING HILLS ESTATE
State: CA
Zip: 90274
Facility investor: "BETTIE BROWN, & WILLIAM STARK BROWN "
Licensee type: A
License effective date: 950914
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY, LICENSEE PREFERS CHILDREN AGES 2 YRS. 6 MOS. THRU 5 YRS. HOURS OF OPERATION ARE 9AM-11:30AM MON-FRI. "
Original app. received date: Not Reported
Facility closed date: Not Reported
Mailing address: 4915 PALOS VERDES DRIVE NORTH
Mailing city: ROLLING HILLS ESTATE
Mailing state: CA
Mailing zip: 90274
Contact person: BETTIE BROWN
Facility capacity: 24
Type of clients served: 950
Facility phone: 3103757301

EG869 SRDCCA200730115
NNE Daycare
4-6 mi
22820
Higher

EDR ID: SRDCCA200730115
Facility number: 197412464
Facility name: BERMUDEZ FAMILY CHILD CARE
Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 13929 MANOR DRIVE
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 13929 MANOR DRIVE

City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "BERMUDEZ, TRACY "
Licensee type: A
License effective date: 50505
License expiration date: Not Reported
License issue date: 050505
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: 050222
Facility closed date: Not Reported
Mailing address: 13929 MANOR DRIVE
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "BERMUDEZ, TRACY "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3106751646

EJ870 SRDCCA200705570
ENE Daycare
4-6 mi
22857
Higher

EDR ID: SRDCCA200705570
Facility number: 197401490
Facility name: ALPIZAR FAMILY DAY CARE
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 16685 CRENSHAW BLVD. #3
City: TORRANCE
State: CA
Zip: 90504
Alt. address: 16685 CRENSHAW BLVD. #3
City: TORRANCE
State: CA
Zip: 90504
Facility investor: "ALPIZAR, ADILZA "
Licensee type: A
License effective date: 950720
License expiration date: Not Reported
License issue date: 950720
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: 950608
Facility closed date: Not Reported
Mailing address: 16685 CRENSHAW BLVD. #3
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90504
Contact person: "ALPIZAR, ADILZA "
Facility capacity: 6

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Type of clients served:	960	
	Facility phone:	3103276801	
EK871 East 4-6 mi 22916 Higher			SRHO20070149391 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	NATIONS HEALTHCARE OF CALIFORNIA INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960214	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0911763	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	365 VAN NESS WAY #502	
	Phone num:	3108712061	
	Termination reason:	12	
	Term Date:	19990831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90501	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149391	
EK872 East 4-6 mi 22947 Higher			SRHO20070010653 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	19950330
Medicare/Medicaid:	1
Facility name:	LIFE CARE SOLUTIONS INC
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19930915
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	057435
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	381 VAN NESS WAY #1514
Phone num:	3107812061
Termination reason:	01
Term Date:	19990831
Purpose of action:	2
Provider control:	04
Zip:	90501
Fips 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:	SRHO20070010653

EJ873 SRHO20070146260
ENE AHA Hospitals
4-6 mi
22979
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	NORTH TORRANCE MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19961003
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Provider ID:	05D0920533
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	16636 S CRENSHAW BOULEVARD
Phone num:	3103294105
Termination reason:	01
Term Date:	20000516
Purpose of action:	Not Reported
Provider control:	04
Zip:	90504
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146260

EJ874			SRHO20070156886
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
22979	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	LOV GETTOGETHER ADHC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20020808	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1002505	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	16636 CRENSHAW BLVD	
	Phone num:	3109650110	
	Termination reason:	01	
	Term Date:	20040901	

Purpose of action:	Not Reported
Provider control:	04
Zip:	90504
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156886

EG875 SRDCCA200702033
NNE Daycare
4-6 mi
23014
Higher

EDR ID:	SRDCCA200702033
Facility number:	191601596
Facility name:	URBANK FAMILY DAY CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13920 GREVILLEA
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	13920 GREVILLEA
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"URBANK, LYNDA "
Licensee type:	A
License effective date:	930615
License expiration date:	Not Reported
License issue date:	870619
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S AND ASSISTANTS CHILDREN IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD) "
Original app. received date:	870619
Facility closed date:	Not Reported
Mailing address:	13920 GREVILLEA
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"URBANK, LYNDA "
Facility capacity:	12
Type of clients served:	960
Facility phone:	3106441412

EL876 SRHO20070128890
NNE AHA Hospitals
4-6 mi
23026
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HAWTHORNE UROLOG MED GP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930115
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0547899
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	14120 S HAWTHORNE BLVD
Phone num:	3109700040
Termination reason:	08
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070128890

EM877 SRDCCA200746030
SE Daycare
4-6 mi
23057
Higher

EDR ID:	SRDCCA200746030
Facility number:	197408593
Facility name:	BREAD OF LIFE CHURCH CHRISTIAN CHILD.CTR.(BOLCCC)
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	2780 LOMITA BLVD.
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	2780 LOMITA BLVD.

City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"ADACHI, HUNRAN "
Licensee type:	C
License effective date:	20318
License expiration date:	Not Reported
License issue date:	020318
Program type:	AMBULATORY. LICENSEE PREFERS TO SERVE CHILDREN 5-12 YEARS OLD.
Original app. received date:	011227
Facility closed date:	Not Reported
Mailing address:	2780 LOMITA BLVD.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90505
Contact person:	ROWENA CHEN
Facility capacity:	60
Type of clients served:	950
Facility phone:	3106020185

EM878 SRDCCA200752934
SE Daycare
4-6 mi
23057
Higher

EDR ID:	SRDCCA200752934
Facility number:	197410454
Facility name:	BREAD OF LIFE CHRISTIAN CHILD CTR. PRESCH (BOLCCC)
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2780 LOMITA BLVD.
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	2780 LOMITA BLVD.
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	LING LIANG WORLD-WIDE EVANGELISTIC MISSION
Licensee type:	C
License effective date:	30828
License expiration date:	Not Reported
License issue date:	030828
Program type:	AMBULATORY: (56) PRESCHOOL CHILDREN AGES 2 YEARS THROUGH 6 YEARS; X-197408593 (60) SCHOOL-AGE CHILDREN AGES 5-12 YEARS OLD.
Original app. received date:	030701
Facility closed date:	Not Reported
Mailing address:	2780 LOMITA BLVD.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90505
Contact person:	"CHEN, ROWENA "
Facility capacity:	56
Type of clients served:	950
Facility phone:	3106020185

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EI879 SSE 4-6 mi 23061 Higher			SRDCCA200747626 Daycare
	EDR ID:	SRDCCA200747626	
	Facility number:	191600029	
	Facility name:	ASCENSION LUTHERAN CHURCH DAY NURSERY	
	Facility eval. code:	6050	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	26231 SILVER SPUR ROAD	
	City:	RANCHO PALOS VERDES	
	State:	CA	
	Zip:	90275	
	Alt. address:	26231 SILVER SPUR ROAD	
	City:	ROLLING HILLS	
	State:	CA	
	Zip:	90274	
	Facility investor:	ASCENSION LUTHERAN CHURCH OF ROLLING HILLS	
	Licensee type:	C	
	License effective date:	950915	
	License expiration date:	Not Reported	
	License issue date:	Not Reported	
	Program type:	"AMBULATORY, PRESCHOOL, AGE 2 TO 6 YEARS, MONDAY TO FRIDAY, AM ONLY, CLOSE FOR JULY AND AUGUST. "	
	Original app. received date:	Not Reported	
	Facility closed date:	Not Reported	
	Mailing address:	26231 SILVER SPUR ROAD	
	Mailing city:	ROLLING HILLS	
	Mailing state:	CA	
	Mailing zip:	90274	
	Contact person:	DARLENE E. KURT	
	Facility capacity:	78	
	Type of clients served:	950	
	Facility phone:	3103736083	

EE880 ENE 4-6 mi 23095 Higher			SRDCCA200703622 Daycare
	EDR ID:	SRDCCA200703622	
	Facility number:	191609177	
	Facility name:	"BENNETT, MARY FAMILY DAY CARE "	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2736 ARTESIA BLVD.	
	City:	TORRANCE	
	State:	CA	
	Zip:	90504	
	Alt. address:	2736 ARTESIA BLVD.	
	City:	TORRANCE	
	State:	CA	
	Zip:	90504	
	Facility investor:	"BENNETT, CARL AND MARY "	
	Licensee type:	A	

License effective date: 930902
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: 811208
Facility closed date: Not Reported
Mailing address: 2736 ARTESIA BLVD.
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90504
Contact person: "BENNETT, MARY "
Facility capacity: 6
Type of clients served: 960
Facility phone: 3105166725

EB881 SRHO20070148708
ESE AHA Hospitals
4-6 mi
23178
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: TORRANCE
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ADVENT HOME HEALTH CARE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19960130
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0911267
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 22850 CRENSHAW BLVD #200
Phone num: 3105396323
Termination reason: 08
Term Date: 20000129
Purpose of action: Not Reported
Provider control: 04
Zip: 90505
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported

Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148708

EB882 SRHO20070108664
ESE AHA Hospitals
4-6 mi
23178
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19960116
Medicare/Medicaid:	1
Facility name:	ADVENT HOME HEALTH CARE
Intermediary/Carrier:	00140
Medicaid number:	Not Reported
Partcipation date:	19960116
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557631
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	22850 CRENSHAW BLVD #200
Phone num:	3105396323
Termination reason:	01
Term Date:	19980327
Purpose of action:	1
Provider control:	04
Zip:	90505
Fips 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:	SRHO20070108664

EN883 SRDCCA200727865
NNE Daycare
4-6 mi
23184
Higher

EDR ID:	SRDCCA200727865
Facility number:	197412333
Facility name:	JIMENEZ FAMILY CHILD CARE

Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4727 W. 137TH STREET #B
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4727 W. 137TH STREET #B
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"JIMENEZ, JOSEFINA MARIA "
Licensee type:	A
License effective date:	50523
License expiration date:	Not Reported
License issue date:	050523
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:	050118
Facility closed date:	Not Reported
Mailing address:	4727 W. 137TH STREET #B
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"JIMENEZ, JOSEFINA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106448332

EN884 SRDCCA200727864
NNE Daycare
4-6 mi
23184
Higher

EDR ID:	SRDCCA200727864
Facility number:	197412332
Facility name:	JIMENEZ FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4727 W. 137TH STREET #A
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4727 W. 137TH STREET #A
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"JIMENEZ, MARIA PABLA "
Licensee type:	A
License effective date:	50601
License expiration date:	Not Reported
License issue date:	050601
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:	050118
Facility closed date:	Not Reported
Mailing address:	4727 W. 137TH STREET #A
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"JIMENEZ, MARIA PABLA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106764689

EO885 SRDCCA200745991
SE Daycare
4-6 mi
23214
Higher

EDR ID:	SRDCCA200745991
Facility number:	197408517
Facility name:	"YMCA OF METRO LA-TORRANCE-SO BAY Y, WALTERIA ELEM."
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	24456 MADISON STREET
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	625 SO. NEW HAMPSHIRE AVE.
City:	LOS ANGELES
State:	CA
Zip:	90005
Facility investor:	"WOTTON, MARILYN "
Licensee type:	C
License effective date:	20304
License expiration date:	Not Reported
License issue date:	020304
Program type:	AMBULATORY. LICENSEE PREFERS TO SERVE CHILDREN AGES 5 - 12 YEARS.
Original app. received date:	011105
Facility closed date:	Not Reported
Mailing address:	625 SO. NEW HAMPSHIRE AVENUE
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90005
Contact person:	MOISES VALLE
Facility capacity:	95
Type of clients served:	950
Facility phone:	3103267702

EO886 SRPU20071009101
SE Public Schools
4-6 mi
23214
Higher

Ncessch:	063942006579
Schname05:	WALTERIA ELEMENTARY
Mstreet05:	24456 MADISON ST.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90505
Mzip405:	6653
Member05:	640

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Phone05:	(310) 533-4487	
	Locale05:	2	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071009101	
EF887			SRPU20071009098
ESE	Ncessch:	063942006576	Public Schools
4-6 mi	Schname05:	TORRANCE HIGH	
23243	Mstreet05:	2200 CARSON ST.	
Higher	Mcity05:	TORRANCE	
	Mstate05:	CA	
	Mzip05:	90501	
	Mzip405:	3135	
	Member05:	2246	
	Phone05:	(310) 533-4396	
	Locale05:	2	
	Type05:	1	
	Level05:	3	
	Gslo05:	09	
	Gshi05:	12	
	Edr id:	SRPU20071009098	
888			SRPU20071009083
ENE	Ncessch:	063942006555	Public Schools
4-6 mi	Schname05:	CASIMIR MIDDLE	
23275	Mstreet05:	17220 CASIMIR AVE.	
Higher	Mcity05:	TORRANCE	
	Mstate05:	CA	
	Mzip05:	90504	
	Mzip405:	2936	
	Member05:	712	
	Phone05:	(310) 533-4498	
	Locale05:	2	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071009083	
EI889			SRDCCA200735786
SSE	EDR ID:	SRDCCA200735786	Daycare
4-6 mi	Facility number:	197413411	
23277	Facility name:	HEIDARY FAMILY CHILD CARE	
Higher	Facility eval. code:	6050	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	15 ROLLINGWOOD DRIVE	
	City:	ROLLING HILLS ESTATE	

State:	CA
Zip:	90274
Alt. address:	15 ROLLINGWOOD DRIVE
City:	ROLLING HILLS ESTATE
State:	CA
Zip:	90274
Facility investor:	"HEIDARY, TAHEREH "
Licensee type:	A
License effective date:	60509
License expiration date:	Not Reported
License issue date:	060509
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:	060302
Facility closed date:	Not Reported
Mailing address:	15 ROLLINGWOOD DRIVE
Mailing city:	ROLLING HILLS ESTATE
Mailing state:	CA
Mailing zip:	90274
Contact person:	"HEIDARY, TAHEREH "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103732387

EO890 SRHO20070004897
SE AHA Hospitals
4-6 mi
23278
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19960718
Medicare/Medicaid:	1
Facility name:	MADISON PARK SURGERY AND LASER CENTER
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19960930
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001361
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	3445 PACIFIC COAST HIGHWAY #250
Phone num:	3109999999
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1

Provider control:	01
Zip:	90505
Fips 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:	SRHO20070004897

EO891 SRHO20070164780
SE AHA Hospitals
4-6 mi
23278
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	UROLOGY SPECIALTY GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060731
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1057013
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3445 PACIFIC COAST HWY SUITE 310
Phone num:	3103739451
Termination reason:	00
Term Date:	20080730
Purpose of action:	Not Reported
Provider control:	03
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000

Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070164780	

EO892 SRHO20070150559
SE AHA Hospitals
4-6 mi
23278
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	COR HEALTHCARE MED ASSOCIATES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980611
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0947255
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3445 PACIFIC COAST HWY #100
Phone num:	3103783100
Termination reason:	00
Term Date:	20080610
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150559

EO893 SRHO20070004758
SE AHA Hospitals
4-6 mi
23278
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	20040407
City:	TORRANCE
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:	20020723
Medicare/Medicaid:	1
Facility name:	PACIFIC ENDO-SURGICAL CENTER
Intermediary/Carrier:	31144
Medicaid number:	Not Reported
Partcipation date:	20020723
Prior COO date:	Not Reported
Prior carrier:	00542
Provider ID:	05C0001558
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	3445 PACIFIC COAST HIGHWAY, SUITE 120
Phone num:	3103254555
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	90505
Fips 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:	SRHO20070004758

EO894 SRHO20070138547
SE AHA Hospitals
4-6 mi
23278
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19950629
Medicare/Medicaid:	1
Facility name:	PACIFIC FERTILITY MED CTR-TORRANCE INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Provider ID:	05D0691296
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3445 PACIFIC COAST HIGHWAY STE 110
Phone num:	3105399100
Termination reason:	12
Term Date:	19960926
Purpose of action:	2
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138547

EO895			SRHO20070005545
SE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	01	
23278	Owner date:	20011214	
Higher	City:	TORRANCE	
	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:	19990811	
	Medicare/Medicaid:	1	
	Facility name:	COAST SURGERY CENTER OF SOUTH BAY	
	Intermediary/Carrier:	31144	
	Medicaid number:	Not Reported	
	Partcipation date:	19990811	
	Prior COO date:	Not Reported	
	Prior carrier:	02050	
	Provider ID:	05C0001447	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	3445 PACIFIC COAST HIGHWAY, SUITE 110	
	Phone num:	3103258054	
	Termination reason:	00	
	Term Date:	Not Reported	

Purpose of action:	1
Provider control:	01
Zip:	90505
Fips 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:	SRHO20070005545

EO896			SRHO20070155749
SE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
23278	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 ENDO SURGICAL CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20020329	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0997894	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3445 PACIFIC COAST HIGHWAY 120	
	Phone num:	3103254555	
	Termination reason:	00	
	Term Date:	20080328	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070155749	
EO897			SRHO20070153399
SE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
23278	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 SURGERY CENTER LP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990630	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0962340	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3445 PACIFIC COAST HIGHWAY STE 110	
	Phone num:	3103254555	
	Termination reason:	00	
	Term Date:	20070629	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070153399	
EP898			SRHO20070151929
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
23298	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	

Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SEPULVEDA MEDICAL CTR-BARRY PACHMAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980909
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0950905
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2424 W SEPULVEDA BLVD
Phone num:	3108910280
Termination reason:	00
Term Date:	20080908
Purpose of action:	Not Reported
Provider control:	04
Zip:	90501
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151929

EQ899 SRHO20070150385
ESE AHA Hospitals
4-6 mi
23301
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 A WERTHEIMER DPM
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930609
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D0872099
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	22910 CRENSHAW BLVD
Phone num:	3105300544
Termination reason:	08
Term Date:	19930611
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150385

EO900 SRDCCA200747700
SE Daycare
4-6 mi
23309
Higher

EDR ID:	SRDCCA200747700
Facility number:	191603457
Facility name:	PENINSULA MONTESSORI SCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3646 NEWTON STREET
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	3646 NEWTON STREET
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"KRIKORAN, CLAUDIA "
Licensee type:	A
License effective date:	950320
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY, LICENSEE PREFERS TO SERVE AGES 2 1/2 TO 6 YEARS. "
Original app. received date:	781204
Facility closed date:	Not Reported
Mailing address:	3646 NEWTON STREET
Mailing city:	TORRANCE

Mailing state:	CA
Mailing zip:	90505
Contact person:	NASREEN SURTARWALA
Facility capacity:	74
Type of clients served:	950
Facility phone:	3103789742

EO901 SRPR20051022209
SE Private Schools
4-6 mi
23309
Higher

Pss school id:	A0307294
Pss inst:	PENINSULA MONTESSORI SCHOOL
Lograde:	PK
Higrade:	K
Pss address:	3646 NEWTON ST
Pss city:	TORRANCE
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90505
Pss phone:	3105443099
Pss sch days:	180
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	49
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:	69
Pss enroll tk12:	20
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:	2
Pss coed:	1
Pss type:	2
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:	2.04
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	American Montessori Society (AMS)
Pss assoc 2:	Other Montessori 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:	SRPR20051022209

EQ902 — SRHO20070147065
ESE — AHA Hospitals
4-6 mi
23377
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TORRANCE CHIROPRACTIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930505
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0867235
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	22924 CRENSHAW BLVD
Phone num:	3105304460
Termination reason:	01
Term Date:	19951227
Purpose of action:	Not Reported
Provider control:	10
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000

Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147065

ER903 SRDCCA200752972
NE Daycare
4-6 mi
23416
Higher

EDR ID:	SRDCCA200752972
Facility number:	197410524
Facility name:	WILEY CENTER FOR SPEECH & LANGUAGE DEVELOPMENT
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	14525 PRAIRIE AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	5761 BUCKINGHAM PARKWAY
City:	CULVER CITY
State:	CA
Zip:	90230
Facility investor:	"WILEY-WELLS, PAMELA "
Licensee type:	C
License effective date:	30725
License expiration date:	Not Reported
License issue date:	030725
Program type:	AMBULATORY ONLY: PRESCHOOL PROGRAM WITH TODDLER OPTION. TEN (10) PRESCHOOL CHILDREN AGES 2 TO 4.9 YEARS OLD AND TEN (10) TODDLERS AGES 18 THROUGH 30 MONTHS.
Original app. received date:	030721
Facility closed date:	Not Reported
Mailing address:	5761 BUCKINGHAM PARKWAY
Mailing city:	CULVER CITY
Mailing state:	CA
Mailing zip:	90230
Contact person:	"BERNSTEIN, DIANE "
Facility capacity:	20
Type of clients served:	950
Facility phone:	3109709768

ES904 SRDCCA200746870
SSE Daycare
4-6 mi
23457
Higher

EDR ID:	SRDCCA200746870
Facility number:	191670436
Facility name:	CHILDREN'S WORLD LEARNING CENTER
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	5621 MONTEMALAGA DR.
City:	RANCHO PALOS VERDES
State:	CA
Zip:	90275
Alt. address:	5621 MONTEMALAGA DRIVE

City:	RANCHO PALOS VERDES
State:	CA
Zip:	90275
Facility investor:	"EMERSON, CARLA M. "
Licensee type:	A
License effective date:	920920
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY; CHILDREN AGES 2 THRU 5 YEARS.
Original app. received date:	830726
Facility closed date:	Not Reported
Mailing address:	1313 WEST 14TH STREET
Mailing city:	SAN PEDRO
Mailing state:	CA
Mailing zip:	90732
Contact person:	CARLA EMERSON
Facility capacity:	44
Type of clients served:	950
Facility phone:	3103789611

EL905 SRHO20070152279
NNE AHA Hospitals
4-6 mi
23460
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 KOVACS MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19981222
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0955273
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	13865 HAWTHORNE BOULEVARD
Phone num:	3109707510
Termination reason:	00
Term Date:	20081221
Purpose of action:	Not Reported
Provider control:	02
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328

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:	SRHO20070152279	
EL906			SRHO20070149993
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
23460	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 KOVACS MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19981019	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0952720	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	13865 HAWTHORNE BLVD	
	Phone num:	3109707510	
	Termination reason:	12	
	Term Date:	20000724	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149993	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EL907 NNE 4-6 mi 23460 Higher			SRHO20070142217 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 D KOVACS MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930209	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0861321	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	13865 HAWTHORNE BLVD	
	Phone num:	3109707510	
	Termination reason:	08	
	Term Date:	19931222	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070142217	
ET908 NE 4-6 mi 23468 Higher			SRDCCA200731431 Daycare
	EDR ID:	SRDCCA200731431	
	Facility number:	197412868	
	Facility name:	DE LA TORRE FAMILY CHILD CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4216 W. 142ND STREET	
	City:	HAWTHORNE	

State:	CA
Zip:	90250
Alt. address:	4216 W. 142ND STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"DE LA TORRE, MARIA "
Licensee type:	A
License effective date:	51012
License expiration date:	Not Reported
License issue date:	051012
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:	4216 W. 142ND STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"DE LA TORRE, MARIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106440458

EQ909 SRHO20070108240
ESE AHA Hospitals
4-6 mi
23519
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19960105
Medicare/Medicaid:	2
Facility name:	PRIORITY H C
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19960112
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557647
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	23000 CRENSHAW BLVD SUITE 104
Phone num:	3105972300
Termination reason:	01
Term Date:	20010220
Purpose of action:	1

Provider control:	04
Zip:	90505
Fips 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:	SRHO20070108240

EQ910 SRHO20070142252
ESE AHA Hospitals
4-6 mi
23519
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BEHZAD NOORIAN, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930309
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0863831
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	23000 CRENSHAW BLVD, SUITE 203
Phone num:	3103254445
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070142252	
911 South 4-6 mi 23535 Higher			SRPU20071010980 Public Schools
	Ncessch:	062970003247	
	Schname05:	CORNERSTONE AT PEDREGAL ELEMENTARY	
	Mstreet05:	6069 GROVEOAK PL.	
	Mcity05:	RANCHO PALOS VERDES	
	Mstate05:	CA	
	Mzip05:	90275	
	Mzip405:	2261	
	Member05:	408	
	Phone05:	(310) 378-0324	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071010980	
EU912 East 4-6 mi 23562 Higher			SRDCCA200718494 Daycare
	EDR ID:	SRDCCA200718494	
	Facility number:	197408765	
	Facility name:	TAKAGI FAMILY CHILD CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	18508 VAN NESS AVENUE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90504	
	Alt. address:	18508 VAN NESS AVENUE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90504	
	Facility investor:	"TAKAGI, YUKO "	
	Licensee type:	A	
	License effective date:	20812	
	License expiration date:	Not Reported	
	License issue date:	020812	
	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:	020425	
	Facility closed date:	Not Reported	
	Mailing address:	18508 VAN NESS AVENUE	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90504	
	Contact person:	"TAKAGI, YUKO "	
	Facility capacity:	8	

Type of clients served:	960
Facility phone:	3107191476

ES913 SRPU20071010988
SSE Public Schools
4-6 mi
23581
Higher

Ncessch:	062970004622
Schname05:	SILVER SPUR ELEMENTARY
Mstreet05:	5500 IRONWOOD ST.
Mcity05:	RANCHO PALOS VERDES
Mstate05:	CA
Mzip05:	90275
Mzip405:	1739
Member05:	558
Phone05:	(310) 378-5011
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071010988

EV914 SRDCCA200704170
NE Daycare
4-6 mi
23596
Higher

EDR ID:	SRDCCA200704170
Facility number:	191608900
Facility name:	HOANG FAMILY DAY CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	14822 DOTY AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	14822 DOTY AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"HOANG, MAI AND SONNY "
Licensee type:	A
License effective date:	930201
License expiration date:	Not Reported
License issue date:	930201
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. (INF. MEANS A CHILD UNDER 2 YRS. OLD).INC.CAP.11-1-94."
Original app. received date:	921207
Facility closed date:	Not Reported
Mailing address:	14822 DOTY AVENUE
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	MAI AND SONNY HOANG
Facility capacity:	12
Type of clients served:	960

Facility phone: 3106790779

915
NE
4-6 mi
23600
Higher

SRDCCA200736940
Daycare

EDR ID:	SRDCCA200736940
Facility number:	197413697
Facility name:	MOORE & BINNS FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3634 MARINE AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Alt. address:	3634 MARINE AVENUE
City:	LAWNDALE
State:	CA
Zip:	90260
Facility investor:	"MOORE, BRANDON & BINNS, SUZETTE "
Licensee type:	A
License effective date:	60830
License expiration date:	Not Reported
License issue date:	060830
Program type:	"MAXIMUM CAPACITY: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAPACITY 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060628
Facility closed date:	Not Reported
Mailing address:	3634 MARINE AVENUE
Mailing city:	LAWNDALE
Mailing state:	CA
Mailing zip:	90260
Contact person:	MOORE & BINNS
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106794070

EW916
NNE
4-6 mi
23604
Higher

SRDCCA200735661
Daycare

EDR ID:	SRDCCA200735661
Facility number:	197413370
Facility name:	MORENO FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4479 W. 137TH PLACE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4479 W. 137TH PLACE
City:	HAWTHORNE

State: CA
Zip: 90250
Facility investor: "MORENO, OLGA "
Licensee type: A
License effective date: 60407
License expiration date: Not Reported
License issue date: 060407
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: 060216
Facility closed date: Not Reported
Mailing address: 4479 W. 137TH PLACE
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "MORENO, OLGA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3106792471

EU917 SRDCCA200717203
ENE
4-6 mi
23607
Higher

Daycare

EDR ID: SRDCCA200717203
Facility number: 197408281
Facility name: ARSECULERATNE FAMILY CHILD CARE
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 18414 VAN NESS AVE.
City: TORRANCE
State: CA
Zip: 90504
Alt. address: 18414 VAN NESS AVE.
City: TORRANCE
State: CA
Zip: 90504
Facility investor: "ARSECULERATNE, INDRA "
Licensee type: A
License effective date: 11022
License expiration date: Not Reported
License issue date: 011022
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: 010625
Facility closed date: Not Reported
Mailing address: 18414 VAN NESS AVE.
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90504
Contact person: "ARSECULERATNE, INDRA "
Facility capacity: 8

Type of clients served:	960
Facility phone:	3105321696

EP918 SRPU20071009095
ESE Public Schools
4-6 mi
23608
Higher

Ncessch:	063942006572
Schname05:	SHERY (KURT T.) HIGH (CONTINUATION)
Mstreet05:	2600 VINE ST.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90501
Mzip405:	4330
Member05:	127
Phone05:	(310) 533-4440
Locale05:	2
Type05:	4
Level05:	3
Gslo05:	10
Gshi05:	12
Edr id:	SRPU20071009095

EN919 SRDCCA200708356
NNE Daycare
4-6 mi
23690
Higher

EDR ID:	SRDCCA200708356
Facility number:	197402575
Facility name:	ZAMORA FAMILY DAY CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4772 W. 135TH ST.
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4772 W. 135TH ST.
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"ZAMORA, SYLVIA "
Licensee type:	A
License effective date:	960729
License expiration date:	Not Reported
License issue date:	960729
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:	4772 W. 135TH ST.
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"ZAMORA, SYLVIA "
Facility capacity:	14
Type of clients served:	960

Facility phone: 3103551372

EN920 SRDCCA200711182
NNE Daycare
4-6 mi
23693
Higher

EDR ID:	SRDCCA200711182
Facility number:	197407030
Facility name:	HUDSHON FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4561 W. 137TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4561 W. 137TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"HUDSHON, PJLEVO & IRMA HUDSHON "
Licensee type:	A
License effective date:	991129
License expiration date:	Not Reported
License issue date:	991129
Program type:	"****FACILITY IS INACTIVE STATUS FROM 5-18-07 TO 10-1-07**** 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:	990727
Facility closed date:	Not Reported
Mailing address:	4561 W. 137TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"HUDSHON, PJLEVO & IRMA HUD"
Facility capacity:	14
Type of clients served:	960
Facility phone:	3109737535

EX921 SRHO20070108884
NE AHA Hospitals
4-6 mi
23712
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
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:	20051109
Medicare/Medicaid:	1
Facility name:	MATHARU ASSISTED LIVING # 2
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	19970917
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	55G130
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L2
street address:	15335 CERISE AVENUE
Phone num:	3109734878
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90249
Fips state:	06
Fips cnty:	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:	SRHO20070108884

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922 SRHO20070158505
North AHA Hospitals
4-6 mi
23763
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	EL SEGUNDO
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	COMPREHENSIVE HEALTH SERVICES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040723
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1028457
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2000 E EL SEGUNDO BLVD BLG EO EO75150

Phone num:	3106472706
Termination reason:	00
Term Date:	20080722
Purpose of action:	Not Reported
Provider control:	04
Zip:	90245
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158505

EY923 SRHO20070142447
SE AHA Hospitals
4-6 mi
23820
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JUST RIGHT HELP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930112
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0857537
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2780 SKYPARK DR #175
Phone num:	3105399190
Termination reason:	01
Term Date:	19950630
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported

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:	SRHO20070142447	
EY924			SRHO20070107878
SE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
23820	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	19941027	
	Medicare/Medicaid:	1	
	Facility name:	JUST RIGHT HELP, INC	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19910715	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	557141	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	2780 SKYPARK DRIVE #175	
	Phone num:	3105399190	
	Termination reason:	01	
	Term Date:	19950701	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90505	
	Fips 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:	SRHO20070107878	
EN925			SRPU20071015000
NNE	Ncessch:	061668002096	Public Schools
4-6 mi	Schname05:	RAMONA	
23831			
Higher			

Mstreet05:	4617 WEST 136TH ST.
Mcity05:	HAWTHORNE
Mstate05:	CA
Mzip05:	90250
Mzip405:	5735
Member05:	747
Phone05:	(310) 675-7189
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071015000

EN926 SRHO20070128775
NNE AHA Hospitals
4-6 mi
23848
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FRANK S MIYA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930331
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0547893
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	13425 INGLEWOOD AVE
Phone num:	3106792201
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	03
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070128775	

ER927			SRHO20070147898
NE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
23881	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 A PAIN CLINIC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960515	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0914957	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4019 W ROSECRANS AVENUE	
	Phone num:	3106759121	
	Termination reason:	33	
	Term Date:	20060812	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070147898	

EZ928			SRPR20051027515
ESE	Pss school id:	00078747	Private Schools
4-6 mi	Pss inst:	SWITZER CENTER	
23885	Lograde:	3	
Higher	Higrade:	12	
	Pss address:	1110 SARTORI AVENUE	
	Pss city:	TORRANCE	

Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90501
Pss phone:	3103283611
Pss sch days:	210
Pss stu day hrs:	6
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:	1
Pss enroll 4:	1
Pss enroll 5:	1
Pss enroll 6:	Not Reported
Pss enroll 7:	6
Pss enroll 8:	10
Pss enroll 9:	15
Pss enroll 10:	21
Pss enroll 11:	13
Pss enroll 12:	2
Pss enroll t:	70
Pss enroll tk12:	70
Pss race ai:	3
Pss race as:	1
Pss race h:	14
Pss race b:	33
Pss race w:	19
Pss fte teach:	10
Pss locale:	2
Pss coed:	1
Pss type:	4
Pss level:	3
Pss relig:	3
Pss comm type:	1
Pss indian pct:	4.29
Pss asian pct:	1.43
Pss hisp pct:	20
Pss black pct:	47.14
Pss white pct:	27.14
Pss stdtch rt:	7
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	Council for Exceptional Children (CEC)
Pss assoc 2:	National Association of Private Schools for Exceptional Children (NAPSEC)
Pss assoc 3:	Other special emphasis association(s)
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:	SRPR20051027515

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EW929 NNE 4-6 mi 23942 Higher	EDR ID:	SRDCCA200755781	SRDCCA200755781 Daycare
	Facility number:	197412849	
	Facility name:	TRF/CENTINELA HEAD START	
	Facility eval. code:	4000	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	4475 W. 137TH STREET	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	330 E. KELSO STREET	
	City:	INGLEWOOD	
	State:	CA	
	Zip:	90301	
	Facility investor:	TRAINING & RESEARCH FOUNDATION HEAD START/STATE PR	
	Licensee type:	C	
	License effective date:	50909	
	License expiration date:	Not Reported	
	License issue date:	050909	
	Program type:	HEAD START PROGRAM SERVING AMBULATORY CHILDREN AGES 3 - 5 YEARS OLD. PROGRAM OPERATES 2 HALF DAY SESSIONS.	
	Original app. received date:	050805	
	Facility closed date:	Not Reported	
	Mailing address:	330 E. KELSO STREET	
	Mailing city:	INGLEWOOD	
	Mailing state:	CA	
	Mailing zip:	90301	
	Contact person:	FALENCIA WILKERSON	
	Facility capacity:	39	
	Type of clients served:	950	
	Facility phone:	3104324195	

FA930 North 4-6 mi 23948 Higher	EDR ID:	SRDCCA200742342	SRDCCA200742342 Daycare
	Facility number:	197405625	
	Facility name:	SOUTH BAY CHILDREN'S CENTER	
	Facility eval. code:	5080	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	830	
	Facility status code:	03	
	Address:	2270 E. EL SEGUNDO BOULEVARD	
	City:	EL SEGUNDO	
	State:	CA	
	Zip:	90245	
	Alt. address:	2270 E. EL SEGUNDO BOULEVARD	
	City:	EL SEGUNDO	
	State:	CA	
	Zip:	90245	
	Facility investor:	BRIGHT HORIZONS INCORPORATED	
	Licensee type:	D	
	License effective date:	990122	

License expiration date: Not Reported
License issue date: 990122
Program type: "16 AMBULATORY & 16 NONAMBULATORY INFANTS, AGES 0 THRU 24 MONTHS. "
Original app. received date: 981215
Facility closed date: Not Reported
Mailing address: "880 APOLLO STREET, #315 "
Mailing city: EL SEGUNDO
Mailing state: CA
Mailing zip: 90245
Contact person: BRENDAMARIE CONTRERAS
Facility capacity: 32
Type of clients served: 955
Facility phone: 3105355580

FA931 SRDCCA200750972
North Daycare
4-6 mi
23948
Higher

EDR ID: SRDCCA200750972
Facility number: 197405626
Facility name: SOUTH BAY CHILDREN'S CENTER
Facility eval. code: 5080
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 2270 E. EL SEGUNDO BLVD.
City: EL SEGUNDO
State: CA
Zip: 90245
Alt. address: 2270 E. EL SEGUNDO BLVD.
City: EL SEGUNDO
State: CA
Zip: 90245
Facility investor: BRIGHT HORIZONS INCORPORATED
Licensee type: D
License effective date: 990122
License expiration date: Not Reported
License issue date: 990122
Program type: LICENSEE TO SERVE PRESCHOOL CHILDREN AGES 2 THRU 5 YEARS.
Original app. received date: 981215
Facility closed date: Not Reported
Mailing address: 880 APOLLO STREET #315
Mailing city: EL SEGUNDO
Mailing state: CA
Mailing zip: 90245
Contact person: BRENDAMARIE CONTRERAS
Facility capacity: 66
Type of clients served: 950
Facility phone: 3105355580

FA932 SRPR20051022323
North Private Schools
4-6 mi
23948
Higher

Pss school id: A0307324
Pss inst: SOUTH BAY CHILDREN'S CENTER
Lograde: PK
Higrade: K

Pss address:	2270 E EL SEGUNDO BLVD
Pss city:	EL SEGUNDO
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90245
Pss phone:	3105355580
Pss sch days:	240
Pss stu day hrs:	10.5
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	30
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
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	42
Pss enroll tk12:	12
Pss race ai:	0
Pss race as:	1
Pss race h:	0
Pss race b:	0
Pss race w:	11
Pss fte teach:	1
Pss locale:	3
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	8.33
Pss hisp pct:	0
Pss black pct:	0
Pss white pct:	91.67
Pss stdtch rt:	12
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
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: SRPR20051022323

FB933 SRDCCA200703615
NNE Daycare
4-6 mi
23954
Higher

EDR ID:	SRDCCA200703615
Facility number:	191602386
Facility name:	RUIZ FAMILY DAY CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4924 W. 133RD ST
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4924 W. 133RD ST
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"RUIZ, GLORIA "
Licensee type:	A
License effective date:	940429
License expiration date:	Not Reported
License issue date:	880429
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN UNDER 10 YEARS WHEN IN THE HOME, NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	880222
Facility closed date:	Not Reported
Mailing address:	4924 W. 133RD ST.
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"RUIZ, GLORIA "
Facility capacity:	12
Type of clients served:	960
Facility phone:	3106760550

EQ934 SRHO20070158506
ESE AHA Hospitals
4-6 mi
23958
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PATIENTS FIRST HOME HEALTH AGENCY INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	20040723
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1028459
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	23210 CRENSHAW BLVD SUITE 200
Phone num:	3105348689
Termination reason:	00
Term Date:	20080722
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158506

EN935 SRHO20070137021
NNE AHA Hospitals
4-6 mi
24009
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
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:	20050225
Medicare/Medicaid:	1
Facility name:	ROSCHELLE LABORATORY INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0642414
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	13405 INGLEWOOD AVENUE SUITE 1

Phone num:	3109788085
Termination reason:	05
Term Date:	20050221
Purpose of action:	2
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137021

FC936 SRDCCA200749618
ENE Daycare
4-6 mi
24010
Higher

EDR ID:	SRDCCA200749618
Facility number:	191607780
Facility name:	EL CAMINO COLLEGE CHILD DEVELOPMENT CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	16007 CRENSHAW BLVD
City:	TORRANCE
State:	CA
Zip:	90506
Alt. address:	16007 CRENSHAW BLVD
City:	TORRANCE
State:	CA
Zip:	90506
Facility investor:	EL CAMINO COMMUNITY COLLEGE
Licensee type:	F
License effective date:	950618
License expiration date:	Not Reported
License issue date:	920618
Program type:	AMBULATORY CHILDREN AGES 2 THRU 6 YEARS OLD. CAPACITY INCREASE AS OF 01-15-93.
Original app. received date:	920303
Facility closed date:	Not Reported
Mailing address:	16007 CRENSHAW BLVD
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90506
Contact person:	"DE MOS, SANDRA P. "
Facility capacity:	86
Type of clients served:	950
Facility phone:	3106603720

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
FC937 ENE 4-6 mi 24010 Higher			SRHO20070144027 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	EL CAMINO COLLEGE STUDENT HEALTH	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0891206	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	16007 CRENSHAW BLVD	
	Phone num:	3106603643	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	07	
	Zip:	90504	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070144027	

FC938 ENE 4-6 mi 24010 Higher			SRCL20051000225 Colleges
	Unitid:	113980	
	Instnm:	EL CAMINO COLLEGE	
	Addr:	16007 CRENSHAW BLVD	
	City:	TORRANCE	
	Stabbr:	CA	
	Zip:	90506	
	Zip4:	Not Reported	
	Unk:	Not Reported	
	Fips:	090506	
	Oberge:	8	

Chfnm:	THOMAS M. FALLO
Chftitle:	SUPERINTENDENT/PRESIDENT
Gentele:	3105323670
Fintele:	3106603489
Admtele:	3106603414
Ein:	956001060
Duns:	959010042
Opeid:	119700
Opeflag:	1
Webaddr:	www.elcamino.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:	3
Openpubl:	1
Act:	A
Newid:	-2
Deathyr:	-2
Closedat:	-2
Cyactive:	1
Postsec:	1
Pseflag:	1
Pset4flg:	1
Rptmth:	1
Fte:	13194
Enrtot:	24732
Edr id:	SRCL20051000225

FD939 SRDCCA200753734
ENE Daycare
4-6 mi
24060
Higher

EDR ID:	SRDCCA200753734
Facility number:	197409726
Facility name:	TORRANCE TYKES PRESCHOOL @ ARLINGTON ELEM. SCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	17800 VAN NESS AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	17800 VAN NESS AVENUE
City:	TORRANCE
State:	CA

Zip:	90504
Facility investor:	TORRANCE UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	31110
License expiration date:	Not Reported
License issue date:	031110
Program type:	AMBULATORY ONLY PRESCHOOL CHILDREN AGES 2.5 THROUGH 5 YEARS.
Original app. received date:	021206
Facility closed date:	Not Reported
Mailing address:	17800 VAN NESS AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"JONES, DEBORAH "
Facility capacity:	78
Type of clients served:	950
Facility phone:	3105334510

FD940 SRDCCA200745434
ENE Daycare
4-6 mi
24060
Higher

EDR ID:	SRDCCA200745434
Facility number:	197412182
Facility name:	YMCA OF METRO LA-TORRANCE BAY ARLINGTON SITE.
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	17800 VAN NESS AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	2900 W. SEPULVEDA BLVD.
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"SANCHEZ, MARIANA "
Licensee type:	C
License effective date:	50517
License expiration date:	Not Reported
License issue date:	050517
Program type:	FACILITY SERVE CHILDREN AGES 5-12 YEARS OLD.
Original app. received date:	041118
Facility closed date:	Not Reported
Mailing address:	625 S. NEW HAMPSHIRE
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90005
Contact person:	"RAYAS, IRMA "
Facility capacity:	90
Type of clients served:	950
Facility phone:	3103255885

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
FD941 ENE 4-6 mi 24060 Higher			SRPU20071009079 Public Schools
	Ncessch:	063942006551	
	Schname05:	ARLINGTON ELEMENTARY	
	Mstreet05:	17800 VAN NESS AVE.	
	Mcity05:	TORRANCE	
	Mstate05:	CA	
	Mzip05:	90504	
	Mzip405:	4330	
	Member05:	588	
	Phone05:	(310) 533-4510	
	Locale05:	2	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071009079	

FB942 NNE 4-6 mi 24073 Higher			SRDCCA200740545 Daycare
	EDR ID:	SRDCCA200740545	
	Facility number:	197414183	
	Facility name:	HADLEY FAMILY CHILD CARE	
	Facility eval. code:	7010	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	5038 WEST 132ND STREET	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	5038 WEST 132ND STREET	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Facility investor:	"HADLEY, ANGELA "	
	Licensee type:	A	
	License effective date:	70228	
	License expiration date:	Not Reported	
	License issue date:	070228	
	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:	061226	
	Facility closed date:	Not Reported	
	Mailing address:	5038 WEST 132ND STREET	
	Mailing city:	HAWTHORNE	
	Mailing state:	CA	
	Mailing zip:	90250	
	Contact person:	"HADLEY, ANGELA "	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	3106443090	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
FE943 SE 4-6 mi 24077 Higher			SRDCCA200704189 Daycare
	EDR ID:	SRDCCA200704189	
	Facility number:	191609186	
	Facility name:	YAMANE FAMILY DAY CARE	
	Facility eval. code:	6050	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2534 W. 235TH STREET #B	
	City:	TORRANCE	
	State:	CA	
	Zip:	90505	
	Alt. address:	2534 W. 235TH STREET #B	
	City:	TORRANCE	
	State:	CA	
	Zip:	90505	
	Facility investor:	"YAMANE, DIANA "	
	Licensee type:	A	
	License effective date:	930617	
	License expiration date:	Not Reported	
	License issue date:	930617	
	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:	930309	
	Facility closed date:	Not Reported	
	Mailing address:	2534 W. 235TH STREET #B	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90505	
	Contact person:	"YAMANE, DIANA "	
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	3105399022	
944 NNE 4-6 mi 24089 Higher			SRDCCA200711507 Daycare
	EDR ID:	SRDCCA200711507	
	Facility number:	197406767	
	Facility name:	AHUJA FAMILY CHILD CARE	
	Facility eval. code:	7010	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	5245 WISEBURN AVENUE	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	5245 WISEBURN AVENUE	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Facility investor:	"AHUJA, KAVITA "	
	Licensee type:	A	

License effective date: 990614
License expiration date: Not Reported
License issue date: 990614
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: 990507
Facility closed date: Not Reported
Mailing address: 5245 WISEBURN AVENUE
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "AHUJA, KAVITA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3106430840

EJ945 SRDCCA200703676
ENE Daycare
4-6 mi
24095
Higher

EDR ID: SRDCCA200703676
Facility number: 191610972
Facility name: "BARRETT, ROSEMARY "
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 16521 WILKIE AVE
City: TORRANCE
State: CA
Zip: 90504
Alt. address: 16521 WILKIE AVE
City: TORRANCE
State: CA
Zip: 90504
Facility investor: "BARRETT, ROSEMARY "
Licensee type: A
License effective date: 900214
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: 821008
Facility closed date: Not Reported
Mailing address: 16521 WILKIE AVE.
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90504
Contact person: "BARRETT, ROSEMARY "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3103291618

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EU946 ENE 4-6 mi 24107 Higher			SRHO20070152678 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	KEIRO ADULT DAY HEALTH CARE CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20010501	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0985906	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2141 W 182ND STREET	
	Phone num:	3103532230	
	Termination reason:	08	
	Term Date:	20050430	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90504	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070152678	
EP947 ESE 4-6 mi 24175 Higher			SRDCCA200753120 Daycare
	EDR ID:	SRDCCA200753120	
	Facility number:	197410988	
	Facility name:	"GOLDEN KIDS PRESCHOOL, INC. "	
	Facility eval. code:	4040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	2320 SEPULVEDA BLVD.	
	City:	TORRANCE	

State:	CA
Zip:	90501
Alt. address:	16 SAN CLEMEMTE DRIVE
City:	RANCHO PALOS VERDES
State:	CA
Zip:	90275
Facility investor:	"GOLDEN KIDS PRESCHOOL, INC. "
Licensee type:	D
License effective date:	40930
License expiration date:	Not Reported
License issue date:	040930
Program type:	LICENSEE PREFERS TO CARE FOR AGES 2 - 5 YEARS.
Original app. received date:	031110
Facility closed date:	Not Reported
Mailing address:	16 SAN CLEMEMTE DRIVE
Mailing city:	RANCHO PALOS VERDES
Mailing state:	CA
Mailing zip:	90275
Contact person:	KHODADADI SHAHNEZ
Facility capacity:	26
Type of clients served:	950
Facility phone:	3105305433

FC948 SRDCCA200747699
ENE Daycare
4-6 mi
24200
Higher

EDR ID:	SRDCCA200747699
Facility number:	191603430
Facility name:	CALVARY CHILD DEVELOPMENT CENTER
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	15916 CRENSHAW BLVD.
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	15916 CRENSHAW BLVD.
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	CALVARY BAPTIST CHURCH
Licensee type:	C
License effective date:	951204
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY-LICENSEE PREFERS TO SERVE AGES 2 THRU 5 YEARS
Original app. received date:	781108
Facility closed date:	Not Reported
Mailing address:	2818 MANHATTAN BEACH BLVD.
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"ANDERSON, CAROL "
Facility capacity:	100
Type of clients served:	950

Facility phone: 3103273679

FB949 SRDCCA200733609
NNE Daycare
4-6 mi
24209
Higher

EDR ID:	SRDCCA200733609
Facility number:	197413133
Facility name:	MONTEZA FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4837 W. 133RD STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4837 W. 133RD STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"MONTEZA, ALICIA "
Licensee type:	A
License effective date:	60109
License expiration date:	Not Reported
License issue date:	060109
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; CONTROL OF PROPERTY ON FILE. "
Original app. received date:	051102
Facility closed date:	Not Reported
Mailing address:	4837 W. 133RD STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"MONTEZA, ALICIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3109735304

EW950 SRHO20070395396
NNE AHA Hospitals
4-6 mi
24216
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	KHANG V HOANG DO
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921231

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	45D0710412
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	13672 HAWTHORNE BOULEVARD
Phone num:	3106445097
Termination reason:	00
Term Date:	20080402
Purpose of action:	Not Reported
Provider control:	02
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070395396

FB951 SRDCCA200715704
NNE Daycare
4-6 mi
24256
Higher

EDR ID:	SRDCCA200715704
Facility number:	197408548
Facility name:	SHOFANI FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4818 W. 133RD STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4818 W. 133RD STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"SHOFANI, HILDA "
Licensee type:	A
License effective date:	11207
License expiration date:	Not Reported
License issue date:	011207
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:	011128
Facility closed date:	Not Reported

Mailing address:	4818 W. 133RD STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"SHOFANI, HILDA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3106768762

EW952 SRHO20070148639
NNE AHA Hospitals
4-6 mi
24259
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ISOCARE MEDICAL EXTENDERS SERVICES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19961118
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0922161
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	13658 S HAWTHORNE BLVD, SUITE #103
Phone num:	3106440164
Termination reason:	08
Term Date:	20061117
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148639

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
FB953 NNE 4-6 mi 24282 Higher	EDR ID:	SRDCCA200718131	SRDCCA200718131 Daycare
	Facility number:	197408921	
	Facility name:	"CHICA, SANDRA & ARAGON, LILIANA "	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4810 W. 133RD STREET	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	4810 W. 133RD STREET	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Facility investor:	"CHICA, SANDRA & ARAGON, LILIANA "	
	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:	020606	
	Facility closed date:	Not Reported	
	Mailing address:	4810 W. 133RD STREET	
	Mailing city:	HAWTHORNE	
	Mailing state:	CA	
	Mailing zip:	90250	
	Contact person:	"CHICA, SANDRA & ARAGON, L."	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	3106754966	

ER954 NE 4-6 mi 24282 Higher	EDR ID:	SRDCCA200753234	SRDCCA200753234 Daycare
	Facility number:	197410712	
	Facility name:	BETHEL PRESCHOOL	
	Facility eval. code:	7010	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	14204 PRAIRIE AVENUE	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	14204 PRAIRIE AVENUE	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Facility investor:	"RICHARDSON, RENITA E. "	
	Licensee type:	C	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

License effective date: 40616
License expiration date: Not Reported
License issue date: 040616
Program type: LICENSEE PREFERS TO SERVE CHILDREN AGES: 2 THROUGH 6 YEARS.
Original app. received date: 030827
Facility closed date: Not Reported
Mailing address: 14204 PRAIRIE AVENUE
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "RICHARDSON, RENITA E. "
Facility capacity: 15
Type of clients served: 950
Facility phone: 3106769042

ER955			SRHO20070159852
NE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
24293	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 #9405	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050624	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1042377	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3880 W ROSECRANS BLVD	
	Phone num:	3106750359	
	Termination reason:	00	
	Term Date:	20070623	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	

Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159852

ET956 SRDCCA200713430
NE Daycare
4-6 mi
24295
Higher

EDR ID: SRDCCA200713430
Facility number: 192002378
Facility name: VAUGHN FAMILY CHILD CARE
Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4061 W. 141ST #C
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 4061 W. 141ST #C
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "VAUGHN, LATANYA "
Licensee type: A
License effective date: 929
License expiration date: Not Reported
License issue date: 000929
Program type: "****FACILITY IS INACTIVE STATUS FROM 5-10-07 TO 5-10-08****
MAX 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: 000706
Facility closed date: Not Reported
Mailing address: 4061 W. 141ST #C
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "VAUGHN, LATANYA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3109709304

EN957 SRDCCA200711977
NNE Daycare
4-6 mi
24297
Higher

EDR ID: SRDCCA200711977
Facility number: 197405703
Facility name: ACUNA & GARCIA FAMILY CHILD CARE
Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4656 WEST 134TH STREET
City: HAWTHORNE
State: CA
Zip: 90250

Alt. address: 4656 WEST 134TH STREET
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "ACUNA, MARIA & GARCIA, MARIA "
Licensee type: A
License effective date: 990312
License expiration date: Not Reported
License issue date: 990312
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: 990105
Facility closed date: Not Reported
Mailing address: 4656 WEST 134TH STREET
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: MARIA ACUNA & MARIA GARCIA
Facility capacity: 6
Type of clients served: 960
Facility phone: 3109735122

EW958 SRDCCA200727006
NNE EDR ID: SRDCCA200727006 Daycare
4-6 mi Facility number: 197411727
24304 Facility name: WEST FAMILY CHILD CARE
Higher Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4360 W. 137TH STREET APT #8
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 4360 W. 137TH STREET APT #8
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "WEST, QUINTASHA "
Licensee type: A
License effective date: 40915
License expiration date: Not Reported
License issue date: 040915
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: 040621
Facility closed date: Not Reported
Mailing address: 4360 W. 137TH STREET APT #8
Mailing city: HAWTHORNE
Mailing state: CA

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing zip:	90250	
	Contact person:	"WEST, QUINTASHA "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3102630923	
FF959			SRHO20070006921
ESE	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
24324	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20060315	
	Medicare/Medicaid:	1	
	Facility name:	ARLINGTON HOME # 1	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	LTC60469F	
	Partcipation date:	19920601	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05G582	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	1750 ARLINGTON AVE	
	Phone num:	3103281355	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	90501	
	Fips state:	06	
	Fips cnty:	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:	SRHO20070006921	
FF960			SRHO20070149261
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
24378	Owner date:	Not Reported	
Higher			

City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	KUSH MEDICAL GROUP/TORRANCE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19951019
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0907723
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2021 W CARSON, SUITE C
Phone num:	3107820308
Termination reason:	08
Term Date:	19991018
Purpose of action:	Not Reported
Provider control:	04
Zip:	90501
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149261

EW961 SRCL20051000507
NNE Colleges
4-6 mi
24382
Higher

Unitid:	116350
Instnm:	INTERNATIONAL SCHOOL OF COSMETOLOGY
Addr:	13613 HAWTHORNE BLVD
City:	HAWTHORNE
Stabbr:	CA
Zip:	90250
Zip4:	Not Reported
Unk:	Not Reported
Fips:	090250
Oberge:	8
Chfnm:	MARY COSTELLO
Chftitle:	FINANCIAL AID OFFICER
Gentele:	3109737774
Fintele:	3109737774

Admtele:	3109737774
Ein:	953087274
Duns:	151030988
Opeid:	2255400
Opeflag:	1
Webaddr:	ISOC.EDU
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:	3
Openpubl:	1
Act:	A
Newid:	-2
Deathyr:	-2
Closedat:	-2
Cyactive:	1
Postsec:	1
Pseflag:	1
Pset4flg:	1
Rptmth:	2
Fte:	48
Enrtot:	73
Edr id:	SRCL20051000507

EW962 SRHO20070140973
NNE AHA Hospitals
4-6 mi
24386
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 GASTROENTEROLOGY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960227
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0721956
Record Status:	A

Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	13624 SO HAWTHORNE BLVD #205
Phone num:	3109701105
Termination reason:	08
Term Date:	20020831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140973

EW963 SRHO20070142160
NNE AHA Hospitals
4-6 mi
24386
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	KAREN L WRUBEL DPM
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930121
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0859843
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	13624 HAWTHORNE BL#206
Phone num:	3106750900
Termination reason:	12
Term Date:	19950101
Purpose of action:	Not Reported
Provider control:	04

Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142160

EW964			SRHO20070128892
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
24386	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	AUGUSTO ROJAS MD/OCEANVIEW SPECIALISTS	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930129	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0547904	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	13624 S HAWTHORNE BLVD SUITE 201	
	Phone num:	3109730146	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	

Edr id: SRHO20070128892

EP965 SRDCCA200704763
ESE Daycare
4-6 mi
24416
Higher

EDR ID:	SRDCCA200704763
Facility number:	191606684
Facility name:	COTTONE FAMILY DAY CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2317 W. 228TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	2317 W. 228TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"COTTONE, JOANNE M. "
Licensee type:	A
License effective date:	940904
License expiration date:	Not Reported
License issue date:	910904
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 OR 4 INFANTS (INFANT MEANS A CHILD UNDER 2). CAPACITY INCREASE TO 12 AS OF 7-21-93."
Original app. received date:	910712
Facility closed date:	Not Reported
Mailing address:	2317 W. 228TH STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"COTTONE, ROBERT & JOANNE "
Facility capacity:	12
Type of clients served:	960
Facility phone:	3105302802

FF966 SRHO20070145612
ESE AHA Hospitals
4-6 mi
24468
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	VERMONT PACIFIC MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	19950411
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0899879
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2008 W CARSON ST STE 101
Phone num:	3109891925
Termination reason:	01
Term Date:	19970412
Purpose of action:	Not Reported
Provider control:	04
Zip:	90501
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145612

ET967 SRPU20071014999
NE Public Schools
4-6 mi
24477
Higher

Ncessch:	061668002095
Schname05:	JEFFERSON
Mstreet05:	4091 WEST 139TH ST.
Mcity05:	HAWTHORNE
Mstate05:	CA
Mzip05:	90250
Mzip405:	7393
Member05:	622
Phone05:	(310) 676-9423
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014999

FE968 SRHO20070153883
SE AHA Hospitals
4-6 mi
24512
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200

Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CHS HOMECARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010316
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0984194
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	23545 CRENSHAW BLVD STE 203
Phone num:	3105308743
Termination reason:	16
Term Date:	20030315
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153883

FE969 SRHO20070154731
SE AHA Hospitals
4-6 mi
24512
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CHS HOME CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010316
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0984236

Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	23545 CRENSHAW BLVD STE 203
Phone num:	3105305743
Termination reason:	00
Term Date:	20070315
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154731

FE970 SRHO20070010181
SE AHA Hospitals
4-6 mi
24512
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20040206
Medicare/Medicaid:	1
Facility name:	CHS HOMECARE
Intermediary/Carrier:	00454
Medicaid number:	HHA080708F
Partcipation date:	20010817
Prior COO date:	Not Reported
Prior carrier:	00000
Provider ID:	058078
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	23545 CRENSHAW BLVD, SUITE 203
Phone num:	3105308743
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2

Provider control:	04
Zip:	90505
Fips 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:	SRHO20070010181

EU971 SRDCCA200701369
East Daycare
4-6 mi
24526
Higher

EDR ID:	SRDCCA200701369
Facility number:	198204838
Facility name:	"HAI'S CIRCLE OF FRIENDS FOUNDATION, INC. II "
Facility eval. code:	0207
Facility office number:	34
Facility county number:	19
Facility type code:	730
Facility status code:	03
Address:	18509 S. ILLINOIS CT.
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	18509 S. ILLINOIS CT.
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"HAI'SCIRCLE OF FRIENDS FOUNDATION,INC.II "
Licensee type:	C
License effective date:	50914
License expiration date:	Not Reported
License issue date:	050914
Program type:	LICENSEE PREFERS TO SERVE DEVELOPMENTALLY DISABLED CHILDREN AGES 6-17 YEARS OLD. AMBULATORY ONLY.
Original app. received date:	050726
Facility closed date:	Not Reported
Mailing address:	18509 S. ILLINOIS CT.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"NGUYEN, HAI "
Facility capacity:	6
Type of clients served:	950
Facility phone:	3107151828

FG972 SRDCCA200729272
ENE Daycare
4-6 mi
24550
Higher

EDR ID:	SRDCCA200729272
Facility number:	197412625
Facility name:	SMITH FAMILY CHILD CARE
Facility eval. code:	5040

Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 16515 KRISTIN AVENUE
City: TORRANCE
State: CA
Zip: 90504
Alt. address: 16515 KRISTIN AVENUE
City: TORRANCE
State: CA
Zip: 90504
Facility investor: "SMITH, REGINALD & KAZUMI "
Licensee type: A
License effective date: 50607
License expiration date: Not Reported
License issue date: 050607
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: 050505
Facility closed date: Not Reported
Mailing address: 16515 KRISTIN AVENUE
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90504
Contact person: "SMITH, R. & K. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3105160385

FH973 SRDCCA200711118
NNE EDR ID: SRDCCA200711118 Daycare
4-6 mi Facility number: 192000250
24559 Facility name: TOORAWA FAMILY CHILD CARE
Higher Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4672 W. 133RD STREET
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 4672 W. 133RD STREET
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "TOORAWA, RASHIDA "
Licensee type: A
License effective date: 991022
License expiration date: Not Reported
License issue date: 991022
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:	990915
Facility closed date:	Not Reported
Mailing address:	4672 W. 133RD STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"TOORAWA, RASHIDA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106755456

FE974 SRHO20070154966
SE AHA Hospitals
4-6 mi
24565
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TORRANCE SURGERY CENTER INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20011001
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0991872
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	23560 CRENSHAW BLVD STE 104
Phone num:	9494395000
Termination reason:	00
Term Date:	20070930
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154966

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
FE975			SRHO20070141437
SE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
24565	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 CTR LOMITA TORRANCE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930304	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0722903	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	23560 S CRENSHAW BLVD	
	Phone num:	3105397170	
	Termination reason:	08	
	Term Date:	20000324	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070141437	

FE976			SRHO20070004636
SE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
24565	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20020108	

Medicare/Medicaid:	1
Facility name:	TORRANCE SURGERY CENTER
Intermediary/Carrier:	00542
Medicaid number:	Not Reported
Partcipation date:	20020124
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001532
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	23560 CRENSHAW BLVD, SUITE 104
Phone num:	3105174880
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	90505
Fips 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:	SRHO20070004636

FE977 SRHO20070147210
SE AHA Hospitals
4-6 mi
24565
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ID MED
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19961010
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0920809
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	23560 CRENSHAW BLVD, #101
Phone num:	3107845880
Termination reason:	00
Term Date:	20081009
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147210

EW978 SRDCCA200753302
NNE Daycare
4-6 mi
24578
Higher

EDR ID:	SRDCCA200753302
Facility number:	197411169
Facility name:	TRNG & RESEARCH/HAWTHORNE CALVARY HEAD START
Facility eval. code:	4000
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	13560 W. HAWTHORNE BLVD.
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	330 E. KELSO STREET
City:	INGLEWOOD
State:	CA
Zip:	90301
Facility investor:	TRAINING AND RESEARCH FOUNDATION
Licensee type:	C
License effective date:	40107
License expiration date:	Not Reported
License issue date:	040107
Program type:	HEAD START PROGRAM SERVING CHILDREN AGES 3 - 5 YEARS OLD.
Original app. received date:	031212
Facility closed date:	Not Reported
Mailing address:	330 E. KELSO STREET
Mailing city:	INGLEWOOD
Mailing state:	CA
Mailing zip:	90301
Contact person:	"EVANS, CLAUDETTE M. "
Facility capacity:	16
Type of clients served:	950
Facility phone:	3104124195

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
FI979 ESE 4-6 mi 24587 Higher			SRDCCA200754304 Daycare
	EDR ID:	SRDCCA200754304	
	Facility number:	197408424	
	Facility name:	TORRANCE TYKES AT T.E.	
	Facility eval. code:	4040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	2125 LINCOLN AVENUE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90501	
	Alt. address:	2201 PLAZA DEL AMO	
	City:	TORRANCE	
	State:	CA	
	Zip:	90501	
	Facility investor:	TORRANCE UNIFIED SCHOOL DISTRICT	
	Licensee type:	F	
	License effective date:	11129	
	License expiration date:	Not Reported	
	License issue date:	011129	
	Program type:	AMBULATORY ONLY PRESCHOOL CHILDREN AGES 3 THROUGH ENTRY INTO FIRST GRADE IN ROONS K-1 AND K-2	
	Original app. received date:	010913	
	Facility closed date:	Not Reported	
	Mailing address:	2201 PLAZA DEL AMO	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90501	
	Contact person:	DEBORAH JONES	
	Facility capacity:	40	
	Type of clients served:	950	
	Facility phone:	3105334500	

FI980 ESE 4-6 mi 24587 Higher			SRPU20071009097 Public Schools
	Ncessch:	063942006575	
	Schname05:	TORRANCE ELEMENTARY	
	Mstreet05:	2125 LINCOLN AVE.	
	Mcity05:	TORRANCE	
	Mstate05:	CA	
	Mzip05:	90501	
	Mzip405:	4437	
	Member05:	533	
	Phone05:	(310) 533-4500	
	Locale05:	2	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071009097	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
FH981 NNE 4-6 mi 24595 Higher			SRDCCA200735877 Daycare
	EDR ID:	SRDCCA200735877	
	Facility number:	197413379	
	Facility name:	ESTRADA FAMILY CHILD CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4658 W. 133RD STREET	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	4658 W. 133RD STREET	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Facility investor:	"ESTRADA, ORALIA A. "	
	Licensee type:	A	
	License effective date:	60322	
	License expiration date:	Not Reported	
	License issue date:	060322	
	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:	060222	
	Facility closed date:	Not Reported	
	Mailing address:	4658 W. 133RD STREET	
	Mailing city:	HAWTHORNE	
	Mailing state:	CA	
	Mailing zip:	90250	
	Contact person:	"ESTRADA, ORALIA A. "	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	3102637169	
FJ982 East 4-6 mi 24599 Higher			SRHO20070132197 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	20020213	
	Medicare/Medicaid:	1	
	Facility name:	WESTERN REFERENCE LABORATORY	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0550504	

Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	20435 GRAMERCY PLACE SUITE 101
Phone num:	3103206720
Termination reason:	99
Term Date:	20020518
Purpose of action:	2
Provider control:	04
Zip:	90501
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132197

EV983 SRDCCA200701521
NE Daycare
4-6 mi
24606
Higher

EDR ID:	SRDCCA200701521
Facility number:	198204987
Facility name:	WESTSIDE ADOLESCENT TREATMENT HOME HAWTHORNE
Facility eval. code:	0207
Facility office number:	34
Facility county number:	19
Facility type code:	730
Facility status code:	04
Address:	3724 W. 145TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	PO BOX 49514
City:	LOS ANGELES
State:	CA
Zip:	90049
Facility investor:	"NTL MENTOR HEALTHCARE,LLC CA MENTOR BOARD DELEGATE"
Licensee type:	G
License effective date:	60711
License expiration date:	070711
License issue date:	060711
Program type:	LICENSEE LICENSED TO SERVE DEVELOPMENTALLY DISABLED CHILDREN. AGE RANGE 7-17. NO BODIES OF WATER ON PREMISES AT LICENSURE.
Original app. received date:	051219
Facility closed date:	Not Reported
Mailing address:	3724 W. 145TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250

Contact person:	"TERI MCHUGH PHD,LMFT "
Facility capacity:	4
Type of clients served:	950
Facility phone:	3106754103

FG984 SRDCCA200753733
ENE Daycare
4-6 mi
24624
Higher

EDR ID:	SRDCCA200753733
Facility number:	197409725
Facility name:	TORRANCE TYKES PRESCHOOL @ LINCOLN ELEMENTARY
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2418 WEST 166TH STREET
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	17800 VAN NESS AVE.
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	TORRANCE ELEMENTARY SCHOOL DISTRICT
Licensee type:	F
License effective date:	31110
License expiration date:	Not Reported
License issue date:	031110
Program type:	AMBULATORY ONLY. PRSCHOOL CHILDREN AGES 3 THROUGH 5 IN ROOM 2K. WAIVER ATTACHED.
Original app. received date:	021206
Facility closed date:	Not Reported
Mailing address:	17800 VAN NESS AVE.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"SMITH, TAMARA "
Facility capacity:	24
Type of clients served:	950
Facility phone:	3105334464

FG985 SRDCCA200743117
ENE Daycare
4-6 mi
24624
Higher

EDR ID:	SRDCCA200743117
Facility number:	197401792
Facility name:	YMCA OF METRO. L.A.-LINCOLN ELEMENTARY SCHOOL
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	2418 W. 166TH STREET
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	625 SO. NEW HAMPSHIRE AVE.

City:	LOS ANGELES
State:	CA
Zip:	90005
Facility investor:	"WOTTON, MARILYN YMCA OF METRO L.A. "
Licensee type:	C
License effective date:	951127
License expiration date:	Not Reported
License issue date:	951127
Program type:	TO SERVE THE MAXIMUM 80 SCHOOL AGE CHILDREN AGES 5 - 12.
Original app. received date:	950905
Facility closed date:	Not Reported
Mailing address:	625 SO. NEW HAMPSHIRE AVE.
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90005
Contact person:	ALEJANDRA TORRES
Facility capacity:	80
Type of clients served:	950
Facility phone:	3105272924

FG986 SRPU20071009088
ENE Public Schools
4-6 mi
24624
Higher

Ncessch:	063942006563
Schname05:	LINCOLN ELEMENTARY
Mstreet05:	2418 WEST 166TH ST.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90504
Mzip405:	1813
Member05:	523
Phone05:	(310) 533-4464
Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071009088

EZ987 SRCL20051003451
ESE Colleges
4-6 mi
24628
Higher

Unitid:	430980
Instnm:	BRYMAN COLLEGE
Addr:	1231 CABRILLO AVE STE 201
City:	TORRANCE
Stabbr:	CA
Zip:	90501
Zip4:	Not Reported
Unk:	Not Reported
Fips:	090501
Oberge:	8
Chfnm:	Sandy Ock
Chftitle:	College President
Gentele:	3103203200
Fintele:	3103203200
Admtele:	3103203200
Ein:	954520525

Duns:	939001376
Opeid:	3195400
Opeflag:	1
Webaddr:	bryman-college.com
Sector:	9
Iclevel:	3
Control:	3
Hloffer:	1
Ugoffer:	1
Groffer:	2
Fpoffer:	2
Hdegoffer:	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:	299
Enrtot:	299
Edr id:	SRCL20051003451

EW988 SRHO20070108015
NNE AHA Hospitals
4-6 mi
24633
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
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:	20060530
Medicare/Medicaid:	1
Facility name:	ISOCARE MEDICAL EXTENDERS SERVICES INC
Intermediary/Carrier:	00040
Medicaid number:	HHA57725F
Partcipation date:	19960918
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557725
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	13527 HAWTHORNE BLVD
Phone num:	3106445151
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	04
Zip:	90250
Fips 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:	SRHO20070108015

FF989
ESE
4-6 mi
24645
Higher

SRDCCA200710114
Daycare

EDR ID:	SRDCCA200710114
Facility number:	197404747
Facility name:	PONCE FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1747 GRAMERCY
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	1747 GRAMERCY
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"PONCE, MARLENE "
Licensee type:	A
License effective date:	980407
License expiration date:	Not Reported
License issue date:	980407
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:	980402
Facility closed date:	Not Reported
Mailing address:	1747 GRAMERCY
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"PONCE, MARLENE "

Facility capacity: 8
Type of clients served: 960
Facility phone: 3103285780

FK990 SRDCCA200714698
NE Daycare
4-6 mi
24659
Higher

EDR ID: SRDCCA200714698
Facility number: 192006992
Facility name: AUSTIN-ODDIE FAMILY CHILD CARE
Facility eval. code: 0001
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4136 W. 138TH #C
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 4136 W. 138TH #C
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "AUSTIN-ODDIE, LASHONDA "
Licensee type: A
License effective date: 10607
License expiration date: Not Reported
License issue date: 010607
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: 010312
Facility closed date: Not Reported
Mailing address: 4136 W. 138TH #C
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: AUSTIN-ODDIE
Facility capacity: 8
Type of clients served: 960
Facility phone: 3106448515

FH991 SRDCCA200715414
NNE Daycare
4-6 mi
24664
Higher

EDR ID: SRDCCA200715414
Facility number: 197407933
Facility name: ARMSTEAD FAMILY CHILD CARE
Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4758 W. 132ND STREET
City: HAWTHORNE
State: CA
Zip: 90250

Alt. address:	4758 W. 132ND STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	JAMIE GEORGIA ARMSTEAD
Licensee type:	A
License effective date:	10123
License expiration date:	Not Reported
License issue date:	010123
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:	001014
Facility closed date:	Not Reported
Mailing address:	4758 W. 132ND STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	JAMIE GEORGIA ARMSTEAD
Facility capacity:	14
Type of clients served:	960
Facility phone:	3102630545

FI992 SRHO20070132194
ESE AHA Hospitals
4-6 mi
24734
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 CARE PARTNERS SEPULVEDA
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930506
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0550454
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2232 SEPULVEDA BOULEVARD
Phone num:	3102126555
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90501

Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132194

FL993 SRDCCA200755086
North Daycare
4-6 mi
24739
Higher

EDR ID:	SRDCCA200755086
Facility number:	197413647
Facility name:	ST. ANTHONY PRESCHOOL
Facility eval. code:	5080
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	205 LOMITA STREET
City:	EL SEGUNDO
State:	CA
Zip:	90245
Alt. address:	233 LOMITA STREET
City:	EL SEGUNDO
State:	CA
Zip:	90245
Facility investor:	ARCHDIOCESE OF L.A. DEPT. OF EDUCATION & WELFARE
Licensee type:	C
License effective date:	60823
License expiration date:	Not Reported
License issue date:	060823
Program type:	MAXIMUM CAPACITY: 30 CHILDREN. 30 CHILDREN AGES 2 YEARS OLD THROUGH ENTRY INTO FIRST GRADE. AMBULATORY FACILITY.
Original app. received date:	060531
Facility closed date:	Not Reported
Mailing address:	710 E. GRAND AVENUE
Mailing city:	EL SEGUNDO
Mailing state:	CA
Mailing zip:	90245
Contact person:	DONNA IRELAND
Facility capacity:	30
Type of clients served:	950
Facility phone:	3104169693

FM994 SRDCCA200711876
NE Daycare
4-6 mi
24786
Higher

EDR ID:	SRDCCA200711876
Facility number:	197405828
Facility name:	MARTIN FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19

Facility type code:	810
Facility status code:	03
Address:	3623 W. 147TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	3623 W. 147TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"MARTIN, TONDRA D. "
Licensee type:	A
License effective date:	990518
License expiration date:	Not Reported
License issue date:	990518
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:	990203
Facility closed date:	Not Reported
Mailing address:	3623 W. 147TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	TONDRA D. MARTIN
Facility capacity:	14
Type of clients served:	960
Facility phone:	3109788549

FL995 SRDCCA200734878
North 4-6 mi 24825 Higher
Daycare

EDR ID:	SRDCCA200734878
Facility number:	197413492
Facility name:	WILLS FAMILY CHILD CARE
Facility eval. code:	5080
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	231 MARYLAND STREET APT 11
City:	EL SEGUNDO
State:	CA
Zip:	90245
Alt. address:	231 MARYLAND STREET APT 11
City:	EL SEGUNDO
State:	CA
Zip:	90245
Facility investor:	"WILLS, SACRE LATISHA "
Licensee type:	A
License effective date:	60602
License expiration date:	Not Reported
License issue date:	060602
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:	060406

Facility closed date:	Not Reported
Mailing address:	231 MARYLAND STREET APT 11
Mailing city:	EL SEGUNDO
Mailing state:	CA
Mailing zip:	90245
Contact person:	"WILLS, SACRE LATISHA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106402107

EX996 — SRDCCA200723530
NE — Daycare
4-6 mi
24833
Higher

EDR ID:	SRDCCA200723530
Facility number:	197410596
Facility name:	THOMAS FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3318 MARINE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	3318 MARINE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"THOMAS, MARY & JONES, DEWAYNE "
Licensee type:	A
License effective date:	40623
License expiration date:	Not Reported
License issue date:	040623
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:	030805
Facility closed date:	Not Reported
Mailing address:	3318 MARINE AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"THOMAS, M. & JONES, D. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3109738191

FC997 — SRPR20051023832
ENE — Private Schools
4-6 mi
24860
Higher

Pss school id:	00082108
Pss inst:	CALVARY CHRISTIAN ACADEMY
Lograde:	K
Higrade:	8
Pss address:	2818 MANHATTAN BEACH BLVD
Pss city:	GARDENA
Pss county no:	037

Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90249
Pss phone:	3103273094
Pss sch days:	178
Pss stu day hrs:	6.67
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	50
Pss enroll 1:	79
Pss enroll 2:	69
Pss enroll 3:	65
Pss enroll 4:	51
Pss enroll 5:	58
Pss enroll 6:	48
Pss enroll 7:	52
Pss enroll 8:	43
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	515
Pss enroll tk12:	515
Pss race ai:	0
Pss race as:	111
Pss race h:	47
Pss race b:	309
Pss race w:	48
Pss fte teach:	25.5
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	21.55
Pss hisp pct:	9.13
Pss black pct:	60
Pss white pct:	9.32
Pss stdtch rt:	20.2
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:	SRPR20051023832

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
FI998 ESE 4-6 mi 24884 Higher			SRHO20070006936 AHA Hospitals
	Hospital type:	02	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	20060614	
	Medicare/Medicaid:	1	
	Facility name:	ARLINGTON HOME #2	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	LTC60470F	
	Partcipation date:	19920601	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05G586	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	2207 ARLINGTON AVE	
	Phone num:	3103288365	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	90501	
	Fips state:	06	
	Fips cnty:	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:	SRHO20070006936	
FN999 NE 4-6 mi 24889 Higher			SRDCCA200721304 Daycare
	EDR ID:	SRDCCA200721304	
	Facility number:	197410172	
	Facility name:	MENDOZA FAMILY CHILD CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	3756 W. 144TH ST.	
	City:	HAWTHORNE	

State:	CA
Zip:	90250
Alt. address:	3756 W. 144TH ST.
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"MENDOZA, LUISA "
Licensee type:	A
License effective date:	40217
License expiration date:	Not Reported
License issue date:	040217
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:	030522
Facility closed date:	Not Reported
Mailing address:	3756 W. 144TH ST.
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"MENDOZA, LUISA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3106756910

FL1000 SRPR20051023292
North Private Schools
4-6 mi
24894
Higher

Pss school id:	00071548
Pss inst:	ST ANTHONY ELEMENTARY SCHOOL
Lograde:	K
Higrade:	8
Pss address:	233 LOMITA ST
Pss city:	EL SEGUNDO
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90245
Pss phone:	3103224218
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:	19
Pss enroll 1:	16
Pss enroll 2:	24
Pss enroll 3:	28
Pss enroll 4:	22
Pss enroll 5:	19
Pss enroll 6:	29
Pss enroll 7:	26
Pss enroll 8:	25
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported

Pss enroll 12:	Not Reported
Pss enroll t:	208
Pss enroll tk12:	208
Pss race ai:	0
Pss race as:	12
Pss race h:	91
Pss race b:	19
Pss race w:	86
Pss fte teach:	12.1
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:	5.77
Pss hisp pct:	43.75
Pss black pct:	9.13
Pss white pct:	41.35
Pss stdtch rt:	17.19
Pss orient:	1
Pss county name:	LOS ANGELES
Pss assoc 1:	National Catholic Educational Association (NCEA)
Pss assoc 2:	Other 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:	SRPR20051023292

FO1001 — SRHO20070138393
NNW — AHA Hospitals
4-6 mi
24950
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	EL SEGUNDO
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CHEVRON REFINERY CLINIC -EL SEGUNDO
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921230
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0689540
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	324 W EL SEGUNDO BLVD
Phone num:	3106155259
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90245
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138393

FP1002 SRHO20070128762
NNE AHA Hospitals
4-6 mi
25017
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ANANIAS E EBILANE MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930309
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0547880
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	13429 S HAWTHORNE BLVD
Phone num:	3106448683
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06

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:	SRHO20070128762	

FP1003			SRHO20070007454
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
25017	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	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:	19960925	
	Medicare/Medicaid:	1	
	Facility name:	R BRENT MOBILE X RAY	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19961001	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05X0009994	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L2	
	street address:	13429 HAWTHORNE BLVD	
	Phone num:	3108874220	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	1	
	Provider control:	01	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	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:	SRHO20070007454	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
FJ1004			SRDCCA200733928
East	EDR ID:	SRDCCA200733928	Daycare
4-6 mi	Facility number:	197413010	
25019	Facility name:	BARLEY FAMILY CHILD CARE	
Higher	Facility eval. code:	4040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	1834 PLAZA DEL AMO #4	
	City:	TORRANCE	
	State:	CA	
	Zip:	90501	
	Alt. address:	1834 PLAZA DEL AMO #4	
	City:	TORRANCE	
	State:	CA	
	Zip:	90501	
	Facility investor:	"BARLEY, TIARA A. "	
	Licensee type:	A	
	License effective date:	51129	
	License expiration date:	Not Reported	
	License issue date:	051129	
	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:	051004	
	Facility closed date:	Not Reported	
	Mailing address:	1834 PLAZA DEL AMO #4	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90501	
	Contact person:	"BARLEY, TIARA A. "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3107829208	

FP1005			SRHO20070145602
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
25032	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	VALENTIN HERNANDEZ MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950314	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0898872	

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:	13440 SOUTH HAWTHORNE BLVD
Phone num:	3102190941
Termination reason:	00
Term Date:	20070313
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145602

1006 East 4-6 mi 25038 Higher — SRDCCA200735045 Daycare

EDR ID:	SRDCCA200735045
Facility number:	197413496
Facility name:	KAWAGUCHI FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	18602 DORMAN AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	18602 DORMAN AVENUE
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"KAWAGUCHI, BEVERLY A. "
Licensee type:	A
License effective date:	60426
License expiration date:	Not Reported
License issue date:	060426
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:	060410
Facility closed date:	Not Reported
Mailing address:	18602 DORMAN AVENUE
Mailing city:	TORRANCE
Mailing state:	CA

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing zip:	90504	
	Contact person:	"KAWAGUCHI, BEVERLY A. "	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	3105325164	

FQ1007			SRDCCA200709775
ENE	EDR ID:	SRDCCA200709775	Daycare
4-6 mi	Facility number:	197404385	
25040	Facility name:	RODRIGUEZ FAMILY CHILD CARE	
Higher	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	17043 HAAS AVENUE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90504	
	Alt. address:	17043 HAAS AVENUE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90504	
	Facility investor:	"RODRIGUEZ, CRISTINA ALICIA & DAVID "	
	Licensee type:	A	
	License effective date:	980218	
	License expiration date:	Not Reported	
	License issue date:	980218	
	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:	971215	
	Facility closed date:	Not Reported	
	Mailing address:	17043 HAAS AVENUE	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90504	
	Contact person:	RODRIGUEZ	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3103296110	

FR1008			SRHO20070158087
NE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
25066	Owner date:	Not Reported	
Higher	City:	GARDENA	
	Has plan of corr:	Not 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 ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicare/Medicaid:	Not Reported
Facility name:	EL CAMINO ADULT DAY HEALTH CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20031112
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1019166
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	15429 CRENSHAW BLVD
Phone num:	3106796015
Termination reason:	00
Term Date:	20071111
Purpose of action:	Not Reported
Provider control:	04
Zip:	90249
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158087

FR1009 SRHO20070144545
NE AHA Hospitals
4-6 mi
25088
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	THUAN VAN NGUYEN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19941202
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0895231
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	15420 CRENSHAW BLVD
Phone num:	3103245599
Termination reason:	00
Term Date:	20081201
Purpose of action:	Not Reported
Provider control:	02
Zip:	90249
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144545

FB1010 SRHO20070007953
NNE AHA Hospitals
4-6 mi
25111
Higher

Hospital type:	02
Num of times COO:	02
Owner date:	Not Reported
City:	HAWTHORNE
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:	20060411
Medicare/Medicaid:	1
Facility name:	IDEAL HOME CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010522
Prior COO date:	19980925
Prior carrier:	Not Reported
Provider ID:	05G843
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	4830 WEST 130TH ST
Phone num:	3109738266
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	07
Zip:	90250
Fips state:	06

Fips cnty:	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:	SRHO20070007953

FM1011 SRDCCA200724327
NE Daycare
4-6 mi
25112
Higher

EDR ID:	SRDCCA200724327
Facility number:	197411460
Facility name:	FERNANDEZ FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3704 W. 144TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	3704 W. 144TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"FERNANDEZ, ANITA "
Licensee type:	A
License effective date:	40504
License expiration date:	Not Reported
License issue date:	040504
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 REQUIRED "
Original app. received date:	040326
Facility closed date:	Not Reported
Mailing address:	3704 W. 144TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"FERNANDEZ, ANITA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106758381

FP1012 SRHO20070156338
NNE AHA Hospitals
4-6 mi
25112
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported

Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	NU ERA
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030123
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1008578
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	13416 HAWTHORNE BLVD SUITE D
Phone num:	3109736329
Termination reason:	00
Term Date:	20090122
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156338

FS1013 SRDCCA200741722
North Daycare
4-6 mi
25141
Higher

EDR ID:	SRDCCA200741722
Facility number:	191610250
Facility name:	MATTEL CHILD DEVELOPMENT CENTER - INFANT
Facility eval. code:	5080
Facility office number:	30
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	333 CONTINENTAL BLVD.
City:	EL SEGUNDO
State:	CA
Zip:	90245
Alt. address:	333 CONTINENTAL
City:	EL SEGUNDO
State:	CA
Zip:	90245

Facility investor: "BRIGHT HORIZONS CHILDREN'S CENTERS, INC. "
Licensee type: D
License effective date: 940316
License expiration date: Not Reported
License issue date: 940316
Program type: Not Reported
Original app. received date: 931209
Facility closed date: Not Reported
Mailing address: "880 APOLLO STREET, SUITE 315 "
Mailing city: EL SEGUNDO
Mailing state: CA
Mailing zip: 90245
Contact person: LINDA BRAVIN
Facility capacity: 37
Type of clients served: 955
Facility phone: 3102523311

FS1014 SRDCCA200749146
North Daycare
4-6 mi
25141
Higher

EDR ID: SRDCCA200749146
Facility number: 191610248
Facility name: MATTEL CHILD DEVELOPMENT CENTER - PRESCHOOL
Facility eval. code: 5080
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 333 CONTINENTAL BLVD.
City: EL SEGUNDO
State: CA
Zip: 90245
Alt. address: 333 CONTINENTAL
City: EL SEGUNDO
State: CA
Zip: 90245
Facility investor: "BRIGHT HORIZONS CHILDREN'S CENTERS, INC. "
Licensee type: D
License effective date: 940315
License expiration date: Not Reported
License issue date: 940315
Program type: Not Reported
Original app. received date: 931208
Facility closed date: Not Reported
Mailing address: "880 APOLLO STREET, SUITE 315 "
Mailing city: EL SEGUNDO
Mailing state: CA
Mailing zip: 90245
Contact person: LINDA BRAVIN
Facility capacity: 83
Type of clients served: 950
Facility phone: 3102523311

1015 SRDCCA200725328
ENE Daycare
4-6 mi
25144
Higher

EDR ID: SRDCCA200725328
Facility number: 197411302

Facility name:	KENT FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	15912 CASIMIR
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	15912 CASIMIR
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"KENT, CARRIE YVONNE "
Licensee type:	A
License effective date:	40308
License expiration date:	Not Reported
License issue date:	040308
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:	040205
Facility closed date:	Not Reported
Mailing address:	15912 CASIMIR
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"KENT, CARRIE Y. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3102028767

FG1016 SRDCCA200702902
ENE
4-6 mi
25184
Higher
Daycare

EDR ID:	SRDCCA200702902
Facility number:	191602638
Facility name:	CLOPTON FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2232 W. 166TH ST.
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	2232 W. 166TH ST.
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"CLOPTON, MARIA "
Licensee type:	A
License effective date:	940915
License expiration date:	Not Reported

License issue date: 880915
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: 880523
Facility closed date: Not Reported
Mailing address: 2232 W. 166TH ST
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90504
Contact person: "CLOPTON, MARIA L. "
Facility capacity: 12
Type of clients served: 960
Facility phone: 3103232313

FP1017 SRDCCA200727743
NNE Daycare
4-6 mi
25203
Higher

EDR ID: SRDCCA200727743
Facility number: 197412310
Facility name: QUIROA FAMILY CHILD CARE
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4392 W. 134TH STREET #A
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 4392 W. 134TH STREET #A
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "QUIROA, EMMA "
Licensee type: A
License effective date: 50302
License expiration date: Not Reported
License issue date: 050302
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: 050119
Facility closed date: Not Reported
Mailing address: 4392 W. 134TH STREET #A
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "QUIROA, EMMA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3106793965

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
FT1018 SE 4-6 mi 25205 Higher			SRHO20070139330 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	20060330	
	Medicare/Medicaid:	1	
	Facility name:	ROBERT C WANG MD INC DERMATOLOGY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0685949	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	23730 CRENSHAW BOULEVARD	
	Phone num:	3103267888	
	Termination reason:	00	
	Term Date:	20081102	
	Purpose of action:	2	
	Provider control:	10	
	Zip:	90505	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070139330	
FM1019 NE 4-6 mi 25213 Higher			SRDCCA200713631 Daycare
	EDR ID:	SRDCCA200713631	
	Facility number:	197407473	
	Facility name:	FORD FAMILY CHILD CARE	
	Facility eval. code:	7010	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	14308 KORNBLUM	
	City:	HAWTHORNE	

State:	CA
Zip:	90250
Alt. address:	14308 KORNBLUM
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"FORD, MUZETTE L. "
Licensee type:	A
License effective date:	320
License expiration date:	Not Reported
License issue date:	000320
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:	000228
Facility closed date:	Not Reported
Mailing address:	14308 KORNBLUM
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"FORD, MUZETTE L. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3109737559

FH1020 SRPR20051026818
NNE Private Schools
4-6 mi
25235
Higher

Pss school id:	00081589
Pss inst:	TRINITY LUTHERAN SCHOOL
Lograde:	K
Higrade:	8
Pss address:	4783 W 130TH STREET
Pss city:	HAWTHORNE
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90250
Pss phone:	3106754493
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:	60
Pss enroll 1:	27
Pss enroll 2:	33
Pss enroll 3:	19
Pss enroll 4:	24
Pss enroll 5:	17
Pss enroll 6:	18
Pss enroll 7:	20
Pss enroll 8:	24
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported

Pss enroll 12:	Not Reported
Pss enroll t:	242
Pss enroll tk12:	242
Pss race ai:	Not Reported
Pss race as:	15
Pss race h:	39
Pss race b:	140
Pss race w:	20
Pss fte teach:	12.9
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:	6.2
Pss hisp pct:	16.12
Pss black pct:	57.85
Pss white pct:	8.26
Pss stdtch rt:	18.76
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
Edr id:	SRPR20051026818

FU1021 SRDCCA200715972
NE Daycare
4-6 mi
25236
Higher

EDR ID:	SRDCCA200715972
Facility number:	192010048
Facility name:	FORD FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3221 MARINE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	3221 MARINE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"FORD, SHEILA D. "
Licensee type:	A
License effective date:	20422
License expiration date:	Not Reported
License issue date:	020422

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: 020123
Facility closed date: Not Reported
Mailing address: 3221 MARINE AVENUE
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90249
Contact person: "FORD, SHEILA D. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3106791127

FH1022 SRDCCA200723122
NNE Daycare
4-6 mi
25277
Higher

EDR ID: SRDCCA200723122
Facility number: 197410802
Facility name: FOSTER FAMILY CHILD CARE
Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4635 WEST 131 STREET APT. C
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 4635 WEST 131 STREET APT. C
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "FOSTER, VIVIAN "
Licensee type: A
License effective date: 40624
License expiration date: Not Reported
License issue date: 040624
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: 030924
Facility closed date: Not Reported
Mailing address: 4635 WEST 131 STREET APT. C
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "FOSTER, VIVIAN LUCILLE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3106793395

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
FM1023 NE 4-6 mi 25293 Higher			SRPU20071008895 Public Schools
	Ncessch:	069107808010	
	Schname05:	SOUTHWEST PAV	
	Mstreet05:	14600 CERISE AVE.	
	Mcity05:	HAWTHORNE	
	Mstate05:	CA	
	Mzip05:	90250	
	Mzip405:	Not Reported	
	Member05:	285	
	Phone05:	(310) 970-9914	
	Locale05:	3	
	Type05:	4	
	Level05:	4	
	Gslo05:	05	
	Gshi05:	12	
	Edr id:	SRPU20071008895	

FD1024 ENE 4-6 mi 25293 Higher			SRDCCA200705498 Daycare
	EDR ID:	SRDCCA200705498	
	Facility number:	197401046	
	Facility name:	KAGAWA FAMILY DAY CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2009 W. 177TH ST	
	City:	TORRANCE	
	State:	CA	
	Zip:	90504	
	Alt. address:	2009 W. 177TH ST	
	City:	TORRANCE	
	State:	CA	
	Zip:	90504	
	Facility investor:	"KAGAWA, TRACY AND PATRICK "	
	Licensee type:	A	
	License effective date:	950227	
	License expiration date:	Not Reported	
	License issue date:	950227	
	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:	950105	
	Facility closed date:	Not Reported	
	Mailing address:	2009 W. 177TH ST	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90504	
	Contact person:	"KAGAWA, TRACY "	
	Facility capacity:	12	
	Type of clients served:	960	
	Facility phone:	3105231802	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
FF1025 ESE 4-6 mi 25294 Higher			SRDCCA200730275 Daycare
	EDR ID:	SRDCCA200730275	
	Facility number:	197412508	
	Facility name:	QUINTERO FAMILY CHILD CARE	
	Facility eval. code:	4040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2023 ANDREO AVENUE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90501	
	Alt. address:	2023 ANDREO AVENUE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90501	
	Facility investor:	"QUINTERO, SILVIA "	
	Licensee type:	A	
	License effective date:	50527	
	License expiration date:	Not Reported	
	License issue date:	050527	
	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:	2023 ANDREO AVENUE	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90501	
	Contact person:	"QUINTERO, SILVIA "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3103289117	
FP1026 NNE 4-6 mi 25310 Higher			SRHO20070149595 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MANUEL N BACULI MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19970926	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0933992	

Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	13352 S HAWTHORNE BLVD
Phone num:	3109738863
Termination reason:	00
Term Date:	20070925
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149595

FL1027 SRDCCA200748823
North Daycare
4-6 mi
25310
Higher

EDR ID:	SRDCCA200748823
Facility number:	191608378
Facility name:	HILLTOP CHRISTIAN PRESCHOOL & DAY CAMP
Facility eval. code:	5080
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	717 E. GRAND AVENUE
City:	EL SEGUNDO
State:	CA
Zip:	90245
Alt. address:	717 E. GRAND AVENUE
City:	EL SEGUNDO
State:	CA
Zip:	90245
Facility investor:	EL SEGUNDO CHURCH OF CHRIST
Licensee type:	C
License effective date:	951206
License expiration date:	Not Reported
License issue date:	921209
Program type:	COMBO CENTER: PRE-SCHOOL CHILDREN (34) AGES 2 - 5 YEARS. X-191610072 INFANT CENTER (12) AGES 0 - 2 YEARS OLD; X-191608380 SCHOOL-AGE CHILDREN (32) 6 - 14 YEARS.
Original app. received date:	920811
Facility closed date:	Not Reported
Mailing address:	717 E. GRAND AVENUE
Mailing city:	EL SEGUNDO
Mailing state:	CA

Mailing zip:	90245
Contact person:	EROMIE KUMARAGE
Facility capacity:	34
Type of clients served:	950
Facility phone:	3103224348

FL1028 SRDCCA200742929
North Daycare
4-6 mi
25310
Higher

EDR ID:	SRDCCA200742929
Facility number:	191608380
Facility name:	HILLTOP CHRISTIAN SCHOOL-AGE & DAY CAMP
Facility eval. code:	5080
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	717 E. GRAND AVENUE
City:	EL SEGUNDO
State:	CA
Zip:	90245
Alt. address:	717 E. GRAND AVENUE
City:	EL SEGUNDO
State:	CA
Zip:	90245
Facility investor:	EL SEGUNDO CHURCH OF CHRIST
Licensee type:	C
License effective date:	931206
License expiration date:	Not Reported
License issue date:	930429
Program type:	COMBO CENTER: SCHOOL-AGE CHILDREN (32) AGES 6-14 YEARS. X-1916083787PRE-SCHOOL CHILDREN (34) AGES 2-5 YEARS. X-191610072 INFANT CENTER (12) AGES 0-2 YEARS OLD.
Original app. received date:	920811
Facility closed date:	Not Reported
Mailing address:	717 E. GRAND AVENUE
Mailing city:	EL SEGUNDO
Mailing state:	CA
Mailing zip:	90245
Contact person:	EROMIE KUMARAGE
Facility capacity:	32
Type of clients served:	950
Facility phone:	3103225757

FH1029 SRDCCA200722543
NNE Daycare
4-6 mi
25335
Higher

EDR ID:	SRDCCA200722543
Facility number:	197410833
Facility name:	ACOSTA FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4512 W. 132 ST.
City:	HAWTHORNE
State:	CA

Zip: 90250
Alt. address: 4512 W. 132 ST.
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "ACOSTA, MICHELLE & HENRY "
Licensee type: A
License effective date: 40407
License expiration date: Not Reported
License issue date: 040407
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: 031001
Facility closed date: Not Reported
Mailing address: 4512 W. 132 ST.
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "ACOSTA, M. & H. "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3109732531

FV1030 SRDCCA200717465
ESE EDR ID: SRDCCA200717465 Daycare
4-6 mi Facility number: 197409039
25339 Facility name: JONES FAMILY CHILD CARE
Higher Facility eval. code: 4040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2207 W. 229 PLACE
City: TORRANCE
State: CA
Zip: 90501
Alt. address: 2207 W. 229 PLACE
City: TORRANCE
State: CA
Zip: 90501
Facility investor: "JONES, TOMIKA SHANTE "
Licensee type: A
License effective date: 20726
License expiration date: Not Reported
License issue date: 020726
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: 020702
Facility closed date: Not Reported
Mailing address: 2207 W. 229 PLACE
Mailing city: TORRANCE
Mailing state: CA

Mailing zip:	90501
Contact person:	TOMIKA S. JONES
Facility capacity:	8
Type of clients served:	960
Facility phone:	3102579225

1031 South 4-6 mi 25349 Higher — SRDCCA200718435 Daycare

EDR ID:	SRDCCA200718435
Facility number:	197408750
Facility name:	KHAN FAMILY CHILD CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6249 MONERO DRIVE
City:	RANCHO PALOS VERDES
State:	CA
Zip:	90275
Alt. address:	6249 MONERO DRIVE
City:	RANCHO PALOS VERDES
State:	CA
Zip:	90275
Facility investor:	"KHAN, FARHEEN ASIF "
Licensee type:	A
License effective date:	20529
License expiration date:	Not Reported
License issue date:	020529
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY8 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITHA MAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date:	020409
Facility closed date:	Not Reported
Mailing address:	6249 MONERO DRIVE
Mailing city:	RANCHO PALOS VERDES
Mailing state:	CA
Mailing zip:	90275
Contact person:	"KHAN, FARHEEN A. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3102650706

FK1032 NE 4-6 mi 25371 Higher — SRDCCA200717486 Daycare

EDR ID:	SRDCCA200717486
Facility number:	197409057
Facility name:	BENAVIDES-MANCERA FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4112A W. 136TH STREET
City:	HAWTHORNE

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

State:	CA
Zip:	90250
Alt. address:	4112A W. 136TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"BENAVIDES-MANCERA, ROSA MARIA "
Licensee type:	A
License effective date:	20812
License expiration date:	Not Reported
License issue date:	020812
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:	020703
Facility closed date:	Not Reported
Mailing address:	4112A W. 136TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	ROSA M. BENAVIDES-MANCERA
Facility capacity:	8
Type of clients served:	960
Facility phone:	3109709115

FW1033 SRHO20070139260
NNE AHA Hospitals
4-6 mi
25417
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 PAUL MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940913
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0693906
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	12923 INGLEWOOD AVE STE 1
Phone num:	3106750395
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported

Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139260

FT1034 SRDCCA200710439
SE Daycare
4-6 mi
25436
Higher

EDR ID:	SRDCCA200710439
Facility number:	197406738
Facility name:	URWIN-HENTILA FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2432 WEST 237TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	2432 WEST 237TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"URWIN-HENTILA, CATHY "
Licensee type:	A
License effective date:	990809
License expiration date:	Not Reported
License issue date:	990809
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:	990422
Facility closed date:	Not Reported
Mailing address:	2432 WEST 237TH STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"URWIN-HENTILA, CATHY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103262988

FK1035 SRDCCA200720356
NE Daycare
4-6 mi
25439
Higher

EDR ID:	SRDCCA200720356
Facility number:	197409328

Facility name:	BROWN FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4016 W. 137TH STREET #3
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4016 W. 137TH STREET #3
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"BROWN, LINDA D. "
Licensee type:	A
License effective date:	30203
License expiration date:	Not Reported
License issue date:	030203
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:	021022
Facility closed date:	Not Reported
Mailing address:	4016 W. 137TH STREET #3
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"BROWN, LINDA D. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3109784922

FN1036 SRDCCA200722773
NE Daycare
4-6 mi
25443
Higher

EDR ID:	SRDCCA200722773
Facility number:	197410865
Facility name:	POWELL FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	14022 DOTY AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	14022 DOTY AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"POWELL, LA'WANDRIA R. "
Licensee type:	A
License effective date:	40205
License expiration date:	Not Reported

License issue date: 040205
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: 031020
Facility closed date: Not Reported
Mailing address: 14022 DOTY AVENUE
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "POWELL, LA'WANDRIA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3106797577

FP1037 SRHO20070006149
NNE AHA Hospitals
4-6 mi
25454
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWTHORNE
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: 19940720
Medicare/Medicaid: 1
Facility name: HAWTHORNE HOSPITAL
Intermediary/Carrier: 52280
Medicaid number: Not Reported
Partcipation date: 19660701
Prior COO date: Not Reported
Prior carrier: 00040
Provider ID: 050310
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L1
street address: 13300 S HAWTHORNE BLVD
Phone num: 3106793321
Termination reason: 01
Term Date: 19970412
Purpose of action: 2
Provider control: 04
Zip: 90250
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: 19910720
Accred expire date: 19940720
Accred Org: 1

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num beds:	0073	
	Num cert beds:	0073	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070006149	
FP1038			SRHO20070128905
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
25454	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	HAWTHORNE HOSPITAL	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921216	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0547943	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	13300 S HAWTHORNE BLVD	
	Phone num:	Not Reported	
	Termination reason:	08	
	Term Date:	19990102	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070128905	
FV1039			SRDCCA200706781
ESE	EDR ID:	SRDCCA200706781	Daycare
4-6 mi	Facility number:	191609738	
25470	Facility name:	"JUNAIDEAN, NUZKIYA FAMILY CHILD CARE "	
Higher	Facility eval. code:	4040	

Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2855 GRAMERCY AVENUE
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	2855 GRAMERCY AVENUE
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"JUNAIDEAN, NUZKIYA "
Licensee type:	A
License effective date:	931130
License expiration date:	Not Reported
License issue date:	931130
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 "
Original app. received date:	930806
Facility closed date:	Not Reported
Mailing address:	2855 GRAMERCY AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	NUZKIYA JUNAIDEAN
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105341140

FP1040 SRHO20070011544
NNE AHA Hospitals
4-6 mi
25491
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
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:	20031008
Medicare/Medicaid:	1
Facility name:	NU-ERA HOME HEALTH AGENCY INC
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	20031010
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	058222
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA

ssa state:	05
state region cd:	L1
street address:	13253 HAWTHORNE BLVD
Phone num:	3109736329
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	04
Zip:	90250
Fips 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:	SRHO20070011544

FM1041 SRDCCA200737893
NE
4-6 mi
25524
Higher
Daycare

EDR ID:	SRDCCA200737893
Facility number:	197414070
Facility name:	MC COY FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	14569 CERISE AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	14569 CERISE AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"MC COY, MELODY "
Licensee type:	A
License effective date:	70110
License expiration date:	Not Reported
License issue date:	070110
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:	061103
Facility closed date:	Not Reported
Mailing address:	14569 CERISE AVENUE
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"MC COY, MELODY "
Facility capacity:	8
Type of clients served:	960

Facility phone: 3106761228

FR1042 SRDCCA200724856
NE Daycare
4-6 mi
25560
Higher

EDR ID:	SRDCCA200724856
Facility number:	197411345
Facility name:	ARMIJOS FAMILY CHILD CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	15126 ERIEL AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	15126 ERIEL AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"ARMIJOS, CARMEN TERESA "
Licensee type:	A
License effective date:	40407
License expiration date:	Not Reported
License issue date:	040407
Program type:	MAXIMUM CAPATICY: 14 CHILDREN WITH NO MORE THAN 4 INFANTS. CAPACITY INCLUDES LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE. (INFANT MEANS ANY CHILD UNDER THE AGE OF 2 YEARS OLD. EFFECTIVE DATE OF CAPACITY"INCREASE IS JUNE 13, 2005. "
Original app. received date:	040219
Facility closed date:	Not Reported
Mailing address:	15126 ERIEL AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"ARMIJOS, CARMEN T. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3102631070

FK1043 SRDCCA200750951
NE Daycare
4-6 mi
25566
Higher

EDR ID:	SRDCCA200750951
Facility number:	197405257
Facility name:	PRAIRIE PLAYLAND PRESCHOOL
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	13703 PRAIRIE AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	13703 PRAIRIE AVENUE
City:	HAWTHORNE

State:	CA
Zip:	90250
Facility investor:	"FNF, INC. "
Licensee type:	A
License effective date:	981217
License expiration date:	Not Reported
License issue date:	981217
Program type:	"MAXIMUM CAPACITY: (75) CHILDREN AGES 2-4 YEARS 9 MONTHS OLD, AMBULATORY "
Original app. received date:	980902
Facility closed date:	Not Reported
Mailing address:	"10640 WILKINS AVENUE, #104 "
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90024
Contact person:	STEPHANIE COLVIN
Facility capacity:	75
Type of clients served:	960
Facility phone:	3109731051

FK1044 SRPR20051023083
NE Private Schools
4-6 mi
25566
Higher

Pss school id:	A9101257
Pss inst:	PRAIRIE PLAYLAND SCHOOL
Lograde:	K
Higrade:	3
Pss address:	13703 S. PRAIRIE AVE
Pss city:	HAWTHORNE
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90250
Pss phone:	3109731051
Pss sch days:	254
Pss stu day hrs:	5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	23
Pss enroll 1:	15
Pss enroll 2:	12
Pss enroll 3:	8
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:	58
Pss enroll tk12:	58
Pss race ai:	0

Pss race as:	4
Pss race h:	23
Pss race b:	19
Pss race w:	12
Pss fte teach:	3
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:	6.9
Pss hisp pct:	39.66
Pss black pct:	32.76
Pss white pct:	20.69
Pss stdtch rt:	19.33
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:	SRPR20051023083

FU1045 SRDCCA200754634
NE Daycare
4-6 mi
25577
Higher

EDR ID:	SRDCCA200754634
Facility number:	192003086
Facility name:	KUM RAN CHURCH PRESCHOOL
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3153 W. MARINE AVE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	3153 W. MARINE AVE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	KUM RAN UNITED METHODIST CHURCH
Licensee type:	C
License effective date:	808
License expiration date:	Not Reported
License issue date:	000808
Program type:	PRESCHOOL LICENSE - CAPACITY 38 CHILDREN. TO SERVE CHILDREN 2 YEARS OLD THROUGH ENTRY INTO FIRST GRADE.
Original app. received date:	000630
Facility closed date:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing address:	3153 W. MARINE AVE	
	Mailing city:	GARDENA	
	Mailing state:	CA	
	Mailing zip:	90249	
	Contact person:	CHUNG OK PARK	
	Facility capacity:	38	
	Type of clients served:	960	
	Facility phone:	3102191815	
FW1046			SRPU20071007149
NNE	Ncessch:	060792000756	Public Schools
4-6 mi	Schname05:	HAWTHORNE HIGH	
25613	Mstreet05:	4859 WEST EL SEGUNDO BLVD.	
Higher	Mcity05:	HAWTHORNE	
	Mstate05:	CA	
	Mzip05:	90250	
	Mzip405:	4204	
	Member05:	2925	
	Phone05:	(310) 263-4400	
	Locale05:	3	
	Type05:	1	
	Level05:	3	
	Gslo05:	09	
	Gshi05:	12	
	Edr id:	SRPU20071007149	
FX1047			SRDCCA200728892
NE	EDR ID:	SRDCCA200728892	Daycare
4-6 mi	Facility number:	197411924	
25629	Facility name:	COOLEY FAMILY CHILD CARE	
Higher	Facility eval. code:	7010	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	13825 CORDARY AVENUE #3	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	13825 CORDARY AVENUE #3	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Facility investor:	"COOLEY, STACEY LASHAWN "	
	Licensee type:	A	
	License effective date:	50516	
	License expiration date:	Not Reported	
	License issue date:	050516	
	Program type:	LICENSE INACTIVE EFFECTIVE 12/18/06	
	Original app. received date:	040909	
	Facility closed date:	Not Reported	
	Mailing address:	13825 CORDARY AVENUE #3	
	Mailing city:	HAWTHORNE	
	Mailing state:	CA	

Mailing zip:	90250
Contact person:	"COOLEY, STACEY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3102637009

1048 SRDCCA200738542
ESE Daycare
4-6 mi
25644
Higher

EDR ID:	SRDCCA200738542
Facility number:	197413886
Facility name:	HECHMER FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2303 ANDREO AVENUE
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	2303 ANDREO AVENUE
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"HECHMER, LISA M. "
Licensee type:	A
License effective date:	61006
License expiration date:	Not Reported
License issue date:	061006
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:	060907
Facility closed date:	Not Reported
Mailing address:	2303 ANDREO AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"HECHMER, LISA M. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103280717

FX1049 SRHO20070006450
NE AHA Hospitals
4-6 mi
25666
Higher

Hospital type:	02
Num of times COO:	05
Owner date:	Not Reported
City:	HAWTHORNE
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:	19981102
Medicare/Medicaid:	2

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Facility name:	SOUTH BAY CHILD CARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	96000538
Partcipation date:	19790101
Prior COO date:	19980205
Prior carrier:	Not Reported
Provider ID:	05G026
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	13812 CORDARY AVENUE
Phone num:	3106799223
Termination reason:	06
Term Date:	19990204
Purpose of action:	3
Provider control:	02
Zip:	90250
Fips state:	06
Fips cnty:	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:	SRHO20070006450

FY1050 SRDCCA200703567
SE Daycare
4-6 mi
25674
Higher

EDR ID:	SRDCCA200703567
Facility number:	191606932
Facility name:	ALLEN FAMILY DAY CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3216 CAROLWOOD
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	3216 CAROLWOOD
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	"ALLEN, MARILYN "
Licensee type:	A
License effective date:	940602
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:	811030
Facility closed date:	Not Reported
Mailing address:	3216 CAROLWOOD
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90505
Contact person:	"ALLEN, MARILYN "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3103253958

FW1051 SRDCCA200747376
NNE Daycare
4-6 mi
25678
Higher

EDR ID:	SRDCCA200747376
Facility number:	191600701
Facility name:	TRINITY LUTHERAN PRE-SCHOOL & DAY NURSERY
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4726 W. 129TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4726 W. 129TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	TRINITY LUTHERAN CHURCH
Licensee type:	C
License effective date:	931029
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	LICENSEE PERFERS TO SERVE AMBULATORY CHILDREN 2 THRU 5 YEARS OF AGE.
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	4783 W. 130TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"BROWDER,DAHLIA "
Facility capacity:	120
Type of clients served:	950
Facility phone:	3106754493

FZ1052 SRDCCA200707347
NE Daycare
4-6 mi
25679
Higher

EDR ID:	SRDCCA200707347
Facility number:	197403605
Facility name:	PAREDES FAMILY DAY CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03

Address: 3338 WEST 147TH STREET
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 3338 WEST 147TH STREET
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "PAREDES, ANA "
Licensee type: A
License effective date: 970612
License expiration date: Not Reported
License issue date: 970612
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: 970513
Facility closed date: Not Reported
Mailing address: 3338 WEST 147TH STREET
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: PAREDES
Facility capacity: 14
Type of clients served: 960
Facility phone: 3106446698

FY1053 SRDCCA200716804
SE EDR ID: SRDCCA200716804 Daycare
4-6 mi Facility number: 197408452
25685 Facility name: IGAUE FAMILY CHILD CARE
Higher Facility eval. code: 6050
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3214 CAROLWOOD LANE
City: TORRANCE
State: CA
Zip: 90505
Alt. address: 3214 CAROLWOOD LANE
City: TORRANCE
State: CA
Zip: 90505
Facility investor: "IGUAE, KEIKO & MEGUMI "
Licensee type: A
License effective date: 11227
License expiration date: Not Reported
License issue date: 011227
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: 011003
Facility closed date: Not Reported
Mailing address: 3214 CAROLWOOD LANE

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90505
Contact person:	"IGAUE, KEIKO & MEGUMI "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103253070

FP1054 SRHO20070151676
NNE AHA Hospitals
4-6 mi
25688
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PREMIER HEALTH PROVIDERS NETWORK INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980723
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0949042
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	13252 HAWTHORNE BLVD STE 300
Phone num:	3109736838
Termination reason:	12
Term Date:	19990614
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151676

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
FP1055 NNE 4-6 mi 25688 Higher			SRHO20070129026 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	CENTINELA MEDICAL CENTER SURECARE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950130	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0547975	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	13252 S HAWTHORNE BLVD	
	Phone num:	3106757175	
	Termination reason:	01	
	Term Date:	19971031	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070129026	
FQ1056 ENE 4-6 mi 25698 Higher			SRDCCA200733849 Daycare
	EDR ID:	SRDCCA200733849	
	Facility number:	197413182	
	Facility name:	OZAKI FAMILY CHILD CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2030 VERBURG COURT	
	City:	TORRANCE	

State: CA
Zip: 90504
Alt. address: 2030 VERBURG COURT
City: TORRANCE
State: CA
Zip: 90504
Facility investor: "OZAKI, GRACE M. "
Licensee type: A
License effective date: 51209
License expiration date: Not Reported
License issue date: 051209
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: 051128
Facility closed date: Not Reported
Mailing address: 2030 VERBURG COURT
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90504
Contact person: "OZAKI, GRACE M. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3105321251

FH1057 SRDCCA200714257
NNE EDR ID: SRDCCA200714257 Daycare
4-6 mi Facility number: 197408239
25734 Facility name: CONNORS FAMILY CHILD CARE
Higher Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4595 W. 130TH STREET
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 4595 W. 130TH STREET
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "CONNORS, STEPHANIE LAVONNE "
Licensee type: A
License effective date: 10702
License expiration date: Not Reported
License issue date: 010702
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: 010607
Facility closed date: Not Reported
Mailing address: 4595 W. 130TH STREET
Mailing city: HAWTHORNE
Mailing state: CA

Mailing zip:	90250
Contact person:	STEPHANIE L. CONNORS
Facility capacity:	14
Type of clients served:	960
Facility phone:	3109788397

FH1058 SRDCCA200702451
NNE Daycare
4-6 mi
25758
Higher

EDR ID:	SRDCCA200702451
Facility number:	191605364
Facility name:	VALVERDE FAMILY DAY CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4582 W. 130TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4582 W. 130TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"VALVERDE, TERESA "
Licensee type:	A
License effective date:	930928
License expiration date:	Not Reported
License issue date:	900928
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	900803
Facility closed date:	Not Reported
Mailing address:	4582 W. 130TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"VALVERDE, TERESA "
Facility capacity:	12
Type of clients served:	960
Facility phone:	3106797785

FK1059 SRDCCA200737861
NE Daycare
4-6 mi
25764
Higher

EDR ID:	SRDCCA200737861
Facility number:	197414027
Facility name:	DIAZ FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4023-A WEST 136TH STREET
City:	HAWTHORNE

State: CA
Zip: 90250
Alt. address: 4023-A WEST 136TH STREET
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "DIAZ, CHOYA "
Licensee type: A
License effective date: 61201
License expiration date: Not Reported
License issue date: 061201
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: 061020
Facility closed date: Not Reported
Mailing address: 4023-A WEST 136TH STREET
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "DIAZ, CHOYA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3104916690

FX1060 SRDCCA200730887
NE EDR ID: SRDCCA200730887 Daycare
4-6 mi Facility number: 197412452
25774 Facility name: HERNANDEZ-BOLANOS FAMILY CHILD CARE
Higher Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 13914 DOTY AVENUE
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 13914 DOTY AVENUE
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "HERNANDEZ-BOLANOS, DOLORES MA. "
Licensee type: A
License effective date: 50607
License expiration date: Not Reported
License issue date: 050607
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: 050323
Facility closed date: Not Reported
Mailing address: 13914 DOTY AVENUE
Mailing city: HAWTHORNE

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing state:	CA	
	Mailing zip:	90250	
	Contact person:	MA. DOLORES HERNANDEZ-BOLA	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3103551062	
GA1061 NNW 4-6 mi 25839 Higher			SRHO20070154875 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	EL SEGUNDO	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	RENEE C MACLEOD DO	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20020703	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1001241	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	327 MAIN ST	
	Phone num:	3103229700	
	Termination reason:	00	
	Term Date:	20080702	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90245	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070154875	
1062 ENE 4-6 mi 25840 Higher			SRDCCA200707950 Daycare
	EDR ID:	SRDCCA200707950	
	Facility number:	197402102	

Facility name:	"OKADA, VIOLET "
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1859 W. 179TH ST.
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	1859 W. 179TH ST.
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"OKADA, VIOLET "
Licensee type:	A
License effective date:	960212
License expiration date:	Not Reported
License issue date:	960212
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:	951219
Facility closed date:	Not Reported
Mailing address:	1859 W. 179TH ST.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"OKADA, VIOLET "
Facility capacity:	6
Type of clients served:	960
Facility phone:	3103290512

FX1063 SRPU20071015006
NE Public Schools
4-6 mi
25844
Higher

Ncessch:	061668007520
Schname05:	PRAIRIE VISTA MIDDLE
Mstreet05:	13600 SOUTH PRAIRIE AVE.
Mcity05:	HAWTHORNE
Mstate05:	CA
Mzip05:	90250
Mzip405:	Not Reported
Member05:	1172
Phone05:	(310) 679-1003
Locale05:	3
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071015006

FO1064 SRDCCA200746743
NNW Daycare
4-6 mi
25859
Higher

EDR ID:	SRDCCA200746743
Facility number:	191604608
Facility name:	EL SEGUNDO PRESCHOOL

Facility eval. code:	5080
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	301 WEST GRAND
City:	EL SEGUNDO
State:	CA
Zip:	90245
Alt. address:	301 WEST GRAND
City:	EL SEGUNDO
State:	CA
Zip:	90245
Facility investor:	"CURRIE, GEORGE & ISABEL "
Licensee type:	A
License effective date:	940924
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:	810225
Facility closed date:	Not Reported
Mailing address:	631 24TH STREET
Mailing city:	HERMOSA BEACH
Mailing state:	CA
Mailing zip:	90254
Contact person:	"GINOSI, PATTY "
Facility capacity:	42
Type of clients served:	950
Facility phone:	3103220807

FU1065 SRHO20070140059
NE AHA Hospitals
4-6 mi
25869
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JULIUS FRANK MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0725674
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

street address:	15122 S CRENSHAW BLVD
Phone num:	3103297596
Termination reason:	08
Term Date:	20040831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90249
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140059

FU1066			SRHO20070157497
NE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
25872	Owner date:	Not Reported	
Higher	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	KUSH MEDICAL GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20000920	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0978273	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	15119 S CRENSHAW BLVD	
	Phone num:	3106443488	
	Termination reason:	00	
	Term Date:	20080919	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90249	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	

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:	SRHO20070157497	

GB1067			SRHO20070160958
East	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
25874	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	HOPE INTERNATIONAL HOSPICE, INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20051025	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1047063	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	20705 SOUTH WESTERN AVE, SUITE 112	
	Phone num:	3107827070	
	Termination reason:	00	
	Term Date:	20071024	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90501	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070160958	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
GB1068			SRHO20070009137
East	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
25874	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20040414	
	Medicare/Medicaid:	1	
	Facility name:	HOPE INTERNATIONAL HOSPICE INC	
	Intermediary/Carrier:	00454	
	Medicaid number:	Not Reported	
	Partcipation date:	20040430	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	051774	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L4	
	street address:	20705 SOUTH WESTERN AVENUE SUITE 112	
	Phone num:	3103787070	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	1	
	Provider control:	06	
	Zip:	90501	
	Fips 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:	SRHO20070009137	

1069			SRPU20071010986
SSE	Ncessch:	062970004619	Public Schools
4-6 mi	Schname05:	RANCHO VISTA ELEMENTARY	
25892	Mstreet05:	4323 PALOS VERDES DRIVE NORTH	
Higher	Mcity05:	ROLLING HILLS ESTATES	
	Mstate05:	CA	
	Mzip05:	90274	
	Mzip405:	1576	
	Member05:	486	
	Phone05:	(310) 378-8388	
	Locale05:	3	

Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071010986

FR1070 SRDCCA200718825
NE Daycare
4-6 mi
25930
Higher

EDR ID:	SRDCCA200718825
Facility number:	192010570
Facility name:	JACKSON FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	15119 ATKINSON AVE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	15119 ATKINSON AVE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"JACKSON, JACQUELINE "
Licensee type:	A
License effective date:	30807
License expiration date:	Not Reported
License issue date:	030807
Program type:	MAXIMUM 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.PROPERTY OWNERCONSENT IS REQUIRED.
Original app. received date:	020314
Facility closed date:	Not Reported
Mailing address:	15119 ATKINSON AVE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"JACKSON, JACQUELINE "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3103291953

FP1071 SRDCCA200729748
NNE Daycare
4-6 mi
25937
Higher

EDR ID:	SRDCCA200729748
Facility number:	197412565
Facility name:	KING FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4391 W. 132ND STREET #D
City:	HAWTHORNE

State: CA
Zip: 90250
Alt. address: 4391 W. 132ND STREET #D
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "KING, TRACIE "
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: 050406
Facility closed date: Not Reported
Mailing address: 4391 W. 132ND STREET #D
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "KING, TRACIE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103551517

FP1072 NNE 4-6 mi 25937 Higher		SRDCCA200734648 Daycare

EDR ID: SRDCCA200734648
Facility number: 197413617
Facility name: KILGORE FAMILY CHILD CARE
Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4391 W. 132ND STREET #A
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 4391 W. 132ND STREET #A
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "KILGORE, VALERIE "
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: 060517
Facility closed date: Not Reported
Mailing address: 4391 W. 132ND STREET #A
Mailing city: HAWTHORNE
Mailing state: CA

Mailing zip:	90250
Contact person:	"KILGORE, VALERIE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106791606

FW1073 SRDCCA200711250
NNE Daycare
4-6 mi
25962
Higher

EDR ID:	SRDCCA200711250
Facility number:	197407102
Facility name:	"ARRANGO, GLORIA FAMILY CHILD CARE "
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4610 W. 129TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4610 W. 129TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"ARANGO, GLORIA "
Licensee type:	A
License effective date:	990907
License expiration date:	Not Reported
License issue date:	990907
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:	990803
Facility closed date:	Not Reported
Mailing address:	4610 W. 129TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"ARANGO, GLORIA I. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3106794585

FZ1074 SRDCCA200739144
NE Daycare
4-6 mi
25975
Higher

EDR ID:	SRDCCA200739144
Facility number:	197413859
Facility name:	BELL FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	14610 LEMOLI AVENUE #103
City:	HAWTHORNE

State:	CA
Zip:	90250
Alt. address:	14610 LEMOLI AVENUE #103
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"BELL, SERENA "
Licensee type:	A
License effective date:	70306
License expiration date:	Not Reported
License issue date:	070306
Program type:	"MAXIMUM CAPACITY: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAPACITY 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060822
Facility closed date:	Not Reported
Mailing address:	14610 LEMOLI AVENUE #103
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"BELL, SERENA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105717389

FM1075 SRHO20070158657
NE AHA Hospitals
4-6 mi
25978
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LIVIS HOME HEALTHCARE INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20041019
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1032194
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	14311 CERISE AVENUE #210
Phone num:	3109737508
Termination reason:	08
Term Date:	20061018

Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158657

FZ1076
NE
4-6 mi
25986
Higher

SRDCCA200721288
Daycare

EDR ID:	SRDCCA200721288
Facility number:	197410133
Facility name:	BUTTS FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	14606 LEMOLI AVENUE #5
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	14606 LEMOLI AVENUE #5
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"BUTTS, ROSE MARIE "
Licensee type:	A
License effective date:	30709
License expiration date:	Not Reported
License issue date:	030709
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:	030505
Facility closed date:	Not Reported
Mailing address:	14606 LEMOLI AVENUE #5
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"BUTTS, ROSE M. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3109738602

GC1077
NNE
4-6 mi
26025
Higher

SRDCCA200734977
Daycare

EDR ID:	SRDCCA200734977
Facility number:	197413542

Facility name:	GOMEZ FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5334 W. 124TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	5334 W. 124TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"GOMEZ, MARTHA & GILBERTO "
Licensee type:	A
License effective date:	60613
License expiration date:	Not Reported
License issue date:	060613
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:	060425
Facility closed date:	Not Reported
Mailing address:	5334 W. 124TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"GOMEZ, MARTHA & GILBERTO "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3106430063

GD1078 SRHO20070144281
North 4-6 mi 26042 Higher AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	EL SEGUNDO
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 HEALTHWORKS MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950731
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0903814
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	500 NORTH NASH
Phone num:	3106409911
Termination reason:	00
Term Date:	20070730
Purpose of action:	Not Reported
Provider control:	04
Zip:	90245
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144281

GE1079 — SRHO20070149357
East — AHA Hospitals
4-6 mi
26066
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 HATHAWAY MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971211
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0937114
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	21081 S WESTERN #150
Phone num:	3107823300
Termination reason:	00
Term Date:	20071210
Purpose of action:	Not Reported
Provider control:	02
Zip:	90501
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149357

FN1080 SRDCCA200722459
NE Daycare
4-6 mi
26076
Higher

EDR ID:	SRDCCA200722459
Facility number:	197410679
Facility name:	JONES FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	14104 YUKON #9
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	14104 YUKON #9
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"JONES, KIMBERLY DENISE "
Licensee type:	A
License effective date:	40122
License expiration date:	Not Reported
License issue date:	040122
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. LICENSEE IS REQUESTING INACTIVE STATUS BEGINNING 2-7-07.
Original app. received date:	030911
Facility closed date:	Not Reported
Mailing address:	14104 YUKON #9
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"JONES, KIMBERLY D. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3109780812

GF1081 SRDCCA200743094
ESE Daycare
4-6 mi
26083
Higher

EDR ID:	SRDCCA200743094
Facility number:	197400717
Facility name:	YMCA-WOOD ELEMENTARY SCHOOL
Facility eval. code:	4040
Facility office number:	30

Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 2250 W. 235TH ST
City: TORRANCE
State: CA
Zip: 90501
Alt. address: 625 S. NEW HAMPSHIRE AVE
City: LOS ANGELES
State: CA
Zip: 90005
Facility investor: MARILYN WOTTON YMCA METRO LOS ANGELES
Licensee type: A
License effective date: 950428
License expiration date: Not Reported
License issue date: 950428
Program type: LICENSEE PREFERS TO SERVE CHILDREN 5-12 YEARS OF AGE BEFORE AND AFTER SCHOOL.
Original app. received date: 940909
Facility closed date: Not Reported
Mailing address: 2250 W. 235TH ST
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90501
Contact person: "HOOD, CHARLOTTE "
Facility capacity: 80
Type of clients served: 950
Facility phone: 3105343510

GF1082 SRDCCA200749443
ESE EDR ID: SRDCCA200749443 Daycare
4-6 mi Facility number: 191608214
26083 Facility name: FEDERATION/WOOD STATE PRESCHOOL
Higher Facility eval. code: 4000
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 2250 W. 235TH STREET
City: TORRANCE
State: CA
Zip: 90501
Alt. address: "460 E. CARSON PLAZA DR,STE 100"
City: CARSON
State: CA
Zip: 90746
Facility investor: "FEDERATION OF PRESCHOOL AND COMM. ED. CTRS., INC. "
Licensee type: C
License effective date: 950914
License expiration date: Not Reported
License issue date: 920914
Program type: LICENSEE WILL SERVE AGES 3 - 5 YEARS. OPTIONAL RATIO: 1 TEACHER 1 ASSITANT TO 18 CHILDREN (ASSISTANT MUST HAVE 6 ECE UNITS).
Original app. received date: 920706
Facility closed date: Not Reported

Mailing address:	"460 E. CARSON PLAZA DR,STE 100"
Mailing city:	CARSON
Mailing state:	CA
Mailing zip:	90746
Contact person:	"COPES, PRISCILLA "
Facility capacity:	37
Type of clients served:	950
Facility phone:	3105170434

GF1083 SRPU20071009103
ESE Public Schools
4-6 mi
26083
Higher

Ncessch:	063942006581
Schname05:	HOWARD WOOD ELEMENTARY
Mstreet05:	2250 WEST 235TH ST.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90501
Mzip405:	5705
Member05:	391
Phone05:	(310) 533-4484
Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071009103

GG1084 SRDCCA200738632
ENE Daycare
4-6 mi
26096
Higher

EDR ID:	SRDCCA200738632
Facility number:	197413905
Facility name:	GORDON FAMILY CHILD CARE
Facility eval. code:	5030
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	16632 TAYLOR COURT
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	16632 TAYLOR COURT
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"GORDON, BERNETTA B. "
Licensee type:	A
License effective date:	61003
License expiration date:	Not Reported
License issue date:	061003
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:	060912
Facility closed date:	Not Reported
Mailing address:	16632 TAYLOR COURT

Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"GORDON, BERNETTA B. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3103273317

GE1085			SRHO20070009023
East	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	01	
26120	Owner date:	19970101	
Higher	City:	TORRANCE	
	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:	19950425	
	Medicare/Medicaid:	1	
	Facility name:	PACIFIC PERITONEAL DIALYSIS CENTER	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19950425	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	052763	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	21082 SOUTH WESTERN AVENUE #120	
	Phone num:	4157442931	
	Termination reason:	01	
	Term Date:	20000430	
	Purpose of action:	1	
	Provider control:	01	
	Zip:	90501	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	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:	SRHO20070009023	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
GH1086 ENE 4-6 mi 26140 Higher	EDR ID:	SRDCCA200710677	SRDCCA200710677 Daycare
	Facility number:	197407341	
	Facility name:	JEONG FAMILY CHILD CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	16304 HAAS AVENUE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90504	
	Alt. address:	16304 HAAS AVENUE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90504	
	Facility investor:	"JEONG, MYUNG & CHEOL "	
	Licensee type:	A	
	License effective date:	128	
	License expiration date:	Not Reported	
	License issue date:	000128	
	Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WITH 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:	991202	
	Facility closed date:	Not Reported	
	Mailing address:	16304 HAAS AVENUE	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90504	
	Contact person:	"JEONG, MYUNG & CHEOL "	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	3105323002	

GA1087 NNW 4-6 mi 26139 Higher	EDR ID:	SRDCCA200754353	SRDCCA200754353 Daycare
	Facility number:	197408458	
	Facility name:	ST. MICHAEL'S CHILDREN'S CENTER	
	Facility eval. code:	5080	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	361 RICHMOND STREET	
	City:	EL SEGUNDO	
	State:	CA	
	Zip:	90245	
	Alt. address:	361 RICHMOND STREET	
	City:	EL SEGUNDO	
	State:	CA	
	Zip:	90245	
	Facility investor:	"ALBERS, MELISSA & BERGERON, MICHAEL "	
	Licensee type:	C	

License effective date: 11219
License expiration date: Not Reported
License issue date: 011219
Program type: "COMBINATION CENTER: LICENSEE WILL SERVE PRESCHOOL CHILDREN AGES 2 - 5 YEARS OLD. HOURS OF OPERATION 7:00 A.M. - 6:00 P.M., MONDAY - FRIDAY.;X197408459 INFANT CENTER (12) AGES 0 - 2 YEARS OLD. "
Original app. received date: 011016
Facility closed date: Not Reported
Mailing address: 361 RICHMOND STREET
Mailing city: EL SEGUNDO
Mailing state: CA
Mailing zip: 90245
Contact person: "ALBERS, MELISSA "
Facility capacity: 45
Type of clients served: 950
Facility phone: 3103227522

GA1088 SRDCCA200741445
NNW Daycare
4-6 mi
26139
Higher

EDR ID: SRDCCA200741445
Facility number: 197408459
Facility name: ST. MICHAEL'S CHILDREN'S CENTER
Facility eval. code: 5080
Facility office number: 30
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 361 RICHMOND STREET
City: EL SEGUNDO
State: CA
Zip: 90245
Alt. address: 361 RICHMOND STREET
City: EL SEGUNDO
State: CA
Zip: 90245
Facility investor: "ALBERS, MELISSA & BERGERON, MICHAEL "
Licensee type: C
License effective date: 11219
License expiration date: Not Reported
License issue date: 011219
Program type: "COMBINATION CENTER: LICENSEE WILL SERVE CHILDREN AGES 0 - 2 YEARS OLD.H0URS OF OPERATION 7:00 A.M. - 6:00 P.M., MONDAY - FRIDAY; X197408458 PRESCHOOL (45) AGES 2 - 5 YEARS. "
Original app. received date: 011016
Facility closed date: Not Reported
Mailing address: 361 RICHMOND STREET
Mailing city: EL SEGUNDO
Mailing state: CA
Mailing zip: 90245
Contact person: "ALBERS, MELISSA "
Facility capacity: 12
Type of clients served: 955
Facility phone: 3103227522

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
GI1089 NNE 4-6 mi 26145 Higher			SRHO20070008756 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	02	
	Owner date:	Not Reported	
	City:	HAWTHORNE	
	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:	20041112	
	Medicare/Medicaid:	1	
	Facility name:	SUNRISE DIALYSIS CENTER	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19940405	
	Prior COO date:	19950501	
	Prior carrier:	Not Reported	
	Provider ID:	052746	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	13039 HAWTHORNE BLVD	
	Phone num:	3106795274	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	01	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	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:	SRHO20070008756	

GI1090 NNE 4-6 mi 26145 Higher			SRHO20070145559 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	SUNRISE DIALYSIS CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940620
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0887904
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	13039 HAWTHORNE BOULEVARD
Phone num:	3106444087
Termination reason:	00
Term Date:	20080619
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145559

1091 SRHO20070153901
ESE AHA Hospitals
4-6 mi
26175
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 #132
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010604
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0987389
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1770 CARSON STREET
Phone num:	3107878862
Termination reason:	00
Term Date:	20070603
Purpose of action:	Not Reported
Provider control:	04
Zip:	90501
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153901

GB1092 SRDCCA200722965
East Daycare
4-6 mi
26213
Higher

EDR ID:	SRDCCA200722965
Facility number:	197411021
Facility name:	ESTRADA FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1649 W. 204TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	1649 W. 204TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"ESTRADA, XOCHITL L. "
Licensee type:	A
License effective date:	40219
License expiration date:	Not Reported
License issue date:	040219
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:	031113
Facility closed date:	Not Reported
Mailing address:	1649 W. 204TH STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"ESTRADA, XOCHITL "
Facility capacity:	14

Type of clients served:	960
Facility phone:	3107871227

GJ1093			SRPR20051022679
SE	Pss school id:	A9500677	Private Schools
4-6 mi	Pss inst:	NISHIYAMATO ACADEMY	
26278	Lograde:	PK	
Higher	Higrade:	9	
	Pss address:	2458 LOMITA BLVD	
	Pss city:	LOMITA	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90717	
	Pss phone:	3103257040	
	Pss sch days:	200	
	Pss stu day hrs:	8.5	
	Pss library:	Yes	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	14	
	Pss enroll k:	12	
	Pss enroll 1:	18	
	Pss enroll 2:	16	
	Pss enroll 3:	17	
	Pss enroll 4:	22	
	Pss enroll 5:	20	
	Pss enroll 6:	17	
	Pss enroll 7:	11	
	Pss enroll 8:	12	
	Pss enroll 9:	10	
	Pss enroll 10:	Not Reported	
	Pss enroll 11:	Not Reported	
	Pss enroll 12:	Not Reported	
	Pss enroll t:	169	
	Pss enroll tk12:	155	
	Pss race ai:	0	
	Pss race as:	154	
	Pss race h:	0	
	Pss race b:	0	
	Pss race w:	1	
	Pss fte teach:	18.6	
	Pss locale:	3	
	Pss coed:	1	
	Pss type:	6	
	Pss level:	3	
	Pss relig:	3	
	Pss comm type:	2	
	Pss indian pct:	0	
	Pss asian pct:	99.35	
	Pss hisp pct:	0	
	Pss black pct:	0	
	Pss white pct:	0.65	
	Pss stdtch rt:	8.33	
	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:	SRPR20051022679

GK1094 SRDCCA200754715
ESE Daycare
4-6 mi
26290
Higher

EDR ID:	SRDCCA200754715
Facility number:	197407820
Facility name:	TORRANCE MONTESSORI SCHOOL
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2747 CABRILLO AVENUE
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	6508 VERDE RIDGE RD
City:	RANCHO PALOS VERDES
State:	CA
Zip:	90275
Facility investor:	JIANPING ZHU TAI
Licensee type:	A
License effective date:	1213
License expiration date:	Not Reported
License issue date:	001213
Program type:	LICENSEE PREFERS TO SERVE CHILDREN AGES 2 THRU 6 YEARS.
Original app. received date:	000919
Facility closed date:	Not Reported
Mailing address:	6508 VERDE RIDGE RD
Mailing city:	RANCHO PALOS VERDES
Mailing state:	CA
Mailing zip:	90275
Contact person:	JIANPING ZHU TAI
Facility capacity:	34
Type of clients served:	950
Facility phone:	3103285358

1095 SRPU20071011188
SSE Public Schools
4-6 mi
26306
Higher

Ncessch:	062970010246
Schname05:	PALOS VERDES PENINSULA HIGH
Mstreet05:	27118 SILVER SPUR RD.
Mcity05:	ROLLING HILLS ESTATES
Mstate05:	CA
Mzip05:	90274
Mzip405:	2300
Member05:	2527

Phone05:	(310) 377-4888
Locale05:	3
Type05:	1
Level05:	3
Gslo05:	09
Gshi05:	12
Edr id:	SRPU20071011188

FZ1096 SRDCCA200721362
NE Daycare
4-6 mi
26309
Higher

EDR ID:	SRDCCA200721362
Facility number:	197410168
Facility name:	GUNAWARDHANA FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	14452 ARBOR LANE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	14452 ARBOR LANE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"GUNAWARDHANA, AYOMAJAYAMINI "
Licensee type:	A
License effective date:	30923
License expiration date:	Not Reported
License issue date:	030923
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:	030522
Facility closed date:	Not Reported
Mailing address:	14452 ARBOR LANE
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"GUNAWARDHAND, AYOMA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103490390

FT1097 SRDCCA200747631
SE Daycare
4-6 mi
26327
Higher

EDR ID:	SRDCCA200747631
Facility number:	191602260
Facility name:	SOUTH BAY COOPERATIVE PRESCHOOL
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03

Address:	24027 PENNSYLVANIA AVE
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	24027 PENNSYLVANIA AVE
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	SOUTH BAY COOPERATIVE PRESCHOOL
Licensee type:	C
License effective date:	930714
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"PRESCHOOL FOR AGE 2 YEARS 6 MONTHS TO 5 YEARS OLD. OPEN 9:00 A.M. - 12:00 P.M. ON M.W.F. WEEKLY, CLOSED FOR SUMMER. "
Original app. received date:	770822
Facility closed date:	Not Reported
Mailing address:	24027 PENNSYLVANIA AVE.
Mailing city:	LOMITA
Mailing state:	CA
Mailing zip:	90717
Contact person:	DAWN GNADT
Facility capacity:	44
Type of clients served:	950
Facility phone:	3103251134

FT1098
SE
4-6 mi
26327
Higher

SRDCCA200744703
Daycare

EDR ID:	SRDCCA200744703
Facility number:	197412645
Facility name:	FIRST LUTHERAN EARLY EDUCATION CTR. AT ST. MARK
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	24027 PENNSYLVANIA AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	2900 W. CARSON ST.
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	FIRST EVANGELICAL LUTHERAN CHURCH OF TORRANCE
Licensee type:	C
License effective date:	50801
License expiration date:	Not Reported
License issue date:	050801
Program type:	LICENSE IS FOR A MAXIMUM CAPACITY OF 8 INFANTS AND 13 TODDLERS. NOTE: THERE IS A WAIVER IN THE FILE FOR THE PLAYGROUND.
Original app. received date:	050516
Facility closed date:	Not Reported
Mailing address:	2900 W. CARSON ST.
Mailing city:	TORRANCE

Mailing state:	CA
Mailing zip:	90503
Contact person:	"BECKER, SHIRLEY "
Facility capacity:	21
Type of clients served:	950
Facility phone:	3103264086

FT1099 SRDCCA200753163
SE Daycare
4-6 mi
26327
Higher

EDR ID:	SRDCCA200753163
Facility number:	197411051
Facility name:	VOA/THE LEARNING CENTER HEAD START
Facility eval. code:	4000
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	24027 PENNSYLVANIA
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	11243 KITTRIDGE STREET
City:	NORTH HOLLYWOOD
State:	CA
Zip:	91606
Facility investor:	VOLUNTEERS OF AMERICA OF LOS ANGELES
Licensee type:	C
License effective date:	40220
License expiration date:	Not Reported
License issue date:	040220
Program type:	PROGRAM SERVE CHILDREN AGES 3 - 5 YEARS OLD AMBULATORY ONLY.
Original app. received date:	031119
Facility closed date:	Not Reported
Mailing address:	11243 KITTRIDGE STREET
Mailing city:	NORTH HOLLYWOOD
Mailing state:	CA
Mailing zip:	91606
Contact person:	"RUIZ, REGINA "
Facility capacity:	34
Type of clients served:	950
Facility phone:	3103252523

GH1100 SRHO20070156677
ENE AHA Hospitals
4-6 mi
26340
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 #111

Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000822
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0977250
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2201 W REDONDO BEACH BLVD
Phone num:	3108844722
Termination reason:	00
Term Date:	20080821
Purpose of action:	Not Reported
Provider control:	04
Zip:	90247
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156677

GI1101 SRHO20070154309
NNE AHA Hospitals
4-6 mi
26343
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HAWTHORNE MORNINGSIDE MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010316
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0984221
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05

state region cd:	LAB
street address:	12954 S HAWTHORNE BLVD, SUITE 104
Phone num:	3106790269
Termination reason:	00
Term Date:	20070315
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154309

GI1102			SRHO20070156771
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26343	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PACIFICA WOMENS HEALTH CARE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20020624	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1000817	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	12954 HAWTHORNE BLVD #100	
	Phone num:	3109786900	
	Termination reason:	00	
	Term Date:	20080623	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	

SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156771

GI1103			SRHO20070143685
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26343	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	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:	19960627	
	Medicare/Medicaid:	1	
	Facility name:	PHILLIP SOKOLSKY MD	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0862632	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	12954 S HAWTHORNE BLVD #101	
	Phone num:	3102191550	
	Termination reason:	00	
	Term Date:	20071026	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070143685	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
1104 SSW 4-6 mi 26372 Higher			SRPU20071011189 Public Schools
	Ncessch:	062970010532	
	Schname05:	PALOS VERDES HIGH	
	Mstreet05:	600 CLOYDEN RD.	
	Mcity05:	PALOS VERDES ESTATES	
	Mstate05:	CA	
	Mzip05:	90274	
	Mzip405:	1869	
	Member05:	1614	
	Phone05:	(310) 378-8471	
	Locale05:	3	
	Type05:	1	
	Level05:	3	
	Gslo05:	09	
	Gshi05:	12	
	Edr id:	SRPU20071011189	

GC1105 NNE 4-6 mi 26449 Higher			SRDCCA200730249 Daycare
	EDR ID:	SRDCCA200730249	
	Facility number:	197412502	
	Facility name:	STEIN FAMILY CHILD CARE	
	Facility eval. code:	7010	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	12327 GLASGOW PLACE	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	12327 GLASGOW PLACE	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Facility investor:	"STEIN, AUTUMN "	
	Licensee type:	A	
	License effective date:	50606	
	License expiration date:	Not Reported	
	License issue date:	050606	
	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:	050315	
	Facility closed date:	Not Reported	
	Mailing address:	12327 GLASGOW PLACE	
	Mailing city:	HAWTHORNE	
	Mailing state:	CA	
	Mailing zip:	90250	
	Contact person:	"STEIN, AUTUMN "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3106753163	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
GL1106 ENE 4-6 mi 26455 Higher			SRHO20070107454 AHA Hospitals
	Hospital type:	02	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	GARDENA	
	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:	20060721	
	Medicare/Medicaid:	1	
	Facility name:	MATHARU ASSISTED LIVING #3	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990518	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	55G249	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	2420 W 156TH STREET	
	Phone num:	3103288482	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	07	
	Zip:	90249	
	Fips state:	06	
	Fips cnty:	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:	SRHO20070107454	
FX1107 NE 4-6 mi 26496 Higher			SRDCCA200711085 Daycare
	EDR ID:	SRDCCA200711085	
	Facility number:	197407072	
	Facility name:	RICHARDSON FAMILY CHILD CARE	
	Facility eval. code:	7010	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	3722 LISSO STREET	
	City:	HAWTHORNE	

State: CA
Zip: 90250
Alt. address: 3722 LISSO STREET
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "RICHARSON, LINDA I. "
Licensee type: A
License effective date: 991008
License expiration date: Not Reported
License issue date: 991008
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: 990806
Facility closed date: Not Reported
Mailing address: 3722 LISSO STREET
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "RICHARDSON, LINDA I. "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3106791945

FZ1108 SRDCCA200753553
NE EDR ID: SRDCCA200753553 Daycare
4-6 mi Facility number: 197409950
26511 Facility name: LEARNING TIME PRESCHOOL
Higher Facility eval. code: 4060
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 3112 W. 147TH STREET
City: GARDENA
State: CA
Zip: 90249
Alt. address: 3112 W. 147TH STREET
City: GARDENA
State: CA
Zip: 90249
Facility investor: "SMITH, MARLO "
Licensee type: A
License effective date: 30304
License expiration date: Not Reported
License issue date: 030304
Program type: 6 TODDLERS (18-30 MONTHS) 45 PRESCHOOL (2-5 YEARS) NO CHILDREN ALLOWEDON SECOND FLOOR.
Original app. received date: 030205
Facility closed date: Not Reported
Mailing address: 3143 W. 155TH STREET
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90249

Contact person:	TINA ELLIS
Facility capacity:	51
Type of clients served:	950
Facility phone:	3106755250

GG1109 — SRDCCA200726573
ENE — Daycare
4-6 mi
26535
Higher

EDR ID:	SRDCCA200726573
Facility number:	197411858
Facility name:	STELLMAN FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2036 W. 165TH STREET
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	2036 W. 165TH STREET
City:	TORRANCE
State:	CA
Zip:	90504
Facility investor:	"STELLMAN, KIMBERLY A. "
Licensee type:	A
License effective date:	40806
License expiration date:	Not Reported
License issue date:	040806
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:	040728
Facility closed date:	Not Reported
Mailing address:	2036 W. 165TH STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90504
Contact person:	"STELLMAN, KIMBERLY A. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105160599

GM1110 — SRDCCA200755454
NNW — Daycare
4-6 mi
26551
Higher

EDR ID:	SRDCCA200755454
Facility number:	197412542
Facility name:	EL SEGUNDO CO-OP NURSERY SCHOOL
Facility eval. code:	5080
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	300 E. PINE AVENUE
City:	EL SEGUNDO
State:	CA

Zip:	90245
Alt. address:	P.O. BOX 73
City:	EL SEGUNDO
State:	CA
Zip:	90245
Facility investor:	"WEAVER, TRACY "
Licensee type:	C
License effective date:	50419
License expiration date:	Not Reported
License issue date:	050419
Program type:	AMBULATORY. THE FACILITY WILL SERVE CHILDREN AGES 2.9 TO 5 YEARS OLD
Original app. received date:	050406
Facility closed date:	Not Reported
Mailing address:	222 W. SYCAMORE AVENUE
Mailing city:	EL SEGUNDO
Mailing state:	CA
Mailing zip:	90245
Contact person:	"WEAVER, TRACY "
Facility capacity:	25
Type of clients served:	950
Facility phone:	3105242892

GA1111 SRHO20070140845
NNW AHA Hospitals
4-6 mi
26555
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	EL SEGUNDO
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CENTINELA MEDICAL CENTER EL SEGUNDO
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930203
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0720046
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	455 MAIN STREET
Phone num:	3103221611
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90245
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140845

GN1112 SRDCCA200721694
NE Daycare
4-6 mi
26559
Higher

EDR ID:	SRDCCA200721694
Facility number:	197409812
Facility name:	EBURUE FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13717 KORNBLUM AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	13717 KORNBLUM AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"EBURUE, SHANDA MONIQUE "
Licensee type:	A
License effective date:	30414
License expiration date:	Not Reported
License issue date:	030414
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:	030324
Facility closed date:	Not Reported
Mailing address:	13717 KORNBLUM AVENUE
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"EBURUE, SHANDA M. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3106759243

GN1113 SRDCCA200724950
NE Daycare
4-6 mi
26624
Higher

EDR ID:	SRDCCA200724950
Facility number:	197411429
Facility name:	BEGUM FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19

Facility type code: 810
Facility status code: 03
Address: 13921 YUKON AVENUE APT 126
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 13921 YUKON AVENUE APT 126
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "BEGUM, SHEIKH RAZIA "
Licensee type: A
License effective date: 40517
License expiration date: Not Reported
License issue date: 040517
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: 040315
Facility closed date: Not Reported
Mailing address: 13921 YUKON AVENUE APT 126
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "BEGUM, SHEIKH R. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3106795710

GO1114 SRDCCA200725730
NE EDR ID: SRDCCA200725730 Daycare
4-6 mi Facility number: 197411011
26625 Facility name: DURAN FAMILY CHILD CARE
Higher Facility eval. code: 4060
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 15247 CASIMIR AVE.
City: GARDENA
State: CA
Zip: 90249
Alt. address: 15247 CASIMIR AVE.
City: GARDENA
State: CA
Zip: 90249
Facility investor: "DURAN, SOCORRO J. "
Licensee type: A
License effective date: 40112
License expiration date: Not Reported
License issue date: 040112
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 ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Original app. received date:	031119	
	Facility closed date:	Not Reported	
	Mailing address:	15247 CASIMIR AVE.	
	Mailing city:	GARDENA	
	Mailing state:	CA	
	Mailing zip:	90249	
	Contact person:	"DURAN, SOCORRO J. "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3105157713	
1115 ESE 4-6 mi 26646 Higher			SRPU20071009087 Public Schools
	Ncessch:	063942006560	
	Schname05:	J. H. HULL MIDDLE	
	Mstreet05:	2080 WEST 231ST ST.	
	Mcity05:	TORRANCE	
	Mstate05:	CA	
	Mzip05:	90501	
	Mzip405:	5448	
	Member05:	789	
	Phone05:	(310) 533-4516	
	Locale05:	2	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071009087	
GK1116 ESE 4-6 mi 26677 Higher			SRDCCA200706791 Daycare
	EDR ID:	SRDCCA200706791	
	Facility number:	191609812	
	Facility name:	BAILEY FAMILY DAY CARE	
	Facility eval. code:	4040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	1959 REYNOSA DRIVE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90501	
	Alt. address:	1959 REYNOSA DRIVE	
	City:	TORRANCE	
	State:	CA	
	Zip:	90501	
	Facility investor:	"BAILEY, MARIANN AND RICHARD "	
	Licensee type:	A	
	License effective date:	930929	
	License expiration date:	Not Reported	
	License issue date:	930929	
	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:	930811	

Facility closed date:	Not Reported
Mailing address:	1959 REYNOSA DRIVE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	MARIANN AND RICHARD BAILEY
Facility capacity:	6
Type of clients served:	960
Facility phone:	3103259363

GP1117 SRDCCA200719855
NNE Daycare
4-6 mi
26690
Higher

EDR ID:	SRDCCA200719855
Facility number:	197409433
Facility name:	PAULK & PAULK/THOMAS FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4143 W. 132ND ST.
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4143 W. 132ND ST.
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	LAJUETA PAULK & CHRISTINE PAULK/THOMAS
Licensee type:	A
License effective date:	30725
License expiration date:	Not Reported
License issue date:	030725
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:	021101
Facility closed date:	Not Reported
Mailing address:	4143 W. 132ND ST.
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	LAJUETA & CHRISTINE PAULK
Facility capacity:	14
Type of clients served:	960
Facility phone:	3106799509

GQ1118 SRDCCA200736449
NE Daycare
4-6 mi
26693
Higher

EDR ID:	SRDCCA200736449
Facility number:	197413760
Facility name:	BAGLEY FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810

Facility status code:	03
Address:	14019 CERISE AVENUE #103
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	14019 CERISE AVENUE #103
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"BAGLEY, JACQUELINE "
Licensee type:	A
License effective date:	60807
License expiration date:	Not Reported
License issue date:	060807
Program type:	MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. LICENSEE OPERATES 24 HOURS AND SERVES AGES BIRTH - 12 YEARS.
Original app. received date:	060717
Facility closed date:	Not Reported
Mailing address:	14019 CERISE AVENUE #103
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"BAGLEY, JACQUELINE "
Facility capacity:	6
Type of clients served:	960
Facility phone:	3109732667

GE1119 SRDCCA200700456
East Daycare
4-6 mi
26701
Higher

EDR ID:	SRDCCA200700456
Facility number:	191601251
Facility name:	ARCHWAY GROUP HOME II
Facility eval. code:	0207
Facility office number:	34
Facility county number:	19
Facility type code:	730
Facility status code:	03
Address:	21203 HOBART BLVD.
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	P.O. BOX 5512
City:	INGLEWOOD
State:	CA
Zip:	90310
Facility investor:	"JACKSON, ALVIN JR. & SMITH, LINDA D. "
Licensee type:	B
License effective date:	930809
License expiration date:	Not Reported
License issue date:	910809
Program type:	LICENSEE PREFERS TO SERVE CLIENTS FROM 10-17 AGE RANGE.
Original app. received date:	910503
Facility closed date:	Not Reported
Mailing address:	P.O. BOX 5512
Mailing city:	INGLEWOOD
Mailing state:	CA

Mailing zip:	90310
Contact person:	"SMITH, LINDA "
Facility capacity:	6
Type of clients served:	910
Facility phone:	3107830891

GH1120 SRDCCA200700842
ENE Daycare
4-6 mi
26740
Higher

EDR ID:	SRDCCA200700842
Facility number:	198201956
Facility name:	HOKAMA HOUSE/MASADA HOMES
Facility eval. code:	0207
Facility office number:	34
Facility county number:	19
Facility type code:	730
Facility status code:	03
Address:	2139 WEST 160TH STREET
City:	TORRANCE
State:	CA
Zip:	90504
Alt. address:	130 W. VICTORIA ST.
City:	GARDENA
State:	CA
Zip:	90248
Facility investor:	"COUNSELING & RESEARCH ASSOCIATES, INC. "
Licensee type:	A
License effective date:	980805
License expiration date:	Not Reported
License issue date:	980805
Program type:	PREFERS TO SERVE DEPRIVED AND DELINQUENT CHILDREN 13-17 YRS OF AGE REQUIRING EMANCIPATION.
Original app. received date:	980508
Facility closed date:	Not Reported
Mailing address:	130 W. VICTORIA ST
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90248
Contact person:	RICHARD COLEMAN
Facility capacity:	6
Type of clients served:	950
Facility phone:	3107152020

GP1121 SRDCCA200716726
NE Daycare
4-6 mi
26762
Higher

EDR ID:	SRDCCA200716726
Facility number:	192009086
Facility name:	CARR FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4018 W. 133RD APT A
City:	HAWTHRONE
State:	CA
Zip:	90250

Alt. address:	4018 W. 133RD APT A
City:	HAWTHRONE
State:	CA
Zip:	90250
Facility investor:	"CARR, FREDDIE "
Licensee type:	A
License effective date:	30804
License expiration date:	Not Reported
License issue date:	030804
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:	011010
Facility closed date:	Not Reported
Mailing address:	4018 W. 133RD APT A
Mailing city:	HAWTHRONE
Mailing state:	CA
Mailing zip:	90250
Contact person:	FREDDIE CARR
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106793903

GR1122 SRDCCA200734019
NNE 4-6 mi 26777 Higher — Daycare

EDR ID:	SRDCCA200734019
Facility number:	197413073
Facility name:	USQUIANO FAMILY CHILD CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12529 TRURO AVENUE #B
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	12529 TRURO AVENUE #B
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"USQUIANO, MARTHA "
Licensee type:	A
License effective date:	51130
License expiration date:	Not Reported
License issue date:	051130
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:	051031
Facility closed date:	Not Reported
Mailing address:	12529 TRURO AVENUE #B
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250

Contact person: "USQUIANO, MARTHA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3106443732

GH1123 SRDCCA200705711
ENE Daycare
4-6 mi
26813
Higher

EDR ID: SRDCCA200705711
Facility number: 197401237
Facility name: "ELLIOTT, PEARL/WILKERSON, ALESIA FAMILY DAY CARE "
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2118 W. 160TH STREET
City: TORRANCE
State: CA
Zip: 90504
Alt. address: 2118 W. 160TH STREET
City: TORRANCE
State: CA
Zip: 90504
Facility investor: "ELLIOTT, PEARL & ALESIA W. "
Licensee type: A
License effective date: 950714
License expiration date: Not Reported
License issue date: 950714
Program type: "MAXIMUM CAPACITY: 12 CHILDREN INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN UNDER 10 YEARS WHEN IN THE HOME, NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 950310
Facility closed date: Not Reported
Mailing address: 2118 W. 160TH STREET
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90504
Contact person: "ELLIOTT, PEARL "
Facility capacity: 12
Type of clients served: 960
Facility phone: 3105388702

GC1124 SRDCCA200705543
NNE Daycare
4-6 mi
26825
Higher

EDR ID: SRDCCA200705543
Facility number: 197401153
Facility name: DAVIDSON FAMILY DAY CARE
Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 5436 W. 121ST. STREET
City: HAWTHORNE
State: CA

Zip:	90250
Alt. address:	5436 W. 121ST. STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"DAVIDSON, JOAN E. "
Licensee type:	A
License effective date:	950307
License expiration date:	Not Reported
License issue date:	950307
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:	950131
Facility closed date:	Not Reported
Mailing address:	5436 W. 121ST. STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	JOAN DAVIDSON
Facility capacity:	12
Type of clients served:	960
Facility phone:	3106436126

GI1125 SRPU20071014998
NNE Public Schools
4-6 mi
26848
Higher

Ncessch:	061668002094
Schname05:	HAWTHORNE MIDDLE
Mstreet05:	4366 WEST 129TH ST.
Mcity05:	HAWTHORNE
Mstate05:	CA
Mzip05:	90250
Mzip405:	5211
Member05:	933
Phone05:	(310) 676-0167
Locale05:	3
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071014998

GS1126 SRHO20070155863
SE AHA Hospitals
4-6 mi
26853
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported

Facility name:	DRUG EMPORIUM 816
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000816
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0976928
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	24663 CRENSHAW BLVD
Phone num:	3107840395
Termination reason:	08
Term Date:	20020815
Purpose of action:	Not Reported
Provider control:	04
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155863

GN1127 SRPU20071015004
NE Public Schools
4-6 mi
26872
Higher

Ncessch:	061668002100
Schname05:	BUD CARSON MIDDLE
Mstreet05:	13838 SOUTH YUKON AVE.
Mcity05:	HAWTHORNE
Mstate05:	CA
Mzip05:	90250
Mzip405:	7716
Member05:	956
Phone05:	(310) 676-1908
Locale05:	3
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071015004

GK1128 SRDCCA200717267
ESE Daycare
4-6 mi
26873
Higher

EDR ID:	SRDCCA200717267
Facility number:	192008194
Facility name:	JILANI FAMILY CHILD CARE
Facility eval. code:	4040

Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1848 SANTA FE AVE
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	1848 SANTA FE AVE
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"JILANI, ROHI AND NELOFAR "
Licensee type:	A
License effective date:	10827
License expiration date:	Not Reported
License issue date:	010827
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:	010710
Facility closed date:	Not Reported
Mailing address:	1848 SANTA FE AVE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"JILANI, ROHI "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103206801

GF1129 SRDCCA200753518
ESE
4-6 mi
26895
Higher

Daycare

EDR ID:	SRDCCA200753518
Facility number:	197408979
Facility name:	"LEARNING GARDEN PRESCHOOL, THE "
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2165 W. 236TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	2165 W. 236TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"GOAL PRESCHOOLS, INC "
Licensee type:	D
License effective date:	20910
License expiration date:	Not Reported
License issue date:	020910
Program type:	MAXIMUM CAPACITY: 36 PRESCHOOL CHILDREN AGES 2-6 YEARS. TODDLER OPTION14 CHILDREN AGES 18-30 MONTHS.

Original app. received date:	020613
Facility closed date:	Not Reported
Mailing address:	2165 W. 236TH STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	ERICA PEREZ
Facility capacity:	50
Type of clients served:	950
Facility phone:	3103261361

GQ1130 SRDCCA200718975
NE Daycare
4-6 mi
26904
Higher

EDR ID:	SRDCCA200718975
Facility number:	192010560
Facility name:	WALKER FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	14110 LEMOLI AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	14110 LEMOLI AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"WALKER, LANETTA "
Licensee type:	A
License effective date:	20612
License expiration date:	Not Reported
License issue date:	020612
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:	020429
Facility closed date:	Not Reported
Mailing address:	14110 LEMOLI AVENUE
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"WALKER, LANETTA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106763480

GT1131 SRDCCA200721435
East Daycare
4-6 mi
26907
Higher

EDR ID:	SRDCCA200721435
Facility number:	197410346
Facility name:	BRAGG FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30

Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1557 PLAZA DEL AMO #1
City: TORRANCE
State: CA
Zip: 90501
Alt. address: 1557 PLAZA DEL AMO #1
City: TORRANCE
State: CA
Zip: 90501
Facility investor: "BRAGG, SHARON DENISE "
Licensee type: A
License effective date: 30818
License expiration date: Not Reported
License issue date: 030818
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: 030604
Facility closed date: Not Reported
Mailing address: 1557 PLAZA DEL AMO #1
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90501
Contact person: "BRAGG, SHARON D. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103283293

GU1132 SRDCCA200753732
SE EDR ID: SRDCCA200753732 Daycare
4-6 mi Facility number: 197409723
26922 Facility name: TORRANCE TYKES PRESCHOOL @ ADAMS ELEMENTARY
Higher Facility eval. code: 4040
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 2121 W. 238TH STREET
City: TORRANCE
State: CA
Zip: 90501
Alt. address: 2201 PLAZA DEL AMO
City: TORRANCE
State: CA
Zip: 90501
Facility investor: TORRANCE UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 30311
License expiration date: Not Reported
License issue date: 030311
Program type: AMBULATORY ONLY PRESCHOOL CHILDREN AGES 3 THROUGH 5 YEARS IN ROOM 1.
Original app. received date: 021206

Facility closed date:	Not Reported
Mailing address:	2201 PLAZA DEL AMO
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"JONES, DEBORAH "
Facility capacity:	20
Type of clients served:	950
Facility phone:	3105334480

GU1133 SRDCCA200744192
SE Daycare
4-6 mi
26922
Higher

EDR ID:	SRDCCA200744192
Facility number:	191603070
Facility name:	YMCA OF METRO L.A.- JOHN ADAMS ELEMENTARY SCHOOL
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	2121 238TH ST.
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	2900 W. SEPULVEDA BLVD.
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	YMCA OF METROPOLITAN LOS ANGELES
Licensee type:	C
License effective date:	950516
License expiration date:	Not Reported
License issue date:	890516
Program type:	"LICENSEE PREFERS TO SERVE SCHOOL AGE CHILDREN, AGES 5 TO 12 FOR BEFORE/AFTER SCHOOL CHILD CARE. "
Original app. received date:	880829
Facility closed date:	Not Reported
Mailing address:	625 S. NEW HAMPSHIRE AVE
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90005
Contact person:	"WADE, CALLEEN "
Facility capacity:	80
Type of clients served:	950
Facility phone:	3104893200

GU1134 SRPU20071009077
SE Public Schools
4-6 mi
26922
Higher

Ncessch:	063942006549
Schname05:	JOHN ADAMS ELEMENTARY
Mstreet05:	2121 238TH ST.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90501
Mzip405:	6116

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Member05:	408
Phone05:	(310) 533-4480
Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071009077

GQ1135			SRHO20070145016
NE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26924	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	WINDSOR GARDENS OF HAWTHORNE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940422	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0885481	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	13922 CERISE AVENUE	
	Phone num:	3106753304	
	Termination reason:	00	
	Term Date:	20090103	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070145016	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
GQ1136			SRHO20070010471
NE	Hospital type:	03	AHA Hospitals
4-6 mi	Num of times COO:	04	
26924	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	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:	20060613	
	Medicare/Medicaid:	1	
	Facility name:	WINDSOR GARDENS OF HAWTHORNE	
	Intermediary/Carrier:	52280	
	Medicaid number:	ZZT06267I	
	Partcipation date:	19710222	
	Prior COO date:	19930901	
	Prior carrier:	00040	
	Provider ID:	056267	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	13922 CERISE AVENUE	
	Phone num:	3106753304	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	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:	SRHO20070010471	

GQ1137			SRNH20060901229
NE	Provnum:	056267	Nursing Homes
4-6 mi	Nursinghomename:	WINDSOR GARDENS OF HAWTHORNE	
26924	Street:	13922 CERISE AVENUE	
Higher	City:	HAWTHORNE	
	State:	CA	
	Zipcode:	90250	
	Phonenumber:	3106753304	
	Dateoflastinspection:	20060531	
	Certifiednumberofbeds:	99	
	Totalnumberofresidents:	95	

Percofoccupiedbeds:	96
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Partnership
Locatedwithinahospital:	NO
Multinursinghomeownership:	YES
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060901229

GB1138 SRDCCA200718282
East Daycare
4-6 mi
26932
Higher

EDR ID:	SRDCCA200718282
Facility number:	192010444
Facility name:	DAILY FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1570 W. 207TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	1570 W. 207TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"DAILY, MIYASHI MINORA "
Licensee type:	A
License effective date:	20530
License expiration date:	Not Reported
License issue date:	020530
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:	1570 W. 207TH STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"DAILY, MIYASHI MINORA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103283889

GI1139 SRPU20071015001
NNE Public Schools
4-6 mi
26937
Higher

Ncessch:	061668002097
Schname05:	WASHINGTON
Mstreet05:	4339 WEST 129TH ST.
Mcity05:	HAWTHORNE
Mstate05:	CA
Mzip05:	90250
Mzip405:	5210
Member05:	697

Phone05:	(310) 676-3422
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071015001

GV1140			SRHO20070150675
East	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26961	Owner date:	Not Reported	
Higher	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MAXIM HEALTHCARE SERVICES	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20000214	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0970436	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1515 190TH ST STE #165	
	Phone num:	3103599115	
	Termination reason:	00	
	Term Date:	20080213	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90248	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070150675	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
GV1141			SRHO20070107599
East	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	01	
26961	Owner date:	19961201	
Higher	City:	GARDENA	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	05K050	
	FMS survey date:	Not Reported	
	Current survey date:	19951211	
	Medicare/Medicaid:	1	
	Facility name:	MAXIM HEALTHCARE SERVICES INC	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19951228	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	557666	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L3	
	street address:	1515 190TH STREET SUITE 170	
	Phone num:	3109453561	
	Termination reason:	07	
	Term Date:	19990622	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	90248	
	Fips 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:	SRHO20070107599	

GV1142			SRHO20070005886
East	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	02	
26961	Owner date:	Not Reported	
Higher	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	557666	
	FMS survey date:	Not Reported	
	Current survey date:	20051027	

Medicare/Medicaid:	1
Facility name:	MAXIM HEALTHCARE SERVICES
Intermediary/Carrier:	00000
Medicaid number:	HHA57666H
Partcipation date:	19990622
Prior COO date:	19990917
Prior carrier:	Not Reported
Provider ID:	05K050
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	1515 WEST 190TH ST STE 165
Phone num:	3103299115
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	04
Zip:	90248
Fips 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:	SRHO20070005886

GV1143 SRHO20070150495
East AHA Hospitals
4-6 mi
26961
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 SERVICES OF AMERICA
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960103
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0910270
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1515 190TH ST STE 140
Phone num:	3103299115
Termination reason:	01
Term Date:	19990922
Purpose of action:	Not Reported
Provider control:	04
Zip:	90248
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150495

GV1144			SRHO20070141265
East	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26961	Owner date:	Not Reported	
Higher	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	NURSEFINDERS OF LOS ANGELES	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930927	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0722278	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1515 W 190TH STREET SUITE 140	
	Phone num:	3107680054	
	Termination reason:	08	
	Term Date:	20000831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90248	
	Fips state:	06	

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:	SRHO20070141265	

GD1145			SRHO20070147561
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26970	Owner date:	Not Reported	
Higher	City:	EL SEGUNDO	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PROFOUND HEALTH CARE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19961216	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0923126	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	615 N NASH SUITE 202B	
	Phone num:	3106069374	
	Termination reason:	00	
	Term Date:	20081215	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90245	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070147561	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
GD1146			SRHO20070010409
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26970	Owner date:	Not Reported	
Higher	City:	EL SEGUNDO	
	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:	20060801	
	Medicare/Medicaid:	1	
	Facility name:	PROFOUND HEALTH CARE	
	Intermediary/Carrier:	00040	
	Medicaid number:	HHA08024F	
	Partcipation date:	19970731	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	058024	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	615 N NASH ST STE 220	
	Phone num:	3106065678	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90245	
	Fips 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:	SRHO20070010409	

GL1147			SRHO20070107561
ENE	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
26994	Owner date:	Not Reported	
Higher	City:	GARDENA	
	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:	20051013	

Medicare/Medicaid:	1
Facility name:	LA CASA
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20001219
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	55G360
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	15333 DAPHNE AVENUE
Phone num:	3103277798
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	90249
Fips state:	06
Fips cnty:	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:	SRHO20070107561

GC1148 SRDCCA200752802
NNE Daycare
4-6 mi
27006
Higher

EDR ID:	SRDCCA200752802
Facility number:	197410147
Facility name:	RAINBOW RIVER - ANZA SITE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	12110 SOUTH HINDRY AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	2154 MONTEREY BLVD. #B
City:	HERMOSA
State:	CA
Zip:	90254
Facility investor:	"RAINBOW RIVER, INC. "
Licensee type:	D
License effective date:	30507
License expiration date:	Not Reported
License issue date:	030507

Program type:	"COMBINATION CENTER: LICENSEE PREFERS TO SERVE PRESCHOOL CHILDREN, AGES 2 THRU 5 YEARS OLD; SCHOOL AGE CHILDREN (72), AGES 5 THRU 12 YEARS OLD (X191608634). "
Original app. received date:	030317
Facility closed date:	Not Reported
Mailing address:	2154 MONTEREY BLVD. #B
Mailing city:	HERMOSA BEACH
Mailing state:	CA
Mailing zip:	90254
Contact person:	SUZANNE PORTER
Facility capacity:	55
Type of clients served:	950
Facility phone:	3106438512

GC1149 SRPU20071011143
NNE Public Schools
4-6 mi
27006
Higher

Ncessch:	064299006990
Schname05:	JUAN DE ANZA ELEMENTARY
Mstreet05:	12110 HINDRY AVE.
Mcity05:	HAWTHORNE
Mstate05:	CA
Mzip05:	90250
Mzip405:	3403
Member05:	568
Phone05:	(310) 725-2100
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071011143

GW1150 SRDCCA200734975
North Daycare
4-6 mi
27019
Higher

EDR ID:	SRDCCA200734975
Facility number:	197413541
Facility name:	KEOLASY FAMILY CHILD CARE
Facility eval. code:	5080
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1635 E. PALM AVENUE APT. 4
City:	EL SEGUNDO
State:	CA
Zip:	90245
Alt. address:	1635 E. PALM AVENUE APT. 4
City:	EL SEGUNDO
State:	CA
Zip:	90245
Facility investor:	"KEOLASY, JACKIE "
Licensee type:	A
License effective date:	60517
License expiration date:	Not Reported
License issue date:	060517

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: 060424
Facility closed date: Not Reported
Mailing address: 1635 E. PALM AVENUE APT. 4
Mailing city: EL SEGUNDO
Mailing state: CA
Mailing zip: 90245
Contact person: "KEOLASY, JACKIE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3106476244

GN1151 SRDCCA200719888
NE EDR ID: SRDCCA200719888 Daycare
4-6 mi Facility number: 197409664
27084 Facility name: GAPO FAMILY CHILD CARE
Higher Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3749 W. 135TH STREET
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 3749 W. 135TH STREET
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "GAPO, DOLORES D. "
Licensee type: A
License effective date: 21113
License expiration date: Not Reported
License issue date: 021113
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: 021112
Facility closed date: Not Reported
Mailing address: 3749 W. 135TH STREET
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "GAPO, DOLORES "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103551142

GX1152 SRDCCA200753333
NE EDR ID: SRDCCA200753333 Daycare
4-6 mi Facility number: 197410785
27117
Higher

Facility name:	PACE - ST. JOHN HEAD START CENTER
Facility eval. code:	4000
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	14517 CRENSHAW BLVD.
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	"1055 WILSHIRE BLVD., STE 1050 "
City:	L. A.
State:	CA
Zip:	90017
Facility investor:	PACIFIC ASIAN CONSORTIUM IN EMPLOYMENT (PACE)
Licensee type:	C
License effective date:	30924
License expiration date:	Not Reported
License issue date:	030924
Program type:	"AMBULATORY, SERVING CHILDREN AGE 3 - 5 YEARS OLD. "
Original app. received date:	030922
Facility closed date:	Not Reported
Mailing address:	"1055 WILSHIRE BLVD., STE 1050 "
Mailing city:	L. A.
Mailing state:	CA
Mailing zip:	90017
Contact person:	"OLAREWAJU, FLORENCE "
Facility capacity:	45
Type of clients served:	950
Facility phone:	2139893244

GJ1153 SRDCCA200730192
SE Daycare
4-6 mi
27121
Higher

EDR ID:	SRDCCA200730192
Facility number:	197412484
Facility name:	KRAJNJAN FAMILY CHILD CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	24361 PENNSYLVANIA AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	24361 PENNSYLVANIA AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	"KRAJNJAN, MARINELA "
Licensee type:	A
License effective date:	51213
License expiration date:	Not Reported
License issue date:	051213
Program type:	"*****NOTE: FACILITY IS CURRENTLY ON INACTIVE STATUS BEGINNING APRIL 21, 2006 AND ENDING APRIL 18, 2007. "

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Original app. received date:	050317	
	Facility closed date:	Not Reported	
	Mailing address:	24361 PENNSYLVANIA AVENUE	
	Mailing city:	LOMITA	
	Mailing state:	CA	
	Mailing zip:	90717	
	Contact person:	"KRAJNJAN, MARINELA "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3105305163	
1154			SRPU20071015194
North	Ncessch:	061221001387	Public Schools
4-6 mi	Schname05:	CENTER STREET ELEMENTARY	
27150	Mstreet05:	700 CENTER ST.	
Higher	Mcity05:	EL SEGUNDO	
	Mstate05:	CA	
	Mzip05:	90245	
	Mzip405:	3207	
	Member05:	678	
	Phone05:	(310) 615-2676	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071015194	
GM1155			SRPU20071015197
North	Ncessch:	061221008501	Public Schools
4-6 mi	Schname05:	RICHMOND STREET ELEMENTARY	
27160	Mstreet05:	641 SHELDON ST.	
Higher	Mcity05:	EL SEGUNDO	
	Mstate05:	CA	
	Mzip05:	90245	
	Mzip405:	Not Reported	
	Member05:	562	
	Phone05:	(310) 615-2676	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071015197	
GM1156			SRPU20071015195
North	Ncessch:	061221001388	Public Schools
4-6 mi	Schname05:	EL SEGUNDO HIGH	
27160	Mstreet05:	641 SHELDON ST.	
Higher	Mcity05:	EL SEGUNDO	
	Mstate05:	CA	
	Mzip05:	90245	
	Mzip405:	3057	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Member05:	1206	
	Phone05:	(310) 615-2661	
	Locale05:	3	
	Type05:	1	
	Level05:	3	
	Gslo05:	09	
	Gshi05:	12	
	Edr id:	SRPU20071015195	
GM1157			SRPU20071015196
North	Ncessch:	061221001389	Public Schools
4-6 mi	Schname05:	EL SEGUNDO MIDDLE	
27160	Mstreet05:	641 SHELDON ST.	
Higher	Mcity05:	EL SEGUNDO	
	Mstate05:	CA	
	Mzip05:	90245	
	Mzip405:	2283	
	Member05:	793	
	Phone05:	(310) 615-2690	
	Locale05:	3	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071015196	
GM1158			SRPU20071015198
North	Ncessch:	061221008826	Public Schools
4-6 mi	Schname05:	ARENA HIGH (CONTINUATION)	
27160	Mstreet05:	641 SHELDON ST.	
Higher	Mcity05:	EL SEGUNDO	
	Mstate05:	CA	
	Mzip05:	90245	
	Mzip405:	3036	
	Member05:	33	
	Phone05:	(310) 615-2650	
	Locale05:	3	
	Type05:	4	
	Level05:	3	
	Gslo05:	10	
	Gshi05:	12	
	Edr id:	SRPU20071015198	
GN1159			SRDCCA200732195
NE	EDR ID:	SRDCCA200732195	Daycare
4-6 mi	Facility number:	197412853	
27182	Facility name:	GATLIN FAMILY CHILD CARE	
Higher	Facility eval. code:	7010	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	13525 KORNBLUM AVENUE	

City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	13525 KORNBLUM AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"GATLIN, COURTNEY "
Licensee type:	A
License effective date:	51017
License expiration date:	Not Reported
License issue date:	051017
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. LICENSEE IS REQUESTINGINACTIVE STATUS BEGINNING 1-1-07 TO 9-30-07 ENDING DATE.
Original app. received date:	050804
Facility closed date:	Not Reported
Mailing address:	13525 KORNBLUM AVENUE
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"GATLIN, COURTNEY "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3108442198

GL1160			SRHO20070006517
ENE	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
27230	Owner date:	Not Reported	
Higher	City:	GARDENA	
	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:	20040812	
	Medicare/Medicaid:	2	
	Facility name:	SPINNING PLACE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19931214	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05G726	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	15319 SPINNING AVENUE	
	Phone num:	3107688750	
	Termination reason:	05	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Term Date:	20041231	
	Purpose of action:	3	
	Provider control:	02	
	Zip:	90248	
	Fips state:	06	
	Fips cnty:	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:	SRHO20070006517	
GL1161			SRHO20070108754
ENE	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
27230	Owner date:	Not Reported	
Higher	City:	GARDENA	
	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:	20060414	
	Medicare/Medicaid:	1	
	Facility name:	ANGELS GARDEN ICF/DDH HOME	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	LTC61048F	
	Partcipation date:	20050404	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	55G515	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	15319 SPINNING AVENUE	
	Phone num:	3107688750	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	90249	
	Fips state:	06	
	Fips cnty:	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:	SRHO20070108754

GY1162 SRDCCA200722635
East Daycare
4-6 mi
27250
Higher

EDR ID:	SRDCCA200722635
Facility number:	197410948
Facility name:	WILSON FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1528 WEST 207 ST. #1
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	1528 WEST 207 ST. #1
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"WILSON, LA TANYA "
Licensee type:	A
License effective date:	40219
License expiration date:	Not Reported
License issue date:	040219
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:	031105
Facility closed date:	Not Reported
Mailing address:	1528 WEST 207 ST. #1
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"WILSON, LA TANYA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3237514721

GI1163 SRDCCA200751150
NNE Daycare
4-6 mi
27264
Higher

EDR ID:	SRDCCA200751150
Facility number:	197407267
Facility name:	HAWTHORNE SCHOOL DISTRICT CHILDREN'S CENTER
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	12828 SO. WASHINGTON AVENUE
City:	HAWTHORNE
State:	CA

Zip:	90250
Alt. address:	14120 SO. HAWTHORNE BLVD.
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	HAWTHORNE SCHOOL DISTRICT
Licensee type:	F
License effective date:	405
License expiration date:	Not Reported
License issue date:	000405
Program type:	LICENSEE SERVES (60) PRESCHOOL AGES 3-5 YEARS OF AGE.
Original app. received date:	991022
Facility closed date:	Not Reported
Mailing address:	14120 SO. HAWTHORNE BLVD.
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"BROWN, WANDA "
Facility capacity:	60
Type of clients served:	950
Facility phone:	3106763955

GZ1164 SRHO20070159414
ENE AHA Hospitals
4-6 mi
27288
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 #6108
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050310
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1038092
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1735 ARTESIA BLVD
Phone num:	3103804650
Termination reason:	00
Term Date:	20070309
Purpose of action:	Not Reported
Provider control:	04
Zip:	90247
Fips state:	06

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:	SRHO20070159414	
HA1165			SRPU20071011766
East	Ncessch:	062271003238	Public Schools
4-6 mi	Schname05:	ONE HUNDRED EIGHTY-SIXTH STREET ELEMENTARY	
27297	Mstreet05:	1581 WEST 186TH ST.	
Higher	Mcity05:	GARDENA	
	Mstate05:	CA	
	Mzip05:	90248	
	Mzip405:	3951	
	Member05:	846	
	Phone05:	(310) 324-1153	
	Locale05:	1	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071011766	
GX1166			SRDCCA200753334
NE	EDR ID:	SRDCCA200753334	Daycare
4-6 mi	Facility number:	197410787	
27305	Facility name:	PACE - BETHESDA HEAD START CENTER	
Higher	Facility eval. code:	4000	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	14420 SO. CRENSHAW BLVD.	
	City:	GARDENA	
	State:	CA	
	Zip:	90249	
	Alt. address:	"1055 WILSHIRE BLVD., STE 1050 "	
	City:	L. A.	
	State:	CA	
	Zip:	90017	
	Facility investor:	PACIFIC ASIAN COSNORTIUM IN EMPLOYMENT (PACE)	
	Licensee type:	C	
	License effective date:	30926	
	License expiration date:	Not Reported	
	License issue date:	030926	
	Program type:	"AMBULATORY, SERVING CHILDREN AGE 3 - 5 YEARS OLD. "	
	Original app. received date:	030922	
	Facility closed date:	Not Reported	

Mailing address:	"1055 WILSHIRE BLVD., STE 1050 "
Mailing city:	L. A.
Mailing state:	CA
Mailing zip:	90017
Contact person:	"BENTON, TOMMIE "
Facility capacity:	25
Type of clients served:	955
Facility phone:	2139893244

GT1167 SRDCCA200721658
East Daycare
4-6 mi
27314
Higher

EDR ID:	SRDCCA200721658
Facility number:	197410101
Facility name:	DOMINGUEZ FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1503 DEL AMO BLVD. #1
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	1503 DEL AMO BLVD. #1
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"DOMINGUEZ, ELIETA "
Licensee type:	A
License effective date:	30528
License expiration date:	Not Reported
License issue date:	030528
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:	030506
Facility closed date:	Not Reported
Mailing address:	1503 DEL AMO BLVD. #1
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"DOMINGUEZ, ELIETA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3107828879

GR1168 SRPR20051023891
NNE Private Schools
4-6 mi
27315
Higher

Pss school id:	A0300300
Pss inst:	HAWTHORNE ACADEMY
Lograde:	3
Higrade:	12
Pss address:	12500 RAMONA AVE.
Pss city:	HAWTHORNE
Pss county no:	037

Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90250
Pss phone:	3106448841
Pss sch days:	210
Pss stu day hrs:	5.23
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:	3
Pss enroll 4:	4
Pss enroll 5:	6
Pss enroll 6:	7
Pss enroll 7:	20
Pss enroll 8:	25
Pss enroll 9:	25
Pss enroll 10:	10
Pss enroll 11:	12
Pss enroll 12:	5
Pss enroll t:	117
Pss enroll tk12:	117
Pss race ai:	0
Pss race as:	1
Pss race h:	10
Pss race b:	103
Pss race w:	3
Pss fte teach:	10
Pss locale:	3
Pss coed:	1
Pss type:	4
Pss level:	3
Pss relig:	3
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	0.85
Pss hisp pct:	8.55
Pss black pct:	88.03
Pss white pct:	2.56
Pss stdtch rt:	11.7
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:	SRPR20051023891

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

GL1169 — SRDCCA200752277
ENE — Daycare
4-6 mi
27319
Higher

EDR ID:	SRDCCA200752277
Facility number:	197403092
Facility name:	VAN NESS NURSERY SCHOOL & KINDERGARTEN
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	15408 VAN NESS AVE.
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	15408 VAN NESS AVE.
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	EARLY CHILD CHRISTIAN MISSION
Licensee type:	C
License effective date:	961206
License expiration date:	Not Reported
License issue date:	961206
Program type:	LICENSEE PREFERS TO SERVE CHILDREN AGES 2 - 6 YEARS OF AGE.
Original app. received date:	961015
Facility closed date:	Not Reported
Mailing address:	15408 VAN NESS AVE.
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"KIM, SAMUEL SUNG "
Facility capacity:	114
Type of clients served:	950
Facility phone:	3103234956

GL1170 — SRPR20051027130
ENE — Private Schools
4-6 mi
27319
Higher

Pss school id:	BB945710
Pss inst:	VAN NESS NURSERY SCHOOL KINDER
Lograde:	PK
Higrade:	K
Pss address:	15408 VAN NESS AVE
Pss city:	GARDENA
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90249
Pss phone:	3103234956
Pss sch days:	Not Reported
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	20
Pss enroll k:	11
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:	31
Pss enroll tk12:	11
Pss race ai:	0
Pss race as:	10
Pss race h:	0
Pss race b:	0
Pss race w:	1
Pss fte teach:	1.6
Pss locale:	2
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	90.91
Pss hisp pct:	0
Pss black pct:	0
Pss white pct:	9.09
Pss stdtch rt:	6.88
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:	SRPR20051027130

GY1171 SRDCCA200753243
East Daycare
4-6 mi
27327
Higher

EDR ID:	SRDCCA200753243
Facility number:	197410742
Facility name:	HANDS ON FUN PRESCHOOL
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1511 TORRANCE BLVD.
City:	TORRANCE
State:	CA
Zip:	90501

Alt. address: 1511 TORRANCE BLVD.
City: TORRANCE
State: CA
Zip: 90501
Facility investor: "SPECIALE, DAWN C. "
Licensee type: D
License effective date: 41007
License expiration date: Not Reported
License issue date: 041007
Program type: "TWENTY-SIX PRESCHOOL CHILDREN AGES TWO THROUGH FIVE YEARS, AMBULATORY ONLY; (X-197410743) SIX INFANTS AGES BIRTH THROUGH TWO YEARS
"
Original app. received date: 030904
Facility closed date: Not Reported
Mailing address: 802 S. ACACIA AVENUE
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90501
Contact person: "SCHLICHT, CHERYL "
Facility capacity: 26
Type of clients served: 950
Facility phone: 3106182085

GY1172 SRDCCA200741515
East EDR ID: SRDCCA200741515 Daycare
4-6 mi Facility number: 197410743
27327 Facility name: HANDS ON FUN INFANT CENTER
Higher Facility eval. code: 4040
Facility office number: 30
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 1511 TORRANCE BLVD.
City: TORRANCE
State: CA
Zip: 90501
Alt. address: 1511 TORRANCE BLVD.
City: TORRANCE
State: CA
Zip: 90501
Facility investor: "SPECIALE, DAWN "
Licensee type: D
License effective date: 41007
License expiration date: Not Reported
License issue date: 041007
Program type: "EIGHT INFANTS - AMBULATORY ONLY, AGES 0 TO 24 MONTHS. OUTSIDE PLAY AREA WAIVER ON FILE, LIMITIG FOUR INFANTS ON YARD AT ONE TIME. PRESCHOOL LICENSE #197410742 FOR 26 PRESCHOOL CHILDREN AGES 2 TO ""FIVE YERS OLD, AMBULATORY ONLY.
"
Original app. received date: 030904
Facility closed date: Not Reported
Mailing address: 802 S. ACACIA AVENUE
Mailing city: TORRANCE
Mailing state: CA

Mailing zip:	90501
Contact person:	"SCHLICHT, CHERYL "
Facility capacity:	8
Type of clients served:	950
Facility phone:	3106182085

GO1173 SRHO20070128761
NE AHA Hospitals
4-6 mi
27375
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
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:	19980410
Medicare/Medicaid:	1
Facility name:	ALONDRA MEDICAL GROUP INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0547822
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2418 MARINE AVE
Phone num:	3103243068
Termination reason:	12
Term Date:	19981220
Purpose of action:	2
Provider control:	04
Zip:	90249
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070128761

GN1174 SRDCCA200715886
NE Daycare
4-6 mi
27377
Higher

EDR ID:	SRDCCA200715886
Facility number:	192009996
Facility name:	PHILLIPS FAMILY CHILD CARE

Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	06
Address:	13627 YUKON AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	13627 YUKON AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"PHILLIPS, TERRI LYNNE "
Licensee type:	A
License effective date:	30808
License expiration date:	Not Reported
License issue date:	030808
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:	020117
Facility closed date:	Not Reported
Mailing address:	13627 YUKON AVENUE
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"PHILLIPS, TERRI LYNNE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3109781865

HB1175 SRPU20071007153
NE Public Schools
4-6 mi
27390
Higher

Ncessch:	060792010824
Schname05:	MEDIA ART ACADEMY AT CENTINELA
Mstreet05:	14115 CHAUDRON AVE.
Mcity05:	HAWTHORNE
Mstate05:	CA
Mzip05:	90250
Mzip405:	Not Reported
Member05:	73
Phone05:	(310) 263-1022
Locale05:	3
Type05:	1
Level05:	3
Gslo05:	08
Gshi05:	12
Edr id:	SRPU20071007153

HC1176 SRHO20070155369
ESE AHA Hospitals
4-6 mi
27397
Higher

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

City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 BAY MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020411
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0998290
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1613 W CARSON STREET SUITE 101-4
Phone num:	3103200905
Termination reason:	01
Term Date:	20030307
Purpose of action:	Not Reported
Provider control:	04
Zip:	90501
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155369

GO1177 SRDCCA200717981
NE Daycare
4-6 mi
27418
Higher

EDR ID:	SRDCCA200717981
Facility number:	197408877
Facility name:	TAYLOR-OLSON FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2403 W. 152ND STREET
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	2403 W. 152ND STREET
City:	GARDENA

State: CA
Zip: 90249
Facility investor: "TAYLOR-OLSON, CLAUDIA "
Licensee type: A
License effective date: 20809
License expiration date: Not Reported
License issue date: 020809
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: 020524
Facility closed date: Not Reported
Mailing address: 2403 W. 152ND STREET
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90249
Contact person: "TAYLOR-OLSON, C. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103238106

HD1178 SRDCCA200707706
NNE
4-6 mi
27423
Higher
Daycare

EDR ID: SRDCCA200707706
Facility number: 197403246
Facility name: GUTIERREZ FAMILY DAY CARE
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 5400 W. 119TH PLACE
City: DEL AIRE
State: CA
Zip: 90304
Alt. address: 5400 W. 119TH PLACE
City: DEL AIRE
State: CA
Zip: 90304
Facility investor: "GUTIERREZ, ANA & OSCAR "
Licensee type: A
License effective date: 970205
License expiration date: Not Reported
License issue date: 970205
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: 970102
Facility closed date: Not Reported
Mailing address: 5400 W. 119TH PLACE
Mailing city: DEL AIRE
Mailing state: CA
Mailing zip: 90304
Contact person: "GUTIERREZ, ANA & OSCAR "

Facility capacity:	6
Type of clients served:	960
Facility phone:	3106433081

GJ1179			SRPR20051023542
SE	Pss school id:	BB040101	Private Schools
4-6 mi	Pss inst:	BRIGHTER BEGINNINGS LEARNING C	
27424	Lograde:	K	
Higher	Higrade:	K	
	Pss address:	2332 LOMITA BLVD	
	Pss city:	LOMITA	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90717	
	Pss phone:	3103267526	
	Pss sch days:	190	
	Pss stu day hrs:	7	
	Pss library:	No	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	Not Reported	
	Pss enroll k:	15	
	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:	15	
	Pss enroll tk12:	15	
	Pss race ai:	0	
	Pss race as:	1	
	Pss race h:	8	
	Pss race b:	2	
	Pss race w:	4	
	Pss fte teach:	1	
	Pss locale:	3	
	Pss coed:	1	
	Pss type:	7	
	Pss level:	1	
	Pss relig:	3	
	Pss comm type:	2	
	Pss indian pct:	0	
	Pss asian pct:	6.67	
	Pss hisp pct:	53.33	
	Pss black pct:	13.33	
	Pss white pct:	26.67	
	Pss stdtch rt:	15	

Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	Other special emphasis 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:	SRPR20051023542

HE1180 SRDCCA200752031
SE Daycare
4-6 mi
27433
Higher

EDR ID:	SRDCCA200752031
Facility number:	197402472
Facility name:	KINDERCARE LEARNING CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2785 PACIFIC COAST HIGHWAY
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	2785 PACIFIC COAST HIGHWAY
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	KNOWLEDGE LEARNING CORPORATION
Licensee type:	D
License effective date:	960528
License expiration date:	Not Reported
License issue date:	960528
Program type:	TO SERVE CHILDREN AGES 4 YEARS & 9 MONTHS TO 12 YEARS OLD. X197402471 (116 PRE-SCHOOL CHILDREN)
Original app. received date:	960422
Facility closed date:	Not Reported
Mailing address:	650 NE HOLLADAY ST. #1400
Mailing city:	PORTLAND
Mailing state:	OR
Mailing zip:	97232
Contact person:	ALICIA SYFERS
Facility capacity:	28
Type of clients served:	950
Facility phone:	3103251117

HE1181 SRDCCA200752030
SE Daycare
4-6 mi
27433
Higher

EDR ID:	SRDCCA200752030
Facility number:	197402471
Facility name:	KINDERCARE LEARNING CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19

Facility type code:	850
Facility status code:	03
Address:	2785 PACIFIC COAST HIGHWAY
City:	TORRANCE
State:	CA
Zip:	90505
Alt. address:	2785 PACIFIC COAST HIGHWAY
City:	TORRANCE
State:	CA
Zip:	90505
Facility investor:	KNOWLEDGE LEARNING CORPORATION
Licensee type:	D
License effective date:	960528
License expiration date:	Not Reported
License issue date:	960528
Program type:	TO SERVE CHILDREN AGES 2-6. COMBO CENTERS X197402472 (28 SCHOOL AGE)
Original app. received date:	960422
Facility closed date:	Not Reported
Mailing address:	650 NE HOLLADAY ST. #1400
Mailing city:	PORTLAND
Mailing state:	OR
Mailing zip:	97232
Contact person:	ALICIA SYFERS
Facility capacity:	116
Type of clients served:	950
Facility phone:	3103251117

HF1182 SRHO20070160128
NNE AHA Hospitals
4-6 mi
27436
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 #6103
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050328
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1038794
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	12630 S HAWTHORNE BLVD
Phone num:	3106753636
Termination reason:	00

Term Date:	20070327
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160128

GR1183 SRDCCA200738610
NNE Daycare
4-6 mi
27440
Higher

EDR ID:	SRDCCA200738610
Facility number:	197413900
Facility name:	MCNAIR FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12503 GREVILLEA AVENUE #A
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	12503 GREVILLEA AVENUE #A
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"MCNAIR, VALENCIA "
Licensee type:	A
License effective date:	60928
License expiration date:	Not Reported
License issue date:	060928
Program type:	"MAXIMUM CAPACITY: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAPACITY 8 - NO MORE THAN 2 INFANTS,1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060905
Facility closed date:	Not Reported
Mailing address:	12503 GREVILLEA AVENUE #A
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"MCNAIR, VALENCIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3102192189

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

HG1184
NE
4-6 mi
27449
Higher

SRDCCA200740732
Daycare

EDR ID:	SRDCCA200740732
Facility number:	197414130
Facility name:	IBRAHIM FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13235 CORDARY AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	13235 CORDARY AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"IBRAHIM, MONA "
Licensee type:	A
License effective date:	70424
License expiration date:	Not Reported
License issue date:	070424
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:	070222
Facility closed date:	Not Reported
Mailing address:	13235 CORDARY AVENUE
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"IBRAHIM, MONA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103490222

GL1185
ENE
4-6 mi
27459
Higher

SRPU20071011769
Public Schools

Ncessch:	062271003241
Schname05:	ONE HUNDRED FIFTY-SIXTH STREET ELEMENTARY
Mstreet05:	2100 WEST 156TH ST.
Mcity05:	GARDENA
Mstate05:	CA
Mzip05:	90249
Mzip405:	4703
Member05:	299
Phone05:	(310) 324-6639
Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071011769

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
HC1186 ESE 4-6 mi 27463 Higher	EDR ID:	SRDCCA200742765	SRDCCA200742765 Daycare
	Facility number:	197414438	
	Facility name:	BERRY FAMILY CHILD CARE	
	Facility eval. code:	4040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	1621 W 218TH ST APT 5	
	City:	TORRANCE	
	State:	CA	
	Zip:	90501	
	Alt. address:	1621 W 218TH ST APT 5	
	City:	TORRANCE	
	State:	CA	
	Zip:	90501	
	Facility investor:	"BERRY, JACQUELINE "	
	Licensee type:	A	
	License effective date:	70509	
	License expiration date:	Not Reported	
	License issue date:	070509	
	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:	070405	
	Facility closed date:	Not Reported	
	Mailing address:	1621 W 218TH ST APT 5	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90501	
	Contact person:	"BERRY, JACQUELINE F. "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3106188510	

GQ1187 NE 4-6 mi 27471 Higher	EDR ID:	SRDCCA200720724	SRDCCA200720724 Daycare
	Facility number:	197409170	
	Facility name:	HARRIS FAMILY CHILD CARE	
	Facility eval. code:	7010	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	13946 LEMOLI	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	13946 LEMOLI	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Facility investor:	"HARRIS, LORINE "	
	Licensee type:	A	

License effective date: 21029
License expiration date: Not Reported
License issue date: 021029
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: 020724
Facility closed date: Not Reported
Mailing address: 13946 LEMOLI
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "HARRIS, LORINE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3108440224

1188 SRDCCA200717393
South Daycare
4-6 mi
27479
Higher

EDR ID: SRDCCA200717393
Facility number: 197408878
Facility name: MARTIN FAMILY CHILD CARE
Facility eval. code: 6050
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 28120 PEACOCK RIDGE ROAD #103
City: RANCHO PALOS VERDES
State: CA
Zip: 90275
Alt. address: 28120 PEACOCK RIDGE ROAD #103
City: RANCHO PALOS VERDES
State: CA
Zip: 90275
Facility investor: "MARTIN, MARY SHEILA "
Licensee type: A
License effective date: 20726
License expiration date: Not Reported
License issue date: 020726
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: 020524
Facility closed date: Not Reported
Mailing address: 28120 PEACOCK RIDGE ROAD #103
Mailing city: RANCHO PALOS VERDES
Mailing state: CA
Mailing zip: 90275
Contact person: "MARTIN, MARY SHEILA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3105415062

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
GN1189 NE 4-6 mi 27536 Higher	EDR ID:	SRDCCA200706432	SRDCCA200706432 Daycare
	Facility number:	197400046	
	Facility name:	FAHIE FAMILY DAY CARE	
	Facility eval. code:	7010	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	3636-A WEST 135TH. STREET	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	3636-A WEST 135TH. STREET	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Facility investor:	"FAHIE, SANDRA "	
	Licensee type:	A	
	License effective date:	940304	
	License expiration date:	Not Reported	
	License issue date:	940304	
	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:	940217	
	Facility closed date:	Not Reported	
	Mailing address:	3636-A WEST 135TH. ST.	
	Mailing city:	HAWTHORNE	
	Mailing state:	CA	
	Mailing zip:	90250	
	Contact person:	SANDRA FAHIE	
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	3109731251	

HH1190 ENE 4-6 mi 27542 Higher	Hospital type:	01	SRHO20070164336 AHA Hospitals
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	WISDOM HEALTH CARE SERVICES INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20060825	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1057980	

Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	16921 SOUTH WESTERN #219
Phone num:	3103243290
Termination reason:	00
Term Date:	20080824
Purpose of action:	Not Reported
Provider control:	05
Zip:	90247
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070164336

HH1191			SRHO20070148227
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
27542	Owner date:	Not Reported	
Higher	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	EXCEL HOME HEALTH AGENCY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19961031	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0921601	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	16921 S WESTERN AVE, STE 103	
	Phone num:	3103272938	
	Termination reason:	08	
	Term Date:	19981030	
	Purpose of action:	Not Reported	

Provider control:	04
Zip:	90247
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148227

GS1192 SRDCCA200720324
SE Daycare
4-6 mi
27550
Higher

EDR ID:	SRDCCA200720324
Facility number:	197409556
Facility name:	GONZALES FAMILY CHILD CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2357 W. 246TH STREET
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	2357 W. 246TH STREET
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	"GONZALES, GINA MARIE "
Licensee type:	A
License effective date:	21024
License expiration date:	Not Reported
License issue date:	021024
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:	021022
Facility closed date:	Not Reported
Mailing address:	2357 W. 246TH STREET
Mailing city:	LOMITA
Mailing state:	CA
Mailing zip:	90717
Contact person:	"GONZALES, GINA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105303309

HG1193 SRDCCA200717091
NE Daycare
4-6 mi
27555
Higher

EDR ID:	SRDCCA200717091
Facility number:	192008032

Facility name:	CHRISTOPHER FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13112 ROSELLE AVENUE #2
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	13112 ROSELLE AVENUE #2
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"CHRISTOPHER, VENIA "
Licensee type:	A
License effective date:	10720
License expiration date:	Not Reported
License issue date:	010720
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:	010621
Facility closed date:	Not Reported
Mailing address:	13112 ROSELLE AVENUE #2
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"CHRISTOPHER, VENIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106790634

HI1194 SRDCCA200726831
SE Daycare
4-6 mi
27563
Higher

EDR ID:	SRDCCA200726831
Facility number:	197411678
Facility name:	JANKOWSKI FAMILY CHILD CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	24319 LUCILLE AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	24319 LUCILLE AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	"JANKOWSKI, DIANA LYNN "
Licensee type:	A
License effective date:	40608
License expiration date:	Not Reported

License issue date: 040608
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: 040603
Facility closed date: Not Reported
Mailing address: 24319 LUCILLE AVENUE
Mailing city: LOMITA
Mailing state: CA
Mailing zip: 90717
Contact person: "JANKOWSKI, DIANA L. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103251073

GP1195 SRDCCA200712518
NNE Daycare
4-6 mi
27564
Higher

EDR ID: SRDCCA200712518
Facility number: 192004914
Facility name: GARCIA FAMILY CHILD CARE
Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4085 WEST 129TH STREET
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 4085 WEST 129TH STREET
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: GARCIA VICTORIA
Licensee type: A
License effective date: 1130
License expiration date: Not Reported
License issue date: 001130
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: 000907
Facility closed date: Not Reported
Mailing address: 4085 WEST 129TH STREET
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: GARCIA VICTORIA
Facility capacity: 8
Type of clients served: 960
Facility phone: 3106757893

GQ1196 SRDCCA200739372
NE Daycare
4-6 mi
27566
Higher

EDR ID:	SRDCCA200739372
Facility number:	197414285
Facility name:	DONALSON FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3311 WEST 139TH STREET #1
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	3311 WEST 139TH STREET #1
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"DONALSON, LUVENIA "
Licensee type:	A
License effective date:	70412
License expiration date:	Not Reported
License issue date:	070412
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:	070208
Facility closed date:	Not Reported
Mailing address:	3311 WEST 139TH STREET #1
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"DONALSON, LUVENIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106794627

GN1197 SRDCCA200729622
NE Daycare
4-6 mi
27576
Higher

EDR ID:	SRDCCA200729622
Facility number:	197412675
Facility name:	HARRIS FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3629 W. 135TH STREET #12
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	P.O. BOX 62344
City:	LOS ANGELES
State:	CA
Zip:	90062
Facility investor:	"HARRIS, DENISE "
Licensee type:	A

License effective date: 50729
License expiration date: Not Reported
License issue date: 050729
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: 050324
Facility closed date: Not Reported
Mailing address: P.O. BOX 62344
Mailing city: LOS ANGELES
Mailing state: CA
Mailing zip: 90062
Contact person: "HARRIS, DENISE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3102596117

GV1198 SRHO20070008496
East Hospital type: 01 AHA Hospitals
4-6 mi Num of times COO: 00
27623 Owner date: Not Reported
Higher City: GARDENA
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: 19880401
Medicare/Medicaid: 1
Facility name: PERITONEAL DIALYSIS TRAINING CENTER
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Partcipation date: 19880406
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 052669
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1411 W 190TH ST
Phone num: 2133761117
Termination reason: 01
Term Date: 19960101
Purpose of action: 1
Provider control: 01
Zip: 90248
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: 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:	SRHO20070008496

HG1199 SRDCCA200720115
NE Daycare
4-6 mi
27624
Higher

EDR ID:	SRDCCA200720115
Facility number:	197409348
Facility name:	PETERSEN FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13320 DOTY AVENUE APT 164
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	13320 DOTY AVENUE APT 164
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"PETERSEN, LISA ELDRA "
Licensee type:	A
License effective date:	21217
License expiration date:	Not Reported
License issue date:	021217
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:	021017
Facility closed date:	Not Reported
Mailing address:	13320 DOTY AVENUE APT 164
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"PETERSEN, LISA E. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3106766776

HJ1200 SRDCCA200736071
NNE Daycare
4-6 mi
27640
Higher

EDR ID:	SRDCCA200736071
Facility number:	197413786
Facility name:	JIMENEZ FAMILY CHILD CARE
Facility eval. code:	7070
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12204 BURL AVENUE
City:	HAWTHORNE
State:	CA

Zip: 90205
Alt. address: 12204 BURL AVENUE
City: HAWTHORNE
State: CA
Zip: 90205
Facility investor: "JIMENEZ, FIDENCIA "
Licensee type: A
License effective date: 70409
License expiration date: Not Reported
License issue date: 070409
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. LANDLORD/PROPERTY OWNER CONSENT REQUIRED."HOURS OF OPERATION: 24 HOURS, 7 DAYS A WEEK. "
Original app. received date: 060725
Facility closed date: Not Reported
Mailing address: 12204 BURL AVENUE
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90205
Contact person: "JIMENEZ, FIDENCIA "
Facility capacity: 14
Type of clients served: 950
Facility phone: 3102637039

HG1201 SRDCCA200709666
NE
4-6 mi
27650
Higher
Daycare

EDR ID: SRDCCA200709666
Facility number: 197404257
Facility name: VELEZ FAMILY DAY CARE
Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 13231 FLORWOOD AVE.
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 13231 FLORWOOD AVE.
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "VELEZ, ISAURA "
Licensee type: A
License effective date: 980109
License expiration date: Not Reported
License issue date: 980109
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: 971103
Facility closed date: Not Reported
Mailing address: 13231 FLORWOOD AVE.
Mailing city: HAWTHORNE

Mailing state:	CA
Mailing zip:	90250
Contact person:	ISAURA VELEZ
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106764376

HK1202 SRDCCA200736094
ESE Daycare
4-6 mi
27692
Higher

EDR ID:	SRDCCA200736094
Facility number:	197413793
Facility name:	TEODORO FAMILY CHILD CARE
Facility eval. code:	4070
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1624 W. 220TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	1624 W. 220TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"TEODORO, ANITA FEIN "
Licensee type:	A
License effective date:	61031
License expiration date:	Not Reported
License issue date:	061031
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:	1624 W. 220TH STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"TEODORO, ANITA F. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3107821588

HD1203 SRDCCA200728476
NNE Daycare
4-6 mi
27711
Higher

EDR ID:	SRDCCA200728476
Facility number:	197412075
Facility name:	RODRIGUEZ FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5443 W. 119TH STREET
City:	INGLEWOOD

State: CA
Zip: 90304
Alt. address: 5443 W. 119TH STREET
City: INGLEWOOD
State: CA
Zip: 90304
Facility investor: "RODRIGUEZ, INGRID ANALETH "
Licensee type: A
License effective date: 41022
License expiration date: Not Reported
License issue date: 041022
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: 041015
Facility closed date: Not Reported
Mailing address: 5443 W. 119TH STREET
Mailing city: INGLEWOOD
Mailing state: CA
Mailing zip: 90304
Contact person: "RODRIGUEZ, INGRID A. "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3106430273

GP1204 SRDCCA200748904
NNE EDR ID: SRDCCA200748904 Daycare
4-6 mi Facility number: 191608608
27783 Facility name: FUN SHIP CHILDREN DAY CARE CENTER
Higher Facility eval. code: 7070
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 4141 W. EL SEGUNDO BLVD.
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 4141 W. EL SEGUNDO BLVD.
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "TINENSKY, ALLA "
Licensee type: A
License effective date: 930122
License expiration date: Not Reported
License issue date: 930122
Program type: COMBO CENTER: PRE-SCHOOL (43) AGES 0-5 YEARS. X-191608612 SCHOOL AGE CENTER (30) AGES 5-14 YEARS. EXTENDED PROGRAM 7 DAYS PER WEEK 24 HOURS PER DAY.
Original app. received date: 920928
Facility closed date: Not Reported
Mailing address: 4141 W. EL SEGUNDO BLVD.
Mailing city: HAWTHORNE
Mailing state: CA

Mailing zip:	90250
Contact person:	"TITENSKY, ALLA "
Facility capacity:	43
Type of clients served:	950
Facility phone:	3106442176

GP1205 SRDCCA200742956
NNE Daycare
4-6 mi
27783
Higher

EDR ID:	SRDCCA200742956
Facility number:	191608612
Facility name:	FUN SHIP CHILDREN SCHOOL-AGE CENTER
Facility eval. code:	7070
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	4141 W. EL SEGUNDO BLVD.
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4141 W. EL SEGUNDO BLVD.
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"TITENSKY, ALLA "
Licensee type:	A
License effective date:	930122
License expiration date:	Not Reported
License issue date:	930122
Program type:	"COMBO: SCHOOL AGE CENTER(30) AMBULATORY CHILDREN AGES 5 - 14. EXTENDEDPROGRAM 7 DAYS PER WEEK, 24 HOURS PER DAY. "
Original app. received date:	920928
Facility closed date:	Not Reported
Mailing address:	4141 W. EL SEGUNDO BLVD.
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"TITENSKY, ALLA "
Facility capacity:	30
Type of clients served:	950
Facility phone:	3106442176

HI1206 SRHO20070155138
SE AHA Hospitals
4-6 mi
27802
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOMITA
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 ADULT DAY HEALTH CARE, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021223
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1007571
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2280 LOMITA BLVD
Phone num:	3106020123
Termination reason:	00
Term Date:	20081222
Purpose of action:	Not Reported
Provider control:	02
Zip:	90717
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155138

HL1207 SRDCCA200746237
SSE Daycare
4-6 mi
27807
Higher

EDR ID:	SRDCCA200746237
Facility number:	197409233
Facility name:	RHUMC - KID ZONE AFTER SCHOOL PROGRAM
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	26438 CRENSHAW BOULEVARD
City:	ROLLING HILLS ESTATE
State:	CA
Zip:	90274
Alt. address:	26438 CRENSHAW BOULEVARD
City:	ROLLING HILLS ESTATE
State:	CA
Zip:	90274
Facility investor:	ROLLING HILLS UNITED METHODIST CHURCH
Licensee type:	C
License effective date:	20919
License expiration date:	Not Reported
License issue date:	020919
Program type:	MAXIMUM CAPACITY: 30 SCHOOL-AGE CHILDREN AGES 6-12.

Original app. received date:	020718
Facility closed date:	Not Reported
Mailing address:	26438 CRENSHAW BOULEVARD
Mailing city:	ROLLING HILLS ESTATE
Mailing state:	CA
Mailing zip:	90274
Contact person:	LISA WILLIAMS
Facility capacity:	30
Type of clients served:	950
Facility phone:	3103776771

HL1208 SRDCCA200746731
SSE Daycare
4-6 mi
27807
Higher

EDR ID:	SRDCCA200746731
Facility number:	191600604
Facility name:	ROLLING HILLS UNITED METHODIST CHURCH PRE-SCHOOL
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	26438 CRENSHAW BL
City:	ROLLING HILLS ESTATE
State:	CA
Zip:	90274
Alt. address:	26438 CRENSHAW BL
City:	ROLLING HILLS ESTATE
State:	CA
Zip:	90274
Facility investor:	ROLLING HILLS UNITED METHODIST CHURCH
Licensee type:	C
License effective date:	931005
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	FACILITY SERVES CHILDREN AGES 2 TO 6 YEARS OLD. SCHOOL CLOSED FOR THE SUMMER.
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	26438 CRENSHAW BLVD
Mailing city:	PALOS VERDES PENINSU
Mailing state:	CA
Mailing zip:	90274
Contact person:	"GHABRIAL, MERVAT "
Facility capacity:	77
Type of clients served:	950
Facility phone:	3103770742

HL1209 SRPR20051023000
SSE Private Schools
4-6 mi
27818
Higher

Pss school id:	00081738
Pss inst:	ROLLING HILLS COUNTRY DAY SCHO
Lograde:	K
Higrade:	8
Pss address:	26444 CRENSHAW BLVD
Pss city:	ROLLING HILLS ESTATES
Pss county no:	037

Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90274
Pss phone:	3103774848
Pss sch days:	170
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	47
Pss enroll 1:	37
Pss enroll 2:	46
Pss enroll 3:	42
Pss enroll 4:	42
Pss enroll 5:	46
Pss enroll 6:	36
Pss enroll 7:	30
Pss enroll 8:	38
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	364
Pss enroll tk12:	364
Pss race ai:	0
Pss race as:	71
Pss race h:	4
Pss race b:	14
Pss race w:	275
Pss fte teach:	29.3
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:	19.51
Pss hisp pct:	1.1
Pss black pct:	3.85
Pss white pct:	75.55
Pss stdtch rt:	12.42
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
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023000

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

HM1210
East
4-6 mi
27830
Higher

SRDCCA200701163
Daycare

EDR ID:	SRDCCA200701163
Facility number:	198203858
Facility name:	LEE GROUP HOME
Facility eval. code:	0207
Facility office number:	34
Facility county number:	19
Facility type code:	730
Facility status code:	03
Address:	21140 DENKER AVE.
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	21140 DENKER AVE.
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"LEE, AMYRE & LEE, ANDREW "
Licensee type:	B
License effective date:	30401
License expiration date:	Not Reported
License issue date:	030401
Program type:	LICENSEE PREFERS TO SERVE DEVELOPMENTALLY AND MENTALLY DISABLED CHILDREN AGES 6 THROUGH 17.
Original app. received date:	021108
Facility closed date:	Not Reported
Mailing address:	21140 DENKER AVE.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"LEE, AMYRE "
Facility capacity:	4
Type of clients served:	950
Facility phone:	3108779283

HG1211
NE
4-6 mi
27837
Higher

SRDCCA200744523
Daycare

EDR ID:	SRDCCA200744523
Facility number:	197412348
Facility name:	CLOUD 9 INFANT & TODDLER CENTER
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	3819 W. 132ND STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	3801 W. 132ND STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"YEE, DAVID "
Licensee type:	A
License effective date:	60306

License expiration date: Not Reported
License issue date: 060306
Program type: FACILITY LICENSED FOR 14 CHILDRENS. 5 INFANTS AGES 0 TO 2 YEARS AND 9 TODDLERS AGES 1 1/2 TO 2 1/2 YEARS.(WAIVER FOR PLAYYARD)
Original app. received date: 050215
Facility closed date: Not Reported
Mailing address: 4548 W. 154TH STREET
Mailing city: LAWNDALE
Mailing state: CA
Mailing zip: 90260
Contact person: "PHIPPS, CYNTHIA "
Facility capacity: 14
Type of clients served: 955
Facility phone: 3106799888

HK1212 SRDCCA200701006
ESE Daycare
4-6 mi
27854
Higher

EDR ID: SRDCCA200701006
Facility number: 198203350
Facility name: EMANCIPATION INSTITUTE
Facility eval. code: 0207
Facility office number: 34
Facility county number: 19
Facility type code: 730
Facility status code: 03
Address: 1600 WEST 220TH STREET
City: TORRANCE
State: CA
Zip: 90501
Alt. address: P.O. BOX 6803
City: FULLERTON
State: CA
Zip: 92834
Facility investor: "HARBOR CITY CHILDREN'S FOUNDATION, INC. "
Licensee type: C
License effective date: 10928
License expiration date: Not Reported
License issue date: 010928
Program type: LICENSEE PREFERS TO SERVE EMOTIONALLY DISTURBED MALES AGE 12 THRU 17. AMBULATORY ONLY.
Original app. received date: 010625
Facility closed date: Not Reported
Mailing address: P.O. BOX 6803
Mailing city: FULLERTON
Mailing state: CA
Mailing zip: 92834
Contact person: PAMELA CUTCHLOW
Facility capacity: 6
Type of clients served: 920
Facility phone: 3103200195

GU1213 SRDCCA200748990
SE Daycare
4-6 mi
27871
Higher

EDR ID: SRDCCA200748990
Facility number: 191608962
Facility name: RANCHO PRESCHOOL AND DAY CARE

Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2155 W. 240TH STREET
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	2155 WEST 240TH STREET
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	"SYED, NAFISA AND SYED, MUSHTAQ "
Licensee type:	A
License effective date:	930428
License expiration date:	Not Reported
License issue date:	930428
Program type:	COMBINATION CENTER: PRESCHOOL (29) AGES 2 TO 5 YEARS; SCHOOL AGE CENTER (24) (#191608964) AGES 5 TO 14 YEARS.Y
Original app. received date:	930104
Facility closed date:	Not Reported
Mailing address:	2155 W. 240TH STREET
Mailing city:	LOMITA
Mailing state:	CA
Mailing zip:	90717
Contact person:	NAFISA SYED
Facility capacity:	29
Type of clients served:	950
Facility phone:	3105340020

GU1214 SRDCCA200742971
SE Daycare
4-6 mi
27871
Higher

EDR ID:	SRDCCA200742971
Facility number:	191608964
Facility name:	RANCHO PRESCHOOL AND DAY CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	2155 W. 240TH STREET
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	2155 W. 240TH STREET
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	"SYED, NAFISA AND SYED, MUSHTAQ "
Licensee type:	A
License effective date:	930428
License expiration date:	Not Reported
License issue date:	930428
Program type:	COMBO CENTER: SCHOOL AGE CENTER (24) AGES 5 TO 14 YEARS; PRESCHOOL (29) X-191608962 AGES 2 TO 5 YEARS.

Original app. received date:	930104
Facility closed date:	Not Reported
Mailing address:	2155 WEST 240TH STREET
Mailing city:	LOMITA
Mailing state:	CA
Mailing zip:	90717
Contact person:	NAFISA SYED
Facility capacity:	24
Type of clients served:	950
Facility phone:	3105340020

HF1215 SRPU20071015008
NNE Public Schools
4-6 mi
27890
Higher

Ncessch:	061668011295
Schname05:	HAWTHORNE MATH AND SCIENCE ACADEMY HIGH
Mstreet05:	4467 WEST BROADWAY
Mcity05:	HAWTHORNE
Mstate05:	CA
Mzip05:	90250
Mzip405:	Not Reported
Member05:	346
Phone05:	(310) 973-8620
Locale05:	3
Type05:	1
Level05:	4
Gslo05:	09
Gshi05:	11
Edr id:	SRPU20071015008

HJ1216 SRDCCA200722051
NNE Daycare
4-6 mi
27906
Higher

EDR ID:	SRDCCA200722051
Facility number:	197410289
Facility name:	CRUZ FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4952 W. 120TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4952 W. 120TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"CRUZ, ILSIA "
Licensee type:	A
License effective date:	30619
License expiration date:	Not Reported
License issue date:	030619
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:	030424

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Facility closed date:	Not Reported	
	Mailing address:	4952 W. 120TH STREET	
	Mailing city:	HAWTHORNE	
	Mailing state:	CA	
	Mailing zip:	90250	
	Contact person:	CRUZ. ILSIA	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	3102630926	
HN1217			SRPU20071015005
NE	Ncessch:	061668002101	Public Schools
4-6 mi	Schname05:	ZELA DAVIS	
27908	Mstreet05:	13435 SOUTH YUKON AVE.	
Higher	Mcity05:	HAWTHORNE	
	Mstate05:	CA	
	Mzip05:	90250	
	Mzip405:	6297	
	Member05:	1386	
	Phone05:	(310) 679-1771	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071015005	
HN1218			SRPU20071015002
NE	Ncessch:	061668002098	Public Schools
4-6 mi	Schname05:	WILLIAMS ELEMENTARY	
27915	Mstreet05:	13434 SOUTH YUKON AVE.	
Higher	Mcity05:	HAWTHORNE	
	Mstate05:	CA	
	Mzip05:	90250	
	Mzip405:	6298	
	Member05:	-2	
	Phone05:	(310) 676-3444	
	Locale05:	N	
	Type05:	1	
	Level05:	4	
	Gslo05:	N	
	Gshi05:	N	
	Edr id:	SRPU20071015002	
HO1219			SRDCCA200746728
ENE	EDR ID:	SRDCCA200746728	Daycare
4-6 mi	Facility number:	191600560	
27927	Facility name:	PRESBYTERIAN PRE-SCHOOL	
Higher	Facility eval. code:	4060	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	

Address:	1957 REDONDO BEACH BOULEVARD
City:	GARDENA
State:	CA
Zip:	90247
Alt. address:	1957 REDONDO BEACH BOULEVARD
City:	GARDENA
State:	CA
Zip:	90247
Facility investor:	FIRST PRESBYTERIAN CHURCH OF GARDENA
Licensee type:	C
License effective date:	920126
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY, LICENSEE PREFERS TO SERVE CHILDREN AGES 2 YRS. 6 MOS. THRU 5 YEARS. "
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	1957 REDONDO BEACH BLVD.
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90247
Contact person:	"GRIMES, CATHERINE "
Facility capacity:	64
Type of clients served:	950
Facility phone:	3103294030

HI1220 SRHO20070006394
SE AHA Hospitals
4-6 mi
27927
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	LOMITA
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	55G314
FMS survey date:	Not Reported
Current survey date:	19980715
Medicare/Medicaid:	2
Facility name:	ARLINGTON HOME 3
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920831
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05G606
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	24600 CYPRESS STREET
Phone num:	3105344396
Termination reason:	01

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Term Date:	19990731
Purpose of action:	2
Provider control:	07
Zip:	90717
Fips state:	06
Fips cnty:	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:	SRHO20070006394

HI1221 SRHO20070107971
SE AHA Hospitals
4-6 mi
27927
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	LOMITA
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	05G606
FMS survey date:	Not Reported
Current survey date:	20051229
Medicare/Medicaid:	1
Facility name:	ARLINGTON HOME #3
Intermediary/Carrier:	Not Reported
Medicaid number:	LTC60487F
Partcipation date:	20000204
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	55G314
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L2
street address:	24600 CYPRESS STREET
Phone num:	3105344396
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90717
Fips state:	06
Fips cnty:	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:	SRHO20070107971

HG1222 SRDCCA200730997
NE Daycare
4-6 mi
27930
Higher

EDR ID:	SRDCCA200730997
Facility number:	197412931
Facility name:	WALKER FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13200 DOTY AVENUE #212
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	13200 DOTY AVENUE #212
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"WALKER, LYNICE "
Licensee type:	A
License effective date:	51229
License expiration date:	Not Reported
License issue date:	051229
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:	050824
Facility closed date:	Not Reported
Mailing address:	13200 DOTY AVENUE #212
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"WALKER, LYNICE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3109731893

HG1223 SRDCCA200743761
NE Daycare
4-6 mi
27940
Higher

EDR ID:	SRDCCA200743761
Facility number:	197405984
Facility name:	CLOUD 9 CHILD CARE/RECREATION CENTER
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	3801 WEST 132ND STREET
City:	HAWTHORNE
State:	CA
Zip:	90250

Alt. address:	3801 WEST 132ND STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"YEE, DAVID "
Licensee type:	A
License effective date:	990510
License expiration date:	Not Reported
License issue date:	990510
Program type:	COMBINATION CENTER: SCHOOL-AGE(60) CHILDREN AGES 5-12 YEARS. (X197405985) PRESCHOOL(22) CHILDREN AGES 2 YRS TO KINDERGARTEN.
Original app. received date:	990312
Facility closed date:	Not Reported
Mailing address:	3801 WEST 132ND STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	CYNTHIA PHIPPS
Facility capacity:	60
Type of clients served:	950
Facility phone:	3106799888

HG1224 SRDCCA200750315
NE Daycare
4-6 mi
27940
Higher

EDR ID:	SRDCCA200750315
Facility number:	197405985
Facility name:	CLOUD 9 CHILD CARE/RECREATION CENTER
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3801 WEST 132ND STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	3801 WEST 132ND STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"YEE, DAVID "
Licensee type:	A
License effective date:	990510
License expiration date:	Not Reported
License issue date:	990510
Program type:	COMBINATION CENTER: PRESCHOOL(22)CHILDREN AGES 2YRS. TO KINDERGARTEN. (X197405984)SCHOOL-AGE(60) CHILDREN AGES 5-12 YEARS.
Original app. received date:	990312
Facility closed date:	Not Reported
Mailing address:	3801 WEST 132ND STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	CYNTHIA PHIPPS
Facility capacity:	22
Type of clients served:	950

Facility phone: 3106799888

HP1225 — SRDCCA200700663
NE — Daycare
4-6 mi
27943
Higher

EDR ID:	SRDCCA200700663
Facility number:	198201583
Facility name:	RENAISSANCE UNLIMITED IV
Facility eval. code:	0202
Facility office number:	34
Facility county number:	19
Facility type code:	730
Facility status code:	05
Address:	14835 PURCHE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	2718 REDONDO BLVD
City:	LOS ANGELES
State:	CA
Zip:	90016
Facility investor:	"RENAISSANCE UNLIMITED, INC "
Licensee type:	C
License effective date:	971121
License expiration date:	071221
License issue date:	971121
Program type:	THIS IS A PROBATIONARY LICENSE PER STIPULATION WAIVER & ORDER DATED 12/21/04. THIS LICENSE IS EFFECTIVE 12/21/04 THRU 12/21/07.LICENSEE PREFERS TO SERVE MENTALLY DISABLED MALES AGES 13-17.
Original app. received date:	970710
Facility closed date:	Not Reported
Mailing address:	2718 REDONDO BLVD
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90016
Contact person:	"NZENWA, MARIA "
Facility capacity:	6
Type of clients served:	950
Facility phone:	3103238096

HC1226 — SRDCCA200734036
ESE — Daycare
4-6 mi
27958
Higher

EDR ID:	SRDCCA200734036
Facility number:	197413014
Facility name:	RAMANAYAKE FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1557 W. 218TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	1557 W. 218TH STREET
City:	TORRANCE
State:	CA

Zip: 90501
Facility investor: "RAMANAYAKE, NIRMALIN "
Licensee type: A
License effective date: 51026
License expiration date: Not Reported
License issue date: 051026
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: 051005
Facility closed date: Not Reported
Mailing address: 1557 W. 218TH STREET
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90501
Contact person: "RAMANAYAKE, NIRMALIN "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3105331690

1227 North 4-6 mi 27990 Higher — SRDCCA200738975 Daycare

EDR ID: SRDCCA200738975
Facility number: 197413842
Facility name: ARROYO FAMILY CHILD CARE
Facility eval. code: 5080
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 754 SHELDON STREET
City: EL SEGUNDO
State: CA
Zip: 90245
Alt. address: 754 SHELDON STREET
City: EL SEGUNDO
State: CA
Zip: 90245
Facility investor: ARROYO FAMILY CHILD CARE
Licensee type: A
License effective date: 61002
License expiration date: Not Reported
License issue date: 061002
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: 754 SHELDON STREET
Mailing city: LOS ANGELES
Mailing state: CA
Mailing zip: 90245
Contact person: "ARROYO, KERRI "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3107653394

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

HQ1228 — SRDCCA200745075
NNE — Daycare
4-6 mi
28000
Higher

EDR ID:	SRDCCA200745075
Facility number:	197405911
Facility name:	YMCA OF METROPOLITAN LOS ANGELES-CENTINELA VALLEY
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4081 W. EL SEGUNDO BLVD.
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	625 S. NEW HAMPSHIRE AVENUE
City:	LOS ANGELES
State:	CA
Zip:	90005
Facility investor:	YMCA OF METROPOLITAN LOS ANGELES
Licensee type:	C
License effective date:	990428
License expiration date:	Not Reported
License issue date:	990428
Program type:	LICENSEE WILL SERVE PRESCHOOL AGE CHILDREN AGES 2 THRU 5 YEARS OLD.
Original app. received date:	990204
Facility closed date:	Not Reported
Mailing address:	625 S. NEW HAMPSHIRE AVENUE
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90005
Contact person:	"TROPET, MARIE "
Facility capacity:	40
Type of clients served:	950
Facility phone:	3106447600

HQ1229 — SRDCCA200746425
NNE — Daycare
4-6 mi
28000
Higher

EDR ID:	SRDCCA200746425
Facility number:	197403913
Facility name:	"YMCA OF METRO. L.A. - CENTINELA VALLEY Y, CALVARY "
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	4081 W. EL SEGUNDO BLVD.
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	625 SO. NEW HAMPSHIRE AVENUE
City:	LOS ANGELES
State:	CA
Zip:	90005
Facility investor:	YMCA OF METROPOLITAN LOS ANGELES - MARILYN WOTTON
Licensee type:	C
License effective date:	971008
License expiration date:	Not Reported

License issue date: 971008
Program type: LICENSEE WILL SERVE SCHOOL AGE CHILDREN AGES 5 THRU 12 YEARS. AMBULATORY ONLY.
Original app. received date: 970718
Facility closed date: Not Reported
Mailing address: 625 SO. NEW HAMPSHIRE AVENUE
Mailing city: LOS ANGELES
Mailing state: CA
Mailing zip: 90005
Contact person: J. KATHRYN PARKER
Facility capacity: 73
Type of clients served: 950
Facility phone: 3106447600

HG1230 SRDCCA200709986
NE Daycare
4-6 mi
28037
Higher

EDR ID: SRDCCA200709986
Facility number: 197404620
Facility name: MARSHALL FAMILY CHILD CARE
Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 13013 CORDARY AVENUE
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 13013 CORDARY AVENUE
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "MARSHALL, TONYA "
Licensee type: A
License effective date: 980311
License expiration date: Not Reported
License issue date: 980311
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: 980224
Facility closed date: Not Reported
Mailing address: 13013 CORDARY AVENUE
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: TONYA MARSHALL
Facility capacity: 14
Type of clients served: 960
Facility phone: 3106793398

HN1231 SRDCCA200719453
NE Daycare
4-6 mi
28038
Higher

EDR ID: SRDCCA200719453
Facility number: 197409943
Facility name: "MCCORVEY, PATRICE FAMILY CHILD CARE "

Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	06
Address:	3502 W. 135TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	3502 W. 135TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"MCCORVEY, PATRICE ANN "
Licensee type:	A
License effective date:	30227
License expiration date:	Not Reported
License issue date:	030227
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "(INFANT MEANS A CHILD UNDER 2 YEARS OLD.)
Original app. received date:	030129
Facility closed date:	Not Reported
Mailing address:	3502 W. 135TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"MCCORVEY, PATRICE ANN "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3109304122

HC1232 SRDCCA200713504
ESE Daycare
4-6 mi
28078
Higher

EDR ID:	SRDCCA200713504
Facility number:	192002438
Facility name:	COPELAND FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1541 W. 218TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	1541 W. 218TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"COPELAND, KIM "
Licensee type:	A
License effective date:	712
License expiration date:	Not Reported
License issue date:	000712

Program type: "MAXIMUM CAPACITY: 12 CHILDREN INCLUDING LICENSEE'S AND ASSISTANT'S CHILDEN UNDER 10 YEARS WHEN IN THE HOME, NO MORE THAN 4 INFANTS. "
Original app. received date: 000502
Facility closed date: Not Reported
Mailing address: 1541 W. 218TH STREET
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90501
Contact person: "COPELAND, KIM "
Facility capacity: 12
Type of clients served: 960
Facility phone: 3107870040

HR1233 SRDCCA200741934
ENE EDR ID: SRDCCA200741934 Daycare
4-6 mi Facility number: 197414477
28087 Facility name: ESPINOZA FAMILY CHILD CARE
Higher Facility eval. code: 4040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 18103 DALTON PLACE
City: GARDENA
State: CA
Zip: 90248
Alt. address: 18103 DALTON PLACE
City: GARDENA
State: CA
Zip: 90248
Facility investor: "ESPINOZA, SILVIA "
Licensee type: A
License effective date: 70502
License expiration date: Not Reported
License issue date: 070502
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: 070413
Facility closed date: Not Reported
Mailing address: 18103 DALTON PLACE
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90248
Contact person: "ESPINOZA, SILVIA I. "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3105167633

GW1234 SRDCCA200747633
North EDR ID: SRDCCA200747633 Daycare
4-6 mi Facility number: 191602269
28095 Facility name: ST. JOHN'S LUTHERAN CHURCH NURSERY SCHOOL
Higher

Facility eval. code:	5080
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1611 EAST SYCAMORE
City:	EL SEGUNDO
State:	CA
Zip:	90245
Alt. address:	1611 EAST SYCAMORE
City:	EL SEGUNDO
State:	CA
Zip:	90245
Facility investor:	ST. JOHN'S LUTHERAN CHURCH NURSERY SCHOOL
Licensee type:	C
License effective date:	931012
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY ONLY: LICENSEE PREFERS TO SERVE AGES 2 YEARS TO 1/2 YEARS.
Original app. received date:	840831
Facility closed date:	Not Reported
Mailing address:	1611 EAST SYCAMORE
Mailing city:	EL SEGUNDO
Mailing state:	CA
Mailing zip:	90245
Contact person:	"STANCIL, LAURA "
Facility capacity:	90
Type of clients served:	950
Facility phone:	3106150211

HN1235 SRDCCA200709151
NE Daycare
4-6 mi
28100
Higher

EDR ID:	SRDCCA200709151
Facility number:	197405515
Facility name:	MC CORVEY FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13500 CERISE AVE.
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	13500 CERISE AVE.
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"MC CORVEY, PATRICIA "
Licensee type:	A
License effective date:	990107
License expiration date:	Not Reported
License issue date:	990107
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:	981113
Facility closed date:	Not Reported
Mailing address:	13500 CERISE AVE.
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	PATRICIA MC CORVEY
Facility capacity:	14
Type of clients served:	960
Facility phone:	3109783999

HG1236 SRDCCA200720775
NE Daycare
4-6 mi
28113
Higher

EDR ID:	SRDCCA200720775
Facility number:	197410268
Facility name:	GENTLE FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3737 W. 132ND STREET #A
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	3737 W. 132ND STREET #A
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"GENTLE, NYDIS KIMBERLY "
Licensee type:	A
License effective date:	30730
License expiration date:	Not Reported
License issue date:	030730
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:	030521
Facility closed date:	Not Reported
Mailing address:	3737 W. 132ND STREET #A
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"GENTLE, NYDIS K, "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103550143

HL1237 SRHO20070131484
SSE AHA Hospitals
4-6 mi
28172
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	PALOS VERDES PENINSULA
Has plan of corr:	Not Reported

Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ROCHELLE L WILSON DO
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930330
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0548668
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	26510 CRENSHAW BLVD
Phone num:	3103779822
Termination reason:	01
Term Date:	19950101
Purpose of action:	Not Reported
Provider control:	04
Zip:	90274
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131484

HL1238 SRHO20070131474
SSE AHA Hospitals
4-6 mi
28172
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	PALOS VERDES PENINSULA
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	EDUARDO ANORGA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930330
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D0548649
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	26510 CRENSHAW BLVD
Phone num:	3105411613
Termination reason:	08
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90274
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131474

HB1239 SRHO20070155404
NE AHA Hospitals
4-6 mi
28185
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ABRAHAM GOLBARI MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021223
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1007582
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	14030 CRENSHAW BLVD
Phone num:	3103278746
Termination reason:	00

Term Date:	20081222
Purpose of action:	Not Reported
Provider control:	04
Zip:	90249
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155404

HK1240 SRDCCA200701418
ESE Daycare
4-6 mi
28203
Higher

EDR ID:	SRDCCA200701418
Facility number:	198204576
Facility name:	CAMACHO CHILDREN'S CENTER
Facility eval. code:	0207
Facility office number:	34
Facility county number:	19
Facility type code:	730
Facility status code:	03
Address:	1557 W. 220TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	1557 W. 220TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	PATRICIA CAMACHO
Licensee type:	A
License effective date:	50620
License expiration date:	Not Reported
License issue date:	050620
Program type:	"LICENSEE PREFERS TO SERVE DEVELOPMENTALLY DISABLED CHILDREN AGES 6-17 YEARS OLD, AMBULATORY ONLY. "
Original app. received date:	041019
Facility closed date:	Not Reported
Mailing address:	1557 W. 220TH STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"CAMACHO, PATRICIA "
Facility capacity:	6
Type of clients served:	950
Facility phone:	3103283193

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
HG1241 NE 4-6 mi 28206 Higher			SRDCCA200749129 Daycare
	EDR ID:	SRDCCA200749129	
	Facility number:	191609678	
	Facility name:	FEDERATION/CORDARY STATE PRESCHOOL	
	Facility eval. code:	4000	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	3841 W. 130TH STREET	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	"460 E. CARSON PLAZA DR,STE 100"	
	City:	CARSON	
	State:	CA	
	Zip:	90746	
	Facility investor:	"FEDERATION OF PRESCHOOL AND COMM. ED. CTRS., INC. "	
	Licensee type:	C	
	License effective date:	930830	
	License expiration date:	Not Reported	
	License issue date:	930830	
	Program type:	"AMBULATORY ONLY, AGES 3.9 THRU 4.9 YEARS ONLY. (AM SESSION) (PM SESSION). "	
	Original app. received date:	930730	
	Facility closed date:	Not Reported	
	Mailing address:	"460 E. CARSON PLAZA DR,STE 100"	
	Mailing city:	CARSON	
	Mailing state:	CA	
	Mailing zip:	90746	
	Contact person:	"COPES, PRISCILLA "	
	Facility capacity:	54	
	Type of clients served:	950	
	Facility phone:	3107756681	
HQ1242 NNE 4-6 mi 28211 Higher			SRHO20070107682 AHA Hospitals
	Hospital type:	02	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	HAWTHORNE	
	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:	20060907	
	Medicare/Medicaid:	1	
	Facility name:	LOOP HOME FOUNDATION, INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	LTC80263G	
	Partcipation date:	19990614	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	55G275	

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:	L1
street address:	4180 W 126TH STREET
Phone num:	3106767634
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	07
Zip:	90250
Fips state:	06
Fips cnty:	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:	SRHO20070107682

HQ1243 SRHO20070107953
NNE AHA Hospitals
4-6 mi
28211
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
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:	19980218
Medicare/Medicaid:	2
Facility name:	SPINNING PLACE II
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970117
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	55G061
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	4180 W 126TH STREET
Phone num:	3109735476
Termination reason:	05
Term Date:	19971231
Purpose of action:	3

Provider control:	02
Zip:	90250
Fips state:	06
Fips cnty:	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:	SRHO20070107953

HL1244			SRHO20070131485
SSE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28220	Owner date:	Not Reported	
Higher	City:	PALOS VERDES ESTATES	
	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:	20000601	
	Medicare/Medicaid:	1	
	Facility name:	PV FAMILY AND IMMEDIATE MEDICAL CARE	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0548686	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	26516 CRENSHAW BLVD	
	Phone num:	3105417911	
	Termination reason:	00	
	Term Date:	20080530	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90274	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	

Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131485

HB1245 SRDCCA200755954
NE Daycare
4-6 mi
28224
Higher

EDR ID: SRDCCA200755954
Facility number: 197413349
Facility name: COALICION DE LATINO-AMERICANOS
Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 3130 W. 139TH STREET
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 3130 W. 139TH STREET
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "COALICION DE LATINOS AMERICANOS, INC. "
Licensee type: C
License effective date: 60823
License expiration date: Not Reported
License issue date: 060823
Program type: AMBULATORY ONLY: MAXIMUM CAPACITY 45 CHILDREN AGES 3 TO 5 YEARS.
Original app. received date: 060202
Facility closed date: Not Reported
Mailing address: 4917 E. 60TH PLACE
Mailing city: MAYWOOD
Mailing state: CA
Mailing zip: 90270
Contact person: "ALVARADO, SANDRA "
Facility capacity: 45
Type of clients served: 950
Facility phone: 3102191043

HS1246 SRDCCA200747375
ENE Daycare
4-6 mi
28230
Higher

EDR ID: SRDCCA200747375
Facility number: 191600685
Facility name: GARDENA CHRISTIAN ACADEMY
Facility eval. code: 4060
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 16311 SOUTH WESTERN AVENUE
City: GARDENA
State: CA
Zip: 90247
Alt. address: 16311 SOUTH WESTERN AVENUE
City: GARDENA
State: CA
Zip: 90247

Facility investor:	FIRST ASSEMBLY OF GOD
Licensee type:	C
License effective date:	960120
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	LICENSEE PREFERS TO SERVE AMBULATORY CHILDREN AGES 2 THRU 4.9 YEARS.
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	16311 S WESTERN AVE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90247
Contact person:	YOHONDA SIMMONS
Facility capacity:	105
Type of clients served:	950
Facility phone:	3105270348

HS1247 SRPR20051025004
ENE Private Schools
4-6 mi
28230
Higher

Pss school id:	01898827
Pss inst:	GARDENA CHRISTIAN ACADEMY
Lograde:	PK
Higrade:	6
Pss address:	16311 S WESTERN AVE
Pss city:	GARDENA
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90247
Pss phone:	3105270348
Pss sch days:	Not Reported
Pss stu day hrs:	7.5
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	90
Pss enroll k:	34
Pss enroll 1:	20
Pss enroll 2:	15
Pss enroll 3:	17
Pss enroll 4:	7
Pss enroll 5:	13
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:	199
Pss enroll tk12:	109
Pss race ai:	0
Pss race as:	7
Pss race h:	2
Pss race b:	96

Pss race w:	4
Pss fte teach:	7
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	6.42
Pss hisp pct:	1.83
Pss black pct:	88.07
Pss white pct:	3.67
Pss stdtch rt:	15.57
Pss orient:	10
Pss county name:	LOS ANGELES
Pss assoc 1:	Association of Christian Teachers and Schools (ACTS)
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:	SRPR20051025004

HJ1248 SRDCCA200744564
NNE Daycare
4-6 mi
28239
Higher

EDR ID:	SRDCCA200744564
Facility number:	197411601
Facility name:	VOALA /HAWTHORNE EARLY HEAD START
Facility eval. code:	4000
Facility office number:	30
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	4951 W. 119TH PLACE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	11243 KITTRIDGE STREET
City:	NORTH HOLLYWOOD
State:	CA
Zip:	91606
Facility investor:	VOLUNTEERS OF AMERICA
Licensee type:	C
License effective date:	40513
License expiration date:	Not Reported
License issue date:	040513
Program type:	"LICENSEE SERVE (3) INFANTS AGES 0 - 2 YEARS WITH TODDLER OPTION FOR (30) CHILDREN AGES 2 - 3 YEARS. PROGRAM OPERATES IN (2) BUILDINGS; 4951 AND 4931. PER FIRE CLEARANCE REQUIREMENT, 4951 KITCHEN IS NOT "TO BE USED TO COOK IN; NEW KITCHEN IS AT 4931.
Original app. received date:	040506
Facility closed date:	Not Reported
Mailing address:	11243 KITTRIDGE STREET

Mailing city:	NORTH HOLLYWOOD
Mailing state:	CA
Mailing zip:	91606
Contact person:	"SMITH, DOROTHY "
Facility capacity:	33
Type of clients served:	955
Facility phone:	3106750653

HI1249 SRDCCA200742304
SE Daycare
4-6 mi
28260
Higher

EDR ID:	SRDCCA200742304
Facility number:	191608498
Facility name:	BILOWIT CHILDRENS LEARNING CENTER - INFANT
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	24412 NARBONNE AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	24412 NARBONNE AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	"SOUTH BAY CHABAD, INC., "
Licensee type:	C
License effective date:	920827
License expiration date:	Not Reported
License issue date:	920827
Program type:	COMBINATION CENTER: INFANT CENTER(20) AGES 0 - 2 YEARS; PRESCHOOL (40) AGES 2 - 5 YEARS. X191603741
Original app. received date:	920826
Facility closed date:	Not Reported
Mailing address:	24412 NARBONNE AVENUE
Mailing city:	LOMITA
Mailing state:	CA
Mailing zip:	90717
Contact person:	RABBI ELI HECHT
Facility capacity:	20
Type of clients served:	955
Facility phone:	3103268234

HI1250 SRDCCA200747705
SE Daycare
4-6 mi
28260
Higher

EDR ID:	SRDCCA200747705
Facility number:	191603741
Facility name:	BILOWIT CHILDRENS LEARNING CENTER (PRESCHOOL)
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	24412 NARBONNE AVENUE
City:	LOMITA

State:	CA
Zip:	90717
Alt. address:	24412 NARBONNE AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	"SOUTH BAY CHABAD, INC. "
Licensee type:	C
License effective date:	950616
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"COMBINATION CENTER: PRESCHOOL (40) AGES 2 - 5. X191608498 INFANT CENTER (20), AGES 0 - 2 YEARS. "
Original app. received date:	790723
Facility closed date:	Not Reported
Mailing address:	24412 NARBONNE AVENUE
Mailing city:	LOMITA
Mailing state:	CA
Mailing zip:	90717
Contact person:	"HECHT, RABBI ELI "
Facility capacity:	40
Type of clients served:	950
Facility phone:	3103268234

HI1251 SRPR20051022766
SE Private Schools
4-6 mi
28260
Higher

Pss school id:	A9101040
Pss inst:	MAIMONIDES TORAH ACADEMY
Lograde:	PK
Higrade:	4
Pss address:	24412 NARBONNE AVE
Pss city:	LOMITA
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90717
Pss phone:	3103268234
Pss sch days:	183
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	3
Pss enroll k:	6
Pss enroll 1:	2
Pss enroll 2:	5
Pss enroll 3:	4
Pss enroll 4:	3
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:	23
Pss enroll tk12:	20
Pss race ai:	0
Pss race as:	0
Pss race h:	0
Pss race b:	1
Pss race w:	19
Pss fte teach:	4.8
Pss locale:	3
Pss coed:	1
Pss type:	3
Pss level:	1
Pss relig:	2
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	0
Pss hisp pct:	0
Pss black pct:	5
Pss white pct:	95
Pss stdtch rt:	4.17
Pss orient:	17
Pss county name:	LOS ANGELES
Pss assoc 1:	Other religious school association(s)
Pss assoc 2:	National Association for the Education of Young Children (NAEYC)
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:	SRPR20051022766

HJ1252 SRDCCA200755827
NNE Daycare
4-6 mi
28278
Higher

EDR ID:	SRDCCA200755827
Facility number:	197412862
Facility name:	VOALA HAWTHORNE HEAD START
Facility eval. code:	4000
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4931 W. 119TH PLACE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	11243 KITTRIDGE STREET
City:	NORTH HOLLYWOOD
State:	CA
Zip:	91606
Facility investor:	VOLUNTEERS OF AMERICA OF LOS ANGELES
Licensee type:	C
License effective date:	50901
License expiration date:	Not Reported
License issue date:	050901

Program type: "LICENSEE SERVES CHILDREN AGES 3 - 5 YEARS OLD, AMBULATORY ONLY. COMBINATION CENTER (X197401507) (I) AGES 0 - 2 YEARS WITH TODDLER OPTION, CHILDREN AGES 2 - 3 YEARS OLD.
"
Original app. received date: 050809
Facility closed date: Not Reported
Mailing address: 11243 KITTRIDGE STREET
Mailing city: NORTH HOLLYWOOD
Mailing state: CA
Mailing zip: 91606
Contact person: REGINA RUIZ
Facility capacity: 34
Type of clients served: 950
Facility phone: 3106750653

HT1253 SRDCCA200704151
NE Daycare
4-6 mi
28285
Higher

EDR ID: SRDCCA200704151
Facility number: 191609148
Facility name: DOSS FAMILY CHILD CARE
Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 13616 LEMOLI AVENUE #16
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 13616 LEMOLI AVENUE #16
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "DOSS, DORIS "
Licensee type: A
License effective date: 930713
License expiration date: Not Reported
License issue date: 930713
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S AND ASSISTANT'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: 930302
Facility closed date: Not Reported
Mailing address: 13616 LEMOLI AVENUE #16
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: DORIS DOSS
Facility capacity: 12
Type of clients served: 960
Facility phone: 3109733390

HJ1254 SRDCCA200740146
NNE Daycare
4-6 mi
28286
Higher

EDR ID:	SRDCCA200740146
Facility number:	197414142
Facility name:	PEREZ FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4922 WEST 119TH PLACE #C
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4922 WEST 119TH PLACE #C
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"PEREZ, ROSINA "
Licensee type:	A
License effective date:	70117
License expiration date:	Not Reported
License issue date:	070117
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 WIH A MAXIMUM OF 2 INFANTS. PROPERTY OWNER/LANDLORD CONSENT CONFIRMED. "
Original app. received date:	070108
Facility closed date:	Not Reported
Mailing address:	4922 WEST 119TH PLACE #C
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"PEREZ, ROSINA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3102191559

GZ1255 SRDCCA200716378
ENE Daycare
4-6 mi
28295
Higher

EDR ID:	SRDCCA200716378
Facility number:	192009424
Facility name:	VALDEZ FAMILY CHILD CARE
Facility eval. code:	6040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	17333 DENKER AVENUE APT B.
City:	GARDENA
State:	CA
Zip:	90247
Alt. address:	17333 DENKER AVENUE APT B.
City:	GARDENA
State:	CA
Zip:	90247
Facility investor:	"VALDEZ, MATILDE "

Licensee type:	A
License effective date:	20128
License expiration date:	Not Reported
License issue date:	020128
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:	011109
Facility closed date:	Not Reported
Mailing address:	17333 DENKER AVENUE APT B.
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90247
Contact person:	"VALDEZ, MATILDE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105150379

HF1256 SRHO20070151684
NNE AHA Hospitals
4-6 mi
28318
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HAWTHORNE MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980820
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0950202
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	12321 HAWTHORNE BLVD
Phone num:	3102631400
Termination reason:	00
Term Date:	20080819
Purpose of action:	Not Reported
Provider control:	02
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A

Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151684

HM1257 SRDCCA200714747
East Daycare
4-6 mi
28333
Higher

EDR ID: SRDCCA200714747
Facility number: 192006718
Facility name: BEJARANO FAMILY CHILD CARE
Facility eval. code: 4040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 20931 HALLDALE AVE
City: TORRANCE
State: CA
Zip: 90501
Alt. address: 20931 HALLDALE AVE
City: TORRANCE
State: CA
Zip: 90501
Facility investor: "BEJARANO, MARIA "
Licensee type: A
License effective date: 40504
License expiration date: Not Reported
License issue date: 040504
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: 010301
Facility closed date: Not Reported
Mailing address: 20931 HALLDALE AVE
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90501
Contact person: "BEJARANO, MARIA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3103208378

HU1258 SRDCCA200703625
ENE Daycare
4-6 mi
28349
Higher

EDR ID: SRDCCA200703625
Facility number: 191609538
Facility name: RIOS FAMILY DAY CARE
Facility eval. code: 4060
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03

Address: 15220 PARRON AVENUE
City: GARDENA
State: CA
Zip: 90249
Alt. address: 15220 PARRON AVENUE
City: GARDENA
State: CA
Zip: 90249
Facility investor: "RIOS, ALFONSO & VIRGINIA "
Licensee type: A
License effective date: 931002
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: 811212
Facility closed date: Not Reported
Mailing address: 15220 PARRON AVENUE
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90249
Contact person: "RIOS, VIRGINIA "
Facility capacity: 6
Type of clients served: 960
Facility phone: 3103244303

HQ1259 SRDCCA200725244
NNE EDR ID: SRDCCA200725244 Daycare
4-6 mi Facility number: 197411237
28351 Facility name: MORALES FAMILY CHILD CARE
Higher Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 12511 S. FREEMAN AVENUE
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 12511 S. FREEMAN AVENUE
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "MORALES, GLORIA ODILIA "
Licensee type: A
License effective date: 40603
License expiration date: Not Reported
License issue date: 040603
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: 040205
Facility closed date: Not Reported

Mailing address:	12511 S. FREEMAN AVENUE
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"MORALES, GLORIA O. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106761724

HA1260 SRDCCA200703516
East Daycare
4-6 mi
28353
Higher

EDR ID:	SRDCCA200703516
Facility number:	191601622
Facility name:	PATRICK FAMILY DAY CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1477 WEST 184TH STREET
City:	GARDENA
State:	CA
Zip:	90248
Alt. address:	1477 WEST 184TH STREET
City:	GARDENA
State:	CA
Zip:	90248
Facility investor:	"PATRICK, HELEN "
Licensee type:	A
License effective date:	930805
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:	870624
Facility closed date:	Not Reported
Mailing address:	1477 WEST 184TH STREET
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90248
Contact person:	"PATRICK, HELEN L. "
Facility capacity:	12
Type of clients served:	960
Facility phone:	3103236166

HJ1261 SRPU20071014997
NNE Public Schools
4-6 mi
28353
Higher

Ncessch:	061668002093
Schname05:	EUCALYPTUS
Mstreet05:	12044 SOUTH EUCALYPTUS AVE.
Mcity05:	HAWTHORNE
Mstate05:	CA
Mzip05:	90250
Mzip405:	3602

Member05:	1117
Phone05:	(310) 675-3369
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014997

HJ1262 SRDCCA200756199
NNE Daycare
4-6 mi
28367
Higher

EDR ID:	SRDCCA200756199
Facility number:	197411916
Facility name:	TRF/HAWLAWN
Facility eval. code:	4000
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4754 W. 120TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	330 E. KELSO STREET
City:	INGLEWOOD
State:	CA
Zip:	90301
Facility investor:	TRAINING & RESEARCH FOUNDATION/HS STATE P/S PROG.
Licensee type:	C
License effective date:	40908
License expiration date:	Not Reported
License issue date:	040908
Program type:	HEAD START PROGRAM SERVING CHILDREN AGES 3 - 5 YEARS. A WAIVER HAS BEEN GRANTED FOR OUTDOOR PLAY SPACE.
Original app. received date:	040811
Facility closed date:	Not Reported
Mailing address:	330 E. KELSO STREET
Mailing city:	INGLEWOOD
Mailing state:	CA
Mailing zip:	90301
Contact person:	"MORENO, DANIELA "
Facility capacity:	52
Type of clients served:	950
Facility phone:	3104124195

HJ1263 SRDCCA200746518
NNE Daycare
4-6 mi
28367
Higher

EDR ID:	SRDCCA200746518
Facility number:	192001488
Facility name:	YMCA OF METROPOLITAN LOS ANGELES-CENTINELA VALLEY
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	4754 WEST 120TH STREET

City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4754 WEST 120TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"WOTTON, MARILYN-YMCA OF METROPOLITAN LOS ANGELES "
Licensee type:	C
License effective date:	427
License expiration date:	Not Reported
License issue date:	000427
Program type:	Not Reported
Original app. received date:	000306
Facility closed date:	Not Reported
Mailing address:	4754 WEST 120TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"JAMERSON,PHEADRA "
Facility capacity:	49
Type of clients served:	950
Facility phone:	3106793246

HU1264 SRDCCA200705852
ENE Daycare
4-6 mi
28422
Higher

EDR ID:	SRDCCA200705852
Facility number:	197401627
Facility name:	RODRIGUEZ FAMILY DAY CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	15424 GRAMERCY PLACE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	15424 GRAMERCY PLACE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	LENOR RODRIGUEZ
Licensee type:	A
License effective date:	950821
License expiration date:	Not Reported
License issue date:	950821
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN UNDER 10 YEARS WHEN IN THE HOME, NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD.) "
Original app. received date:	950721
Facility closed date:	Not Reported
Mailing address:	15424 GRAMERCY PLACE
Mailing city:	GARDENA
Mailing state:	CA

Mailing zip:	90249
Contact person:	"RODRIGUEZ, LEONOR R. "
Facility capacity:	12
Type of clients served:	960
Facility phone:	3103271765

HO1265 SRDCCA200738049
ENE Daycare
4-6 mi
28435
Higher

EDR ID:	SRDCCA200738049
Facility number:	197414082
Facility name:	COBOS FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	15520 RUTHELEN STREET
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	15520 RUTHELEN STREET
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"COBOS, MARIA "
Licensee type:	A
License effective date:	61204
License expiration date:	Not Reported
License issue date:	061204
Program type:	"MAXIMUM CAPACITY: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAPACITY 8 - NO MORE THAN 2 INFANTS,1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	061109
Facility closed date:	Not Reported
Mailing address:	15520 RUTHELEN STREET
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"COBOS, MARIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3108080011

HJ1266 SRDCCA200736091
NNE Daycare
4-6 mi
28465
Higher

EDR ID:	SRDCCA200736091
Facility number:	197413792
Facility name:	GARDNER FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4836 WEST 119TH PLACE
City:	HAWTHORNE

State:	CA
Zip:	90250
Alt. address:	4836 WEST 119TH PLACE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"GARDNER, DENISE "
Licensee type:	A
License effective date:	61019
License expiration date:	Not Reported
License issue date:	061019
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:	060724
Facility closed date:	Not Reported
Mailing address:	4836 WEST 119TH PLACE
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"GARDNER, DENISE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3109737670

HR1267 SRPR20051025005
East Private Schools
4-6 mi
28514
Higher

Pss school id:	02005914
Pss inst:	GARDENA VALLEY CHRISTIAN SCHL
Lograde:	K
Higrade:	8
Pss address:	1473 WEST 182ND STREET
Pss city:	GARDENA
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90248
Pss phone:	3103274987
Pss sch days:	178
Pss stu day hrs:	6.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	29
Pss enroll 1:	37
Pss enroll 2:	46
Pss enroll 3:	32
Pss enroll 4:	46
Pss enroll 5:	46
Pss enroll 6:	26
Pss enroll 7:	31
Pss enroll 8:	34
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported

Pss enroll 12:	Not Reported
Pss enroll t:	327
Pss enroll tk12:	327
Pss race ai:	3
Pss race as:	64
Pss race h:	34
Pss race b:	124
Pss race w:	102
Pss fte teach:	20.5
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0.92
Pss asian pct:	19.57
Pss hisp pct:	10.4
Pss black pct:	37.92
Pss white pct:	31.19
Pss stdtch rt:	15.95
Pss orient:	4
Pss county name:	LOS ANGELES
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Association of Christian Teachers and Schools (ACTS)
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:	SRPR20051025005

HT1268 SRDCCA200708848
NE Daycare
4-6 mi
28521
Higher

EDR ID:	SRDCCA200708848
Facility number:	197405228
Facility name:	REDD FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13509 LEMOLI AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	13509 LEMOLI AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"REDD, JERRELL "
Licensee type:	A
License effective date:	981026
License expiration date:	Not Reported
License issue date:	981026

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: 980813
Facility closed date: Not Reported
Mailing address: 13509 LEMOLI AVENUE
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "REDD, JERRELL "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3106797298

HV1269 SRDCCA200730024
NNE Daycare
4-6 mi
28533
Higher

EDR ID: SRDCCA200730024
Facility number: 197412588
Facility name: LATCHMAN FAMILY CHILD CARE
Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 12434 FREEMAN AVENUE #1
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 12434 FREEMAN AVENUE #1
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "LATCHMAN, VERNA "
Licensee type: A
License effective date: 50516
License expiration date: Not Reported
License issue date: 050516
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 "
Original app. received date: 050418
Facility closed date: Not Reported
Mailing address: 12434 FREEMAN AVENUE #1
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "LATCHMAN, VERNA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3106447454

HW1270 SRPR20051024229
NNE Private Schools
4-6 mi
28540
Higher

Pss school id: BB000013
Pss inst: AL-HUDA ISLMAC
Lograde: K

Higrade:	6
Pss address:	12209 HAWTHORNE WAY
Pss city:	LOS ANGELES
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90250
Pss phone:	3109730500
Pss sch days:	182
Pss stu day hrs:	7
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	16
Pss enroll 1:	28
Pss enroll 2:	27
Pss enroll 3:	13
Pss enroll 4:	12
Pss enroll 5:	8
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:	112
Pss enroll tk12:	112
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:	13.8
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:	8.12
Pss orient:	16
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: SRPR20051024229

HX1271 SRDCCA200747506
NNE Daycare
4-6 mi
28544
Higher

EDR ID: SRDCCA200747506
Facility number: 191601807
Facility name: DEL AIRE DAY CARE
Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 4955 W. 119TH ST.
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 4955 W. 119TH ST.
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: DEL AIRE ASSEMBLY OF GOD CHURCH
Licensee type: C
License effective date: 930821
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY, LICENSEE PREFERS TO SERVE AGES 2 YEARS THRU 6 YEARS. "
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 4955 W. 119TH ST.
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "FOX, PATRICE "
Facility capacity: 63
Type of clients served: 950
Facility phone: 3106750187

HX1272 SRPR20051023868
NNE Private Schools
4-6 mi
28544
Higher

Pss school id: K9300167
Pss inst: DEL AIRE DAY CARE
Lograde: PK
Higrade: K
Pss address: 4955 W 119TH STREET
Pss city: HAWTHORNE
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90250
Pss phone: 3106750187
Pss sch days: 184
Pss stu day hrs: 5.5
Pss library: No

Pss enroll ug:	Not Reported
Pss enroll pk:	24
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:	31
Pss enroll tk12:	7
Pss race ai:	0
Pss race as:	0
Pss race h:	3
Pss race b:	2
Pss race w:	2
Pss fte teach:	1
Pss locale:	3
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	2
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	0
Pss hisp pct:	42.86
Pss black pct:	28.57
Pss white pct:	28.57
Pss stdtch rt:	7
Pss orient:	4
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:	SRPR20051023868

HH1273 SRDCCA200713239
ENE Daycare
4-6 mi
28550
Higher

EDR ID:	SRDCCA200713239
Facility number:	192001706
Facility name:	FUENTES FAMILY CHILD CARE
Facility eval. code:	6040
Facility office number:	30
Facility county number:	19
Facility type code:	810

Facility status code:	03
Address:	16520 S. HARVARD BLVD
City:	GARDENA
State:	CA
Zip:	90247
Alt. address:	16520 S. HARVARD BLVD
City:	GARDENA
State:	CA
Zip:	90247
Facility investor:	"FUENTES, RITA AND MOISES "
Licensee type:	A
License effective date:	601
License expiration date:	Not Reported
License issue date:	000601
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:	000403
Facility closed date:	Not Reported
Mailing address:	16520 S. HARVARD BLVD
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90247
Contact person:	"FUENTES, RITA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3107691825

HP1274 SRPR20051024706
NE Private Schools
4-6 mi
28573
Higher

Pss school id:	00071683
Pss inst:	JUNIPERO SERRA HIGH SCHOOL
Lograde:	9
Higrade:	12
Pss address:	14830 VAN NESS AVENUE
Pss city:	GARDENA
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90249
Pss phone:	3103246675
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:	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:	146
Pss enroll 10:	165
Pss enroll 11:	149
Pss enroll 12:	123
Pss enroll t:	583
Pss enroll tk12:	583
Pss race ai:	2
Pss race as:	34
Pss race h:	180
Pss race b:	348
Pss race w:	19
Pss fte teach:	29.9
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	2
Pss relig:	1
Pss comm type:	1
Pss indian pct:	0.34
Pss asian pct:	5.83
Pss hisp pct:	30.87
Pss black pct:	59.69
Pss white pct:	3.26
Pss stdtch rt:	19.5
Pss orient:	1
Pss county name:	LOS ANGELES
Pss assoc 1:	National Catholic Educational Association (NCEA)
Pss assoc 2:	State or regional independent school association
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:	SRPR20051024706

HW1275 SRHO20070147113
NNE AHA Hospitals
4-6 mi
28579
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	AAMEDCO / PRECIOUS LIFE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960814
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0918620

Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	12235 S HAWTHORNE BLVD
Phone num:	3106448655
Termination reason:	08
Term Date:	19980813
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147113

HH1276			SRDCCA200716591
ENE	EDR ID:	SRDCCA200716591	Daycare
4-6 mi	Facility number:	192008626	
28596	Facility name:	CASTANEDA FAMILY CHILD CARE	
Higher	Facility eval. code:	6040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	1644 W. 168TH STREET	
	City:	GARDENA	
	State:	CA	
	Zip:	90247	
	Alt. address:	1644 W. 168TH STREET	
	City:	GARDENA	
	State:	CA	
	Zip:	90247	
	Facility investor:	"CASTANEDA, SANDRA DELIA "	
	Licensee type:	A	
	License effective date:	20227	
	License expiration date:	Not Reported	
	License issue date:	020227	
	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:	010824	
	Facility closed date:	Not Reported	
	Mailing address:	1644 W. 168TH STREET	
	Mailing city:	GARDENA	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing state:	CA	
	Mailing zip:	90247	
	Contact person:	"CASTANEDA, SANDRA DELIA "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3105388284	
HS1277			SRHO20070130801
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28641	Owner date:	Not Reported	
Higher	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	TOM T MAEDA MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19931101	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0547688	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	16020 S WESTERN AVE SUITE #100	
	Phone num:	3103275771	
	Termination reason:	08	
	Term Date:	19980831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90247	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070130801	
HS1278			SRHO20070138228
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28641			
Higher			

Owner date:	Not Reported
City:	GARDENA
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TSUYOSHI OKADA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921229
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0677235
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	16020 SO WESTERN AVE SUITE 204
Phone num:	3103233096
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90247
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138228

HI1279 SRDCCA200752612
SE Daycare
4-6 mi
28667
Higher

EDR ID:	SRDCCA200752612
Facility number:	197400511
Facility name:	LEARNING TREE PRE-SCHOOL AND KINDERGARTEN
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2157 W. 245TH STREET
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	2157 W. 245TH STREET

City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	MARY KIRTLAND NELSON-RAMSEY
Licensee type:	A
License effective date:	940929
License expiration date:	Not Reported
License issue date:	940929
Program type:	MAXIMUM CAPACITY: 150 AMBULATORY PRESCHOOL-AGED CHILDREN FROM 2-5 YEARS OLD. TODDLER OPTION 14 CHILDREN 18 TO 36 MONTHS. LICENSE EFFECTIVE DATE IS 10-13-95.
Original app. received date:	940624
Facility closed date:	Not Reported
Mailing address:	948 VIA DEL MONTE
Mailing city:	PALOS VERDES ESTATES
Mailing state:	CA
Mailing zip:	90274
Contact person:	MARY K. RAMSEY
Facility capacity:	150
Type of clients served:	950
Facility phone:	3105393991

HI1280 SRPR20051028096
SE Private Schools
4-6 mi
28667
Higher

Pss school id:	BB945976
Pss inst:	THE LEARNING TREE PRESCHOOL &
Lograde:	PK
Higrade:	K
Pss address:	2157 245TH ST
Pss city:	LOMITA
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90717
Pss phone:	3105393991
Pss sch days:	181
Pss stu day hrs:	5.25
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	128
Pss enroll k:	22
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:	150
Pss enroll tk12:	22

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:	NR
Pss type:	7
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:	22
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
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:	SRPR20051028096

1281 SRHO20070152912
NNE AHA Hospitals
4-6 mi
28674
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ANGELES
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WILLIAM G LANG MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980121
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0939101
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1

street address:	5230 PACIFIC CONCOURSE DRIVE # 102
Phone num:	3105368200
Termination reason:	00
Term Date:	20080120
Purpose of action:	Not Reported
Provider control:	04
Zip:	90045
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152912

HQ1282 SRDCCA200712462
NNE Daycare
4-6 mi
28697
Higher

EDR ID:	SRDCCA200712462
Facility number:	192004498
Facility name:	BANGALIE FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4030 W. 126TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4030 W. 126TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"BANGALIE, FATMATA "
Licensee type:	A
License effective date:	1109
License expiration date:	Not Reported
License issue date:	001109
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:	000814
Facility closed date:	Not Reported
Mailing address:	4030 W. 126TH STREET
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"BANGALIE, FATMATA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3109732818

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

HY1283
NE
4-6 mi
28740
Higher

SRDCCA200732100
Daycare

EDR ID:	SRDCCA200732100
Facility number:	197412829
Facility name:	EDDIE FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2931 W. 140TH STREET
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	2931 W. 140TH STREET
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	DELORES EDDIE
Licensee type:	A
License effective date:	51024
License expiration date:	Not Reported
License issue date:	051024
Program type:	"MAXIMUM CAPACITY: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAPACITY 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:	2931 W. 140TH STREET
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	DELORES EDDIE
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105322953

1284
SSE
4-6 mi
28740
Higher

SRPR20051024246
Private Schools

Pss school id:	00083407
Pss inst:	CHADWICK SCHOOL
Lograde:	K
Higrade:	12
Pss address:	26800 ACADEMY DRIVE
Pss city:	PALOS VERDES PENINSULA
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90274
Pss phone:	3103771543
Pss sch days:	165
Pss stu day hrs:	7.75
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported

Pss enroll k:	41
Pss enroll 1:	40
Pss enroll 2:	38
Pss enroll 3:	35
Pss enroll 4:	42
Pss enroll 5:	40
Pss enroll 6:	72
Pss enroll 7:	71
Pss enroll 8:	78
Pss enroll 9:	84
Pss enroll 10:	76
Pss enroll 11:	77
Pss enroll 12:	71
Pss enroll t:	765
Pss enroll tk12:	765
Pss race ai:	0
Pss race as:	176
Pss race h:	25
Pss race b:	60
Pss race w:	504
Pss fte teach:	90.8
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	3
Pss relig:	3
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	23.01
Pss hisp pct:	3.27
Pss black pct:	7.84
Pss white pct:	65.88
Pss stdtch rt:	8.43
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	National Association of Independent Schools (NAIS)
Pss assoc 2:	State or regional independent school association
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:	SRPR20051024246

HZ1285 SRDCCA200703205
ESE Daycare
4-6 mi
28750
Higher

EDR ID:	SRDCCA200703205
Facility number:	191604180
Facility name:	RAMIREZ FAMILY DAY CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1410 W. 216TH STREET

City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	1410 W. 216TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"RAMIREZ, JULIA "
Licensee type:	A
License effective date:	950914
License expiration date:	Not Reported
License issue date:	890914
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN UNDER 10 YEARS WHEN IN THE HOME, NO MORE THAN 4 INFANTS. "
Original app. received date:	890807
Facility closed date:	Not Reported
Mailing address:	1410 W. 216TH STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"RAMIREZ, JULIA "
Facility capacity:	6
Type of clients served:	960
Facility phone:	3103280998

IA1286 SRHO20070006918
SE AHA Hospitals
4-6 mi
28756
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20060814
Medicare/Medicaid:	1
Facility name:	PECK HOUSE
Intermediary/Carrier:	Not Reported
Medicaid number:	LTC60594F
Partcipation date:	19940412
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05G750
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	2630 DALEMEAD STREET
Phone num:	3103798297
Termination reason:	00
Term Date:	Not Reported

Purpose of action:	2
Provider control:	07
Zip:	90505
Fips state:	06
Fips cnty:	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:	SRHO20070006918

HZ1287
ESE
4-6 mi
28769
Higher

SRPU20071015307
Public Schools

Ncessch:	062271003063
Schname05:	HALLDALE ELEMENTARY
Mstreet05:	21514 HALLDALE AVE.
Mcity05:	TORRANCE
Mstate05:	CA
Mzip05:	90501
Mzip405:	3016
Member05:	666
Phone05:	(310) 328-3100
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071015307

IB1288
SE
4-6 mi
28771
Higher

SRHO20070144488
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TRINITY CARE HOSPICE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940414
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0885044
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2601 AIRPORT DRIVE SUITE 230
Phone num:	3105303800
Termination reason:	00
Term Date:	20080413
Purpose of action:	Not Reported
Provider control:	02
Zip:	90505
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144488

IB1289 SRHO20070009351
SE AHA Hospitals
4-6 mi
28771
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20020712
Medicare/Medicaid:	1
Facility name:	TRINITYCARE HOSPICE
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19841001
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	051512
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	2601 AIRPORT DRIVE, SUITE 230
Phone num:	3105303800
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90505
Fips 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:	SRHO20070009351

HQ1290 SRDCCA200722595
NNE Daycare
4-6 mi
28848
Higher

EDR ID:	SRDCCA200722595
Facility number:	197410839
Facility name:	GARRETT BARBARA
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12436 SOUTH OXFORD AVE.
City:	HAWTHORNE
State:	CA
Zip:	90260
Alt. address:	12436 SOUTH OXFORD AVE.
City:	HAWTHORNE
State:	CA
Zip:	90260
Facility investor:	"GARRETT, BARBARA JEAN "
Licensee type:	A
License effective date:	40601
License expiration date:	Not Reported
License issue date:	040601
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:	031008
Facility closed date:	Not Reported
Mailing address:	12436 SOUTH OXFORD AVE.
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90260
Contact person:	"GARRETT, BARBARA J. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106447499

IC1291 SRHO20070131209
SE AHA Hospitals
4-6 mi
28850
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOMITA
Has plan of corr:	Not Reported

Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	STEPHEN RUSSELL MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930309
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553238
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2170 W LOMITA BLVD
Phone num:	3103266482
Termination reason:	08
Term Date:	20020831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90717
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131209

1292 East 4-6 mi 28876 Higher — SRDCCA200709946 Daycare

EDR ID:	SRDCCA200709946
Facility number:	197404602
Facility name:	CHOCANO FAMILY CHILD CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	20823 SOUTH NORMANDIE AVENUE
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	50823 SOUTH NORMANDIE AVENUE
City:	TORRANCE
State:	CA
Zip:	90501

Facility investor: "CHOCANO, EDNA C. "
Licensee type: A
License effective date: 980224
License expiration date: Not Reported
License issue date: 980224
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: 980218
Facility closed date: Not Reported
Mailing address: 20823 SOUTH NORMANDIE AVENUE
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90501
Contact person: CHOCANO
Facility capacity: 14
Type of clients served: 960
Facility phone: 3107828455

ID1293 SRDCCA200708864
NNW Daycare
4-6 mi
28888
Higher

EDR ID: SRDCCA200708864
Facility number: 197405250
Facility name: SANDBAKKEN FAMILY CHILD CARE
Facility eval. code: 5080
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 711 W. OAK AVE.
City: EL SEGUNDO
State: CA
Zip: 90245
Alt. address: 711 W. OAK AVE.
City: EL SEGUNDO
State: CA
Zip: 90245
Facility investor: "SANDBAKKEN, CYNTHIA "
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: 980819
Facility closed date: Not Reported
Mailing address: 711 W. OAK AVE.
Mailing city: EL SEGUNDO
Mailing state: CA
Mailing zip: 90245
Contact person: CYNTHIA SANDBAKKEN
Facility capacity: 8
Type of clients served: 960
Facility phone: 3106408498

1294 SRDCCA200713445
North Daycare
4-6 mi
28891
Higher

EDR ID:	SRDCCA200713445
Facility number:	197407622
Facility name:	HORWITZ FAMILY CHILD CARE
Facility eval. code:	5080
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1117 E. ACACIA AVENUE
City:	EL SEGUNDO
State:	CA
Zip:	90245
Alt. address:	1117 E. ACACIA AVENUE
City:	EL SEGUNDO
State:	CA
Zip:	90245
Facility investor:	LINDA M. HORWITZ
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:	000515
Facility closed date:	Not Reported
Mailing address:	1117 E. ACACIA AVENUE
Mailing city:	EL SEGUNDO
Mailing state:	CA
Mailing zip:	90245
Contact person:	LINDA MARIE HORWITZ
Facility capacity:	14
Type of clients served:	960
Facility phone:	3106403370

IE1295 SRDCCA200724502
SE Daycare
4-6 mi
28898
Higher

EDR ID:	SRDCCA200724502
Facility number:	197411500
Facility name:	FAULK FAMILY CHILD CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	25218 PENNSYLVANIA AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	25218 PENNSYLVANIA AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	"FAULK, CAROLINE Y. "

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.REQUIRED
Original app. received date:	040409
Facility closed date:	Not Reported
Mailing address:	25218 PENNSYLVANIA AVENUE
Mailing city:	LOMITA
Mailing state:	CA
Mailing zip:	90717
Contact person:	"FAULK, CAROLINE "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105399370

IC1296 SRPU20071015570
SE Public Schools
4-6 mi
28899
Higher

Ncessch:	062271003145
Schname05:	LOMITA MATH/SCIENCE/TECHNOLOGY MAGNET
Mstreet05:	2211 WEST 247TH ST.
Mcity05:	LOMITA
Mstate05:	CA
Mzip05:	90717
Mzip405:	1503
Member05:	1110
Phone05:	(310) 326-1655
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071015570

HO1297 SRHO20070004376
ENE AHA Hospitals
4-6 mi
28909
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
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:	20060818
Medicare/Medicaid:	1
Facility name:	CLEAR VIEW CONV CTR
Intermediary/Carrier:	Not Reported
Medicaid number:	ZZT18060F
Partcipation date:	19740601
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05A052

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:	L1
street address:	15823 SO. WESTERN AVE.
Phone num:	3105382323
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	90247
Fips state:	06
Fips cnty:	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:	SRHO20070004376

HO1298 SRHO20070004377
ENE AHA Hospitals
4-6 mi
28909
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
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:	20060818
Medicare/Medicaid:	1
Facility name:	CLEAR VIEW SANITARIUM
Intermediary/Carrier:	Not Reported
Medicaid number:	ZZT18502F
Partcipation date:	19740331
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05A053
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	15823 SO. WESTERN AVE.
Phone num:	3105382323
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2

Provider control:	03
Zip:	90247
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0073
Num cert beds:	0073
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070004377

HO1299 SRHO20070143160
ENE AHA Hospitals
4-6 mi
28909
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CLEARVIEW SANTARIUM, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930409
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0866691
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	15823 WESTERN AVE
Phone num:	3105382323
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90247
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070143160	
HO1300 ENE 4-6 mi 28909 Higher			SRNH20060901288 Nursing Homes
	Provnum:	05A053	
	Nursinghomename:	CLEAR VIEW SANITARIUM	
	Street:	15823 SO. WESTERN AVE.	
	City:	GARDENA	
	State:	CA	
	Zipcode:	90247	
	Phonenumber:	3105382323	
	Dateoflastinspection:	20050620	
	Certifiednumberofbeds:	72	
	Totalnumberofresidents:	71	
	Percofoccupiedbeds:	99	
	Categorydescription:	Participating in Medicaid Only	
	Typeofownership:	For profit - Corporation	
	Locatedwithinahospital:	NO	
	Multinursinghomeownership:	YES	
	Residentandfamilycouncils:	BOTH	
	Edr id:	SRNH20060901288	
HO1301 ENE 4-6 mi 28909 Higher			SRNH20060901287 Nursing Homes
	Provnum:	05A052	
	Nursinghomename:	CLEAR VIEW CONV CTR	
	Street:	15823 SO. WESTERN AVE.	
	City:	GARDENA	
	State:	CA	
	Zipcode:	90247	
	Phonenumber:	3105382323	
	Dateoflastinspection:	20050429	
	Certifiednumberofbeds:	99	
	Totalnumberofresidents:	96	
	Percofoccupiedbeds:	97	
	Categorydescription:	Participating in Medicaid Only	
	Typeofownership:	For profit - Corporation	
	Locatedwithinahospital:	NO	
	Multinursinghomeownership:	YES	
	Residentandfamilycouncils:	BOTH	
	Edr id:	SRNH20060901287	
HP1302 NE 4-6 mi 28910 Higher			SRPR20051022336 Private Schools
	Pss school id:	A0300526	
	Pss inst:	SOUTHERN CALIFORNIA CHRISTIAN	
	Lograde:	1	
	Higrade:	11	
	Pss address:	14509 SPINNING AVE.	
	Pss city:	GARDENA	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90249	

Pss phone:	3107156784
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:	3
Pss enroll 2:	5
Pss enroll 3:	4
Pss enroll 4:	8
Pss enroll 5:	5
Pss enroll 6:	3
Pss enroll 7:	3
Pss enroll 8:	3
Pss enroll 9:	2
Pss enroll 10:	2
Pss enroll 11:	3
Pss enroll 12:	Not Reported
Pss enroll t:	41
Pss enroll tk12:	41
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:	18.5
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	3
Pss relig:	2
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:	2.22
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:	SRPR20051022336

ID1303 SRDCCA200706569
NNW EDR ID: SRDCCA200706569 Daycare
4-6 mi Facility number: 197400483
28909 Facility name: LINDSEY FAMILY DAY CARE
Higher

Facility eval. code: 5080
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 537 W. MAPLE AVE
City: EL SEGUNDO
State: CA
Zip: 90245
Alt. address: 537 W. MAPLE AVE
City: EL SEGUNDO
State: CA
Zip: 90245
Facility investor: "LINDSEY, JOAN AND THOMAS "
Licensee type: A
License effective date: 941101
License expiration date: Not Reported
License issue date: 941101
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: 940613
Facility closed date: Not Reported
Mailing address: 537 W. MAPLE AVE
Mailing city: EL SEGUNDO
Mailing state: CA
Mailing zip: 90245
Contact person: "LINDSEY, JOAN AND THOMAS "
Facility capacity: 14
Type of clients served: 950
Facility phone: 3104149493

IA1304 SRDCCA200722821
SE Daycare
4-6 mi
28920
Higher

EDR ID: SRDCCA200722821
Facility number: 197410922
Facility name: SANIE FAMILY CHILD CARE
Facility eval. code: 6050
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2634 PACIFIC COAST HWY.
City: TORRANCE
State: CA
Zip: 90505
Alt. address: 2634 PACIFIC COAST HWY.
City: TORRANCE
State: CA
Zip: 90505
Facility investor: "SANIE, ANA M. "
Licensee type: A
License effective date: 31211
License expiration date: Not Reported
License issue date: 031211
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 ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Original app. received date:	031030
Facility closed date:	Not Reported
Mailing address:	2634 PACIFIC COAST HWY.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90505
Contact person:	"SANIE, ANA M. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3108911780

IF1305 — SRPU20071011183
South — Public Schools
4-6 mi
28939
Higher

Ncessch:	062970004625
Schname05:	VISTA GRANDE ELEMENTARY
Mstreet05:	7032 PURPLERIDGE DR.
Mcity05:	RANCHO PALOS VERDES
Mstate05:	CA
Mzip05:	90275
Mzip405:	3059
Member05:	561
Phone05:	(310) 377-6066
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071011183

HY1306 — SRDCCA200715782
NE — Daycare
4-6 mi
28944
Higher

EDR ID:	SRDCCA200715782
Facility number:	192009594
Facility name:	LAWRENCE FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2916 W. 139TH PLACE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	2916 W. 139TH PLACE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"LAWRENCE, LUZELL "
Licensee type:	A
License effective date:	20529
License expiration date:	Not Reported
License issue date:	020529
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:	2916 W. 139TH PLACE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"LAWRENCE, LUZELL "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105151587

IG1307 SRHO20070149172
SSE AHA Hospitals
4-6 mi
28960
Lower

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	ROLLING HILLS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 D SHER MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970724
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0931219
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	501 DEEP VALLEY DRIVE #201
Phone num:	3105446858
Termination reason:	00
Term Date:	20070723
Purpose of action:	Not Reported
Provider control:	04
Zip:	90274
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149172

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
IG1308			SRHO20070010477
SSE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28960	Owner date:	Not Reported	
Lower	City:	ROLLING HILLS ESTATE	
	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:	20030724	
	Medicare/Medicaid:	1	
	Facility name:	INDEPENDENT PHYSICAL THERAPY	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19980423	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	056858	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	501 DEEP VALLEY DRIVE SUITE 200	
	Phone num:	3103777878	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	06	
	Zip:	90274	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	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:	SRHO20070010477	

HY1309			SRDCCA200722008
NE	EDR ID:	SRDCCA200722008	Daycare
4-6 mi	Facility number:	197410297	
29013	Facility name:	TALISON FAMILY CHILD CARE	
Higher	Facility eval. code:	4060	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	14021 S. WILKIE AVENUE	
	City:	GARDENA	

State: CA
Zip: 90249
Alt. address: 14021 S. WILKIE AVENUE
City: GARDENA
State: CA
Zip: 90249
Facility investor: "TALISON, LUCILLE "
Licensee type: A
License effective date: 30609
License expiration date: Not Reported
License issue date: 030609
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: 030428
Facility closed date: Not Reported
Mailing address: 14021 S. WILKIE AVENUE
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90249
Contact person: "TALISON, LUCILLE "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3107696001

ID1310 SRDCCA200704107
NNW EDR ID: SRDCCA200704107 Daycare
4-6 mi Facility number: 191609108
29013 Facility name: RACE FAMILY DAY CARE
Higher Facility eval. code: 5080
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 615 W. MAPLE AVENUE
City: EL SEGUNDO
State: CA
Zip: 90245
Alt. address: 615 W. MAPLE AVENUE
City: EL SEGUNDO
State: CA
Zip: 90245
Facility investor: "RACE, LISA AND RICK "
Licensee type: A
License effective date: 930623
License expiration date: Not Reported
License issue date: 930623
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS (INFANTS MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 930219
Facility closed date: Not Reported
Mailing address: 615 W. MAPLE AVENUE
Mailing city: EL SEGUNDO

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing state:	CA	
	Mailing zip:	90245	
	Contact person:	"RACE, LISA ANNE "	
	Facility capacity:	12	
	Type of clients served:	950	
	Facility phone:	3106401957	
HX1311 NNE 4-6 mi 29016 Higher			SRHO20070157919 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SAN JOSE COMMUNITY CLINIC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20031020	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1018353	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11865 INGLEWOOD AVENUE	
	Phone num:	3103498338	
	Termination reason:	00	
	Term Date:	20071019	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070157919	
HX1312 NNE 4-6 mi 29016 Higher			SRHO20070129025 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	

Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SAN JOSE MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930930
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0547966
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11865 INGLEWOOD AVE
Phone num:	3106759191
Termination reason:	08
Term Date:	20040831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070129025

IH1313 SRDCCA200732139
NE Daycare
4-6 mi
29036
Higher

EDR ID:	SRDCCA200732139
Facility number:	197412834
Facility name:	"MCRAE, SANDRA "
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12927 KORNBLUM AVENUE #H
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	12927 KORNBLUM AVENUE #H

City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "MCRAE, SANDRA "
Licensee type: A
License effective date: 50810
License expiration date: Not Reported
License issue date: 050810
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: 12927 KORNBLUM AVENUE #H
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "MCRAE, SANDRA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3102192005

1314 South 4-6 mi 29053 Higher

SRDCCA200750724 Daycare

EDR ID: SRDCCA200750724
Facility number: 191605264
Facility name: MT. OLIVE LUTHERAN CHURCH PRESCHOOL
Facility eval. code: 6050
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 5975 ARMAGA SPRING ROAD
City: RANCHO PALOS VERDES
State: CA
Zip: 90274
Alt. address: 5975 ARMAGA SPRING ROAD
City: RANCHO PALOS VERDES
State: CA
Zip: 90274
Facility investor: MT. OLIVE LUTHERAN CHURCH
Licensee type: C
License effective date: 971117
License expiration date: Not Reported
License issue date: 971117
Program type: AMBULATORY: CHILDREN AGES 2 THRU 5 YEARS
Original app. received date: 900711
Facility closed date: Not Reported
Mailing address: 5975 ARMAGA SPRING ROAD
Mailing city: RANCHO PALOS VERDES
Mailing state: CA
Mailing zip: 90274
Contact person: "WITHERSPOON, DEIDRA "
Facility capacity: 75
Type of clients served: 950
Facility phone: 3103778821

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
HO1315 ENE 4-6 mi 29056 Higher			SRHO20070158408 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 DRUG #9564	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050110	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1035745	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	15700 SOUTH WESTERN AVE	
	Phone num:	3105383131	
	Termination reason:	00	
	Term Date:	20070109	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90247	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070158408	
IF1316 South 4-6 mi 29059 Higher			SRDCCA200731977 Daycare
	EDR ID:	SRDCCA200731977	
	Facility number:	197412819	
	Facility name:	ADAMS FAMILY CHILD CARE	
	Facility eval. code:	6050	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	29009 SPRUCE GROVE DRIVE	
	City:	RANCHO PALOS VERDES	

State:	CA
Zip:	90275
Alt. address:	29009 SPRUCE GROVE DRIVE
City:	RANCHO PALOS VERDES
State:	CA
Zip:	90275
Facility investor:	"ADAMS, SARAH M. "
Licensee type:	A
License effective date:	50916
License expiration date:	Not Reported
License issue date:	050916
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:	29009 SPRUCE GROVE DRIVE
Mailing city:	RANCHO PALOS VERDES
Mailing state:	CA
Mailing zip:	90275
Contact person:	"ADAMS, SARAH "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103773055

II1317			SRHO20070107652
NE	Hospital type:	03	AHA Hospitals
4-6 mi	Num of times COO:	00	
29068	Owner date:	Not Reported	
Higher	City:	GARDENA	
	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:	20060127	
	Medicare/Medicaid:	1	
	Facility name:	LAS FLORES CONV HOSP	
	Intermediary/Carrier:	52280	
	Medicaid number:	ZZT05057F	
	Partcipation date:	19760920	
	Prior COO date:	Not Reported	
	Prior carrier:	51051	
	Provider ID:	555057	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	14165 PURCHE AVE.	
	Phone num:	3103234570	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	

Provider control:	03
Zip:	90249
Fips state:	06
Fips cnty:	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:	SRHO20070107652

II1318			SRHO20070143889
NE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29068	Owner date:	Not Reported	
Higher	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 CONVALESCENT HOSPITAL	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940321	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0883837	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	14165 PURCHE AVENUE	
	Phone num:	3103234570	
	Termination reason:	00	
	Term Date:	20080320	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90249	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	

Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143889

II1319 SRNH20060915585
NE Nursing Homes
4-6 mi
29068
Higher

Provnum: 555057
Nursinghomename: LAS FLORES CONV HOSP
Street: 14165 PURCHE AVE.
City: GARDENA
State: CA
Zipcode: 90249
Phonenumber: 3103234570
Dateoflastinspection: 20060116
Certifiednumberofbeds: 99
Totalnumberofresidents: 81
Percofoccupiedbeds: 82
Categorydescription: Participating in Medicare and Medicaid
Typeofownership: For profit - Corporation
Locatedwithinahospital: NO
Multinursinghomeownership: NO
Residentandfamilycouncils: BOTH
Edr id: SRNH20060915585

IJ1320 SRDCCA200740709
ENE Daycare
4-6 mi
29082
Higher

EDR ID: SRDCCA200740709
Facility number: 197414112
Facility name: BOYKIN FAMILY CHILD CARE
Facility eval. code: 6040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 16910 S. DALTON AVENUE #5
City: GARDENA
State: CA
Zip: 90247
Alt. address: 16910 S. DALTON AVENUE #5
City: GARDENA
State: CA
Zip: 90247
Facility investor: "BOYKIN, RAFIEKKI "
Licensee type: A
License effective date: 70309
License expiration date: Not Reported
License issue date: 070309
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: 061121
Facility closed date: Not Reported
Mailing address: 16910 S. DALTON AVENUE #5
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90247

Contact person:	"BOYKIN, RAFIEKKI "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105169349

HX1321 — SRHO20070151793
NNE — AHA Hospitals
4-6 mi
29103
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	IMPERIAL CREST HEALTH CARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980716
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0948676
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11834 INGLEWOOD AVE
Phone num:	3106791461
Termination reason:	00
Term Date:	20080715
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151793

HX1322 — SRHO20070008649
NNE — AHA Hospitals
4-6 mi
29103
Higher

Hospital type:	03
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE

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:	19941214
Medicare/Medicaid:	1
Facility name:	GOLDEN WEST CONVALESCENT HOSPITAL
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19781001
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	055272
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	11834 INGLEWOOD AVENUE
Phone num:	3106791461
Termination reason:	01
Term Date:	19950104
Purpose of action:	2
Provider control:	01
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0105
Num cert beds:	0099
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008649

HX1323 SRHO20070006985
NNE AHA Hospitals
4-6 mi
29103
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
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:	19830916
Medicare/Medicaid:	1
Facility name:	GOLDEN WEST CONV HOSP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19781001

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05E223
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	11834 INGLEWOOD AVENUE
Phone num:	2136791461
Termination reason:	07
Term Date:	19850201
Purpose of action:	2
Provider control:	03
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0105
Num cert beds:	0105
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070006985

HX1324 SRHO20070107642
NNE AHA Hospitals
4-6 mi
29103
Higher

Hospital type:	03
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	555719
FMS survey date:	Not Reported
Current survey date:	19970122
Medicare/Medicaid:	1
Facility name:	IMPERIAL CREST HEALTH CARE CENTER
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19960123
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	555662
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	11834 INGLEWOOD AVE
Phone num:	3106791461

Termination reason:	01
Term Date:	19970701
Purpose of action:	2
Provider control:	01
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0105
Num cert beds:	0099
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070107642

HX1325 SRHO20070108689
NNE AHA Hospitals
4-6 mi
29103
Higher

Hospital type:	03
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	555662
FMS survey date:	Not Reported
Current survey date:	20060809
Medicare/Medicaid:	1
Facility name:	IMPERIAL CREST HEALTH CARE
Intermediary/Carrier:	52280
Medicaid number:	LTC55662G
Partcipation date:	19971016
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	555719
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	11834 INGLEWOOD AVENUE
Phone num:	3106791461
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported

Accred Org:	Not Reported
Num beds:	0105
Num cert beds:	0105
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070108689

HX1326 SRNH20060914901
NNE Nursing Homes
4-6 mi
29103
Higher

Provnum:	555719
Nursinghomename:	IMPERIAL CREST HEALTH CARE
Street:	11834 INGLEWOOD AVENUE
City:	HAWTHORNE
State:	CA
Zipcode:	90250
Phonenumber:	3106791461
Dateoflastinspection:	20050415
Certifiednumberofbeds:	105
Totalnumberofresidents:	91
Percofoccupiedbeds:	87
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Partnership
Locatedwithinahospital:	NO
Multinursinghomeownership:	YES
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060914901

IK1327 SRDCCA200726499
East Daycare
4-6 mi
29104
Higher

EDR ID:	SRDCCA200726499
Facility number:	197411802
Facility name:	CAUTHEN FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1304 W. 212TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	1304 W. 212TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"CAUTHEN, KNECIA RENEE "
Licensee type:	A
License effective date:	41005
License expiration date:	Not Reported
License issue date:	041005
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:	1304 W. 212TH STREET
Mailing city:	TORRANCE

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing state:	CA	
	Mailing zip:	90501	
	Contact person:	"CAUTHEN, KNECIA R "	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	3103201062	
IL1328			SRDCCA200716689
NE	EDR ID:	SRDCCA200716689	Daycare
4-6 mi	Facility number:	192008750	
29110	Facility name:	MARLOW FAMILY CHILD CARE	
Higher	Facility eval. code:	7010	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	3336 W. 133RD STREET	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	P. O. BOX 474	
	City:	LAWNDALE	
	State:	CA	
	Zip:	90260	
	Facility investor:	"MARLOW, CORRIEANN "	
	Licensee type:	A	
	License effective date:	11220	
	License expiration date:	Not Reported	
	License issue date:	011220	
	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. LICENSEE REQUESTED TO BE IN INACTIVE STATUS AS OF 1/25/07.	
	Original app. received date:	010906	
	Facility closed date:	Not Reported	
	Mailing address:	3336 W. 133RD STREET	
	Mailing city:	HAWTHORNE	
	Mailing state:	CA	
	Mailing zip:	90250	
	Contact person:	"MARLOW, CORRIEANN "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3109780432	
1329			SRHO20070143419
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29118	Owner date:	Not Reported	
Higher	City:	EL SEGUNDO	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0862487
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2060 EAST IMPERIAL HWY
Phone num:	3106625526
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	03
Zip:	90245
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143419

HR1330 SRDCCA200715391
East Daycare
4-6 mi
29126
Higher

EDR ID:	SRDCCA200715391
Facility number:	197407884
Facility name:	KIM FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	18225 S. NORMANDIE AVENUE
City:	GARDENA
State:	CA
Zip:	90248
Alt. address:	18225 S. NORMANDIE AVENUE
City:	GARDENA
State:	CA
Zip:	90248
Facility investor:	"KIM, ERIN K. "
Licensee type:	A
License effective date:	10213
License expiration date:	Not Reported

License issue date: 010213
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: 001026
Facility closed date: Not Reported
Mailing address: 18225 S. NORMANDIE AVENUE
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90248
Contact person: ERIN K. KIM
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103299817

HR1331 SRDCCA200716764
East Daycare
4-6 mi
29130
Higher

EDR ID: SRDCCA200716764
Facility number: 197408422
Facility name: LACERDA FAMILY CHILD CARE
Facility eval. code: 4040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 18217 S. NORMANDIE
City: GARDENA
State: CA
Zip: 90248
Alt. address: 18217 S. NORMANDIE
City: GARDENA
State: CA
Zip: 90248
Facility investor: "LACERDA, DALVANICE "
Licensee type: A
License effective date: 11204
License expiration date: Not Reported
License issue date: 011204
Program type: MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS OR CAPACITY 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: 011011
Facility closed date: Not Reported
Mailing address: 18217 S. NORMANDIE
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90248
Contact person: "LACERDA, DALVANICE "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3107682085

HR1332 SRDCCA200747687
East Daycare
4-6 mi
29179
Higher

EDR ID:	SRDCCA200747687
Facility number:	191600254
Facility name:	GARDENA VALLEY CHRISTIAN PRE-SCHOOL
Facility eval. code:	7070
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1409 WEST 182ND STREET
City:	GARDENA
State:	CA
Zip:	90247
Alt. address:	1409 WEST 182ND STREET
City:	GARDENA
State:	CA
Zip:	90247
Facility investor:	GARDENA VALLEY ASSEMBLY OF GOD
Licensee type:	C
License effective date:	930320
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY-LICENSEE PREFERS TO SERVE AGES 2 THRU 5 YEARS
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	1473 WEST 182ND STREET
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90247
Contact person:	"ROBERTS, CAROLYN "
Facility capacity:	75
Type of clients served:	950
Facility phone:	3103249736

HV1333 SRDCCA200741913
NNE Daycare
4-6 mi
29181
Higher

EDR ID:	SRDCCA200741913
Facility number:	197414407
Facility name:	"BAILEY, JR., FAMILY CHILD CARE "
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4063 BROADWAY #B
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4063 BROADWAY #B
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"BAILEY, JR., TANISHA & MAC "
Licensee type:	A
License effective date:	70507
License expiration date:	Not Reported

License issue date: 070507
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: 070320
Facility closed date: Not Reported
Mailing address: 4063 BROADWAY #B
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "BAILEY, JR., T. & M. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3109788171

HS1334 SRDCCA200712339
ENE Daycare
4-6 mi
29231
Higher

EDR ID: SRDCCA200712339
Facility number: 192004474
Facility name: SAMAME FAMILY CHILD CARE
Facility eval. code: 6040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 16009 S. HARVARD BL. #A
City: GARDENA
State: CA
Zip: 90247
Alt. address: 16009 S. HARVARD BL. #A
City: GARDENA
State: CA
Zip: 90247
Facility investor: "SAMAME, LILIANA "
Licensee type: A
License effective date: 929
License expiration date: Not Reported
License issue date: 000929
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: 000803
Facility closed date: Not Reported
Mailing address: 16009 S. HARVARD BL. #A
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90247
Contact person: "SAMAME, LILIANA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3102171603

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
HY1335			SRDCCA200705985
NE	EDR ID:	SRDCCA200705985	Daycare
4-6 mi	Facility number:	197400840	
29253	Facility name:	"ENSLEY, CAROLYN A. FAMILY DAY CARE "	
Higher	Facility eval. code:	4060	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	14000 CASIMIR AVE.	
	City:	GARDENA	
	State:	CA	
	Zip:	90249	
	Alt. address:	14000 CASIMIR AVE.	
	City:	GARDENA	
	State:	CA	
	Zip:	90249	
	Facility investor:	"ENSLEY, CAROLYN A. "	
	Licensee type:	A	
	License effective date:	950403	
	License expiration date:	Not Reported	
	License issue date:	950403	
	Program type:	LICENSE INACTIVE	
	Original app. received date:	941011	
	Facility closed date:	Not Reported	
	Mailing address:	14000 CASIMIR AVE.	
	Mailing city:	GARDENA	
	Mailing state:	CA	
	Mailing zip:	90249	
	Contact person:	"ENSLEY, CAROLYN A. "	
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	3103232341	

II1336			SRDCCA200737322
NE	EDR ID:	SRDCCA200737322	Daycare
4-6 mi	Facility number:	197413645	
29272	Facility name:	CENICEROS FAMILY CHILD CARE	
Higher	Facility eval. code:	4060	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2207 W. 144TH STREET	
	City:	GARDENA	
	State:	CA	
	Zip:	90249	
	Alt. address:	2207 W. 144TH STREET	
	City:	GARDENA	
	State:	CA	
	Zip:	90249	
	Facility investor:	"CENICEROS, MARIA "	
	Licensee type:	A	
	License effective date:	60705	
	License expiration date:	Not Reported	

License issue date: 060705
Program type: "MAXIMUM CAPACITY: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAPACITY 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 060526
Facility closed date: Not Reported
Mailing address: 2207 W. 144TH STREET
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90249
Contact person: "CENICEROS, MARIA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103292769

HW1337 SRDCCA200735296
NNE Daycare
4-6 mi
29293
Higher

EDR ID: SRDCCA200735296
Facility number: 197413475
Facility name: ROBERTS FAMILY CHILD CARE
Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 12100 BIRCH AVENUE #7
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 12100 BIRCH AVENUE #7
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "ROBERTS, JYNGEE "
Licensee type: A
License effective date: 60630
License expiration date: Not Reported
License issue date: 060630
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: 12100 BIRCH AVENUE #7
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "ROBERTS, JYNGEE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3102631804

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

IM1338
ENE
4-6 mi
29301
Higher

SRDCCA200721313
Daycare

EDR ID:	SRDCCA200721313
Facility number:	197410184
Facility name:	BROOKS FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1419 W. 179TH STREET #1
City:	GARDENA
State:	CA
Zip:	90248
Alt. address:	1419 W. 179TH STREET #1
City:	GARDENA
State:	CA
Zip:	90248
Facility investor:	"BROOKS, CLARA "
Licensee type:	A
License effective date:	30610
License expiration date:	Not Reported
License issue date:	030610
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:	030522
Facility closed date:	Not Reported
Mailing address:	1419 W. 179TH STREET #1
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90248
Contact person:	"BROOKS, CLARA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103233138

HY1339
NE
4-6 mi
29302
Higher

SRDCCA200708491
Daycare

EDR ID:	SRDCCA200708491
Facility number:	197402139
Facility name:	DENNIS FAMILY DAY CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2916 W. 138TH ST.
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	2916 W. 138TH ST.
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"DENNIS, LORIA A. "

Licensee type: A
License effective date: 960124
License expiration date: Not Reported
License issue date: 960124
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: 960108
Facility closed date: Not Reported
Mailing address: 2916 W. 138TH ST.
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90249
Contact person: "DENNIS, LORIA A. "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3103273700

IG1340 SRDCCA200744741
SSE Daycare
4-6 mi
29320
Higher

EDR ID: SRDCCA200744741
Facility number: 197413988
Facility name: DISCOVERY WORLD EARLY EDUCATION CENTER
Facility eval. code: 6050
Facility office number: 30
Facility county number: 19
Facility type code: 830
Facility status code: 06
Address: 550 DEEP VALLEY RD. SPACE #217
City: ROLLING HILLS ESTATE
State: CA
Zip: 90274
Alt. address: 6417 VIA BARON
City: RANCHO PALOS VERDES
State: CA
Zip: 90274
Facility investor: JOHN AND SHERYL ASSOCIATES
Licensee type: D
License effective date: 61220
License expiration date: Not Reported
License issue date: 061220
Program type: LICENSE IS FOR A TOTAL MAX CAPACITY OF 12 INFANTS AGES NEWBORN TO 2 YEARS. SCHOOL HOURS ARE FROM 7AM-6PM MON-FRI.
Original app. received date: 061025
Facility closed date: Not Reported
Mailing address: 6417 VIA BARON
Mailing city: RANCHO PALOS VERDES
Mailing state: CA
Mailing zip: 90274
Contact person: "AUSTIN, SHERYL "
Facility capacity: 12
Type of clients served: 955
Facility phone: 3102656650

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

IG1341 SRDCCA200754860
SSE Daycare
4-6 mi
29320
Higher

EDR ID:	SRDCCA200754860
Facility number:	197413987
Facility name:	DISCOVERY WORLD EARLY EDUCATION CENTER
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	06
Address:	550 DEEP VALLEY RD. SPACE #217
City:	ROLLING HILLS ESTATE
State:	CA
Zip:	90274
Alt. address:	550 DEEP VALLEY RD. SPACE #217
City:	ROLLING HILLS ESTATE
State:	CA
Zip:	90274
Facility investor:	JOHN AND SHERYL ASSOCIATES
Licensee type:	D
License effective date:	61220
License expiration date:	Not Reported
License issue date:	061220
Program type:	LICENSE IS FOR A TOTAL MAX CAPACITY OF 39 AMBULATORY PRESCHOOL CHILDREN AGES 2-6 YEARS. SCHOOL HOURS ARE FROM 7AM-6PM MON-FRI.
Original app. received date:	061025
Facility closed date:	Not Reported
Mailing address:	550 DEEP VALLEY RD. SPACE #217
Mailing city:	ROLLING HILLS ESTATE
Mailing state:	CA
Mailing zip:	90274
Contact person:	"AUSTIN, SHERYL "
Facility capacity:	39
Type of clients served:	950
Facility phone:	3102666650

IG1342 SRHO20070155771
SSE AHA Hospitals
4-6 mi
29320
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	ROLLING HILLS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PENINSULA RESEARCH ASSOCIATES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010927
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0991767
Record Status:	A

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:	550 DEEP VALLEY DR STE 317
Phone num:	3102651623
Termination reason:	00
Term Date:	20070926
Purpose of action:	Not Reported
Provider control:	04
Zip:	90274
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155771

IG1343 SRHO20070158702
SSE AHA Hospitals
4-6 mi
29320
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	ROLLING HILLS ESTATES
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:	20061017
Medicare/Medicaid:	1
Facility name:	HOWARD FEIN MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20041004
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1031579
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	550 DEEP VALLEY DRIVE SUITE 287
Phone num:	3105417800
Termination reason:	00
Term Date:	20070509
Purpose of action:	2
Provider control:	03

Zip:	90274
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158702

IN1344			SRHO20070012058
East	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	01	
29344	Owner date:	20050107	
Higher	City:	GARDENA	
	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:	20031211	
	Medicare/Medicaid:	1	
	Facility name:	ALL CARE ENTERPRISES, INC	
	Intermediary/Carrier:	00454	
	Medicaid number:	Not Reported	
	Partcipation date:	20031211	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	058256	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	1225 WEST 190TH STREET, SUITE 260	
	Phone num:	3107681600	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90248	
	Fips 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:	SRHO20070012058

IN1345 SRHO20070156493
East AHA Hospitals
4-6 mi
29344
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	NURSEFINDERS INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030106
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1007898
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1225 WEST 190TH STREET
Phone num:	3107680054
Termination reason:	08
Term Date:	20050105
Purpose of action:	Not Reported
Provider control:	04
Zip:	90248
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156493

HW1346 SRDCCA200719069
NNE Daycare
4-6 mi
29344
Higher

EDR ID:	SRDCCA200719069
Facility number:	197409537
Facility name:	WARD FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810

Facility status code:	03
Address:	11943 GREVILLEA AVE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	11943 GREVILLEA AVE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"WARD, OMEGA "
Licensee type:	A
License effective date:	30909
License expiration date:	Not Reported
License issue date:	030909
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:	021104
Facility closed date:	Not Reported
Mailing address:	11943 GREVILLEA AVE
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	OMEGA WARD
Facility capacity:	8
Type of clients served:	960
Facility phone:	3109701883

IJ1347 SRDCCA200735108
ENE Daycare
4-6 mi
29355
Higher

EDR ID:	SRDCCA200735108
Facility number:	197413380
Facility name:	PEYRANI FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	16945 W. HALLDALE AVENUE
City:	GARDENA
State:	CA
Zip:	90247
Alt. address:	16945 W. HALLDALE AVENUE
City:	GARDENA
State:	CA
Zip:	90247
Facility investor:	"PEYRANI, PATRICIA "
Licensee type:	A
License effective date:	60407
License expiration date:	Not Reported
License issue date:	060407
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 CONSENT ON FILE. "

Original app. received date:	060227
Facility closed date:	Not Reported
Mailing address:	16945 W. HALLDALE AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90247
Contact person:	"PEYRANI, PATRICIA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105276782

IO1348 SRDCCA200707742
ESE Daycare
4-6 mi
29357
Higher

EDR ID:	SRDCCA200707742
Facility number:	197403039
Facility name:	KIVETT FAMILY DAY CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1955 W. 241ST. STREET
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	1955 W. 241ST. STREET
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	"KIVETT, SANDRA KAY "
Licensee type:	A
License effective date:	970115
License expiration date:	Not Reported
License issue date:	970115
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:	961015
Facility closed date:	Not Reported
Mailing address:	1955 W. 241ST. STREET
Mailing city:	LOMITA
Mailing state:	CA
Mailing zip:	90717
Contact person:	KIVETT
Facility capacity:	6
Type of clients served:	960
Facility phone:	3105303548

IC1349 SRHO20070131222
SE AHA Hospitals
4-6 mi
29367
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOMITA
Has plan of corr:	Not Reported
Compliance status:	Not Reported

SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	NARBONNE MULTISPECIALTY MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930317
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553246
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	24845 NARBONNE AVENUE
Phone num:	3103250600
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90717
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131222

HY1350 SRDCCA200712718
NE Daycare
4-6 mi
29383
Higher

EDR ID:	SRDCCA200712718
Facility number:	192005036
Facility name:	ROLLINSON FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13716 ARDATH AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	13716 ARDATH AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"ROLLINSON, HEATHER & ROBERT "

Licensee type:	A
License effective date:	1205
License expiration date:	Not Reported
License issue date:	001205
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:	000914
Facility closed date:	Not Reported
Mailing address:	13716 ARDATH AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"ROLLINSON, H. & R. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103231172

HU1351 SRPU20071014785
ENE Public Schools
4-6 mi
29383
Higher

Ncessch:	062271002911
Schname05:	CHAPMAN ELEMENTARY
Mstreet05:	1947 MARINE AVE.
Mcity05:	GARDENA
Mstate05:	CA
Mzip05:	90249
Mzip405:	3803
Member05:	418
Phone05:	(310) 324-2275
Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014785

HY1352 SRDCCA200707596
NE Daycare
4-6 mi
29392
Higher

EDR ID:	SRDCCA200707596
Facility number:	197403699
Facility name:	KELLY FAMILY DAY CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	14004 ARCTURUS AVE.
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	14004 ARCTURUS AVE.
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"KELLY, JACQUELYN "

Licensee type: A
License effective date: 970730
License expiration date: Not Reported
License issue date: 970730
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: 14004 ARCTURUS AVE.
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90249
Contact person: "KELLY, JACQUELYN "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3105325008

HX1353 SRDCCA200727426
NNE Daycare
4-6 mi
29393
Higher

EDR ID: SRDCCA200727426
Facility number: 197411594
Facility name: IRIAS FAMILY CHILD CARE
Facility eval. code: 4040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 06
Address: 11713 SUNDALE AVENUE
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 11713 SUNDALE AVENUE
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "IRIAS, LEONILA "
Licensee type: A
License effective date: 40630
License expiration date: Not Reported
License issue date: 040630
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: 040506
Facility closed date: Not Reported
Mailing address: 11713 SUNDALE AVENUE
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "IRIAS, LEONILA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3109780102

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
IP1354			SRHO20070147629
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29399	Owner date:	Not Reported	
Higher	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MIRACLE HOME HEALTH AGENCY INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960926	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0920263	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	15514 SOUTH WESTERN AVENUE	
	Phone num:	3103231602	
	Termination reason:	00	
	Term Date:	20080925	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90249	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070147629	

HZ1355			SRHO20070154400
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29400	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	MILESTONE HOSPICE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980423
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0944950
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1321 WEST CARSON STREET, SUITE #5
Phone num:	3107821177
Termination reason:	08
Term Date:	20060422
Purpose of action:	Not Reported
Provider control:	02
Zip:	90501
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154400

HS1356 SRPU20071014825
ENE Public Schools
4-6 mi
29437
Higher

Ncessch:	062271002955
Schname05:	DENKER AVENUE ELEMENTARY
Mstreet05:	1620 WEST 162ND ST.
Mcity05:	GARDENA
Mstate05:	CA
Mzip05:	90247
Mzip405:	3734
Member05:	851
Phone05:	(310) 327-9420
Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014825

IQ1357 SRPU20071011182
SSE Public Schools
4-6 mi
29439
Higher

Ncessch:	062970004623
Schname05:	SOLEADO ELEMENTARY
Mstreet05:	27800 LONGHILL DR.

Mcity05:	RANCHO PALOS VERDES
Mstate05:	CA
Mzip05:	90275
Mzip405:	3909
Member05:	482
Phone05:	(310) 377-6854
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071011182

IR1358 SRDCCA200712361
NE Daycare
4-6 mi
29455
Higher

EDR ID:	SRDCCA200712361
Facility number:	192004430
Facility name:	BURNETT FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	14508 HAAS AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	14508 HAAS AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"BURNETT, LUCILLE "
Licensee type:	A
License effective date:	1031
License expiration date:	Not Reported
License issue date:	001031
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:	000804
Facility closed date:	Not Reported
Mailing address:	14508 HAAS AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"BURNETT, LUCILLE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3107152471

HY1359 SRDCCA200709750
NE Daycare
4-6 mi
29458
Higher

EDR ID:	SRDCCA200709750
Facility number:	197404359
Facility name:	YOUNG FAMILY CHILD CARE

Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2924 W. 137TH STREET
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	2924 W. 137TH STREET
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"YOUNG, IRESE & RONALD "
Licensee type:	A
License effective date:	980219
License expiration date:	Not Reported
License issue date:	980219
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:	971205
Facility closed date:	Not Reported
Mailing address:	2924 W. 137TH STREET
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"YOUNG, I. & R. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3107682849

HY1360 SRDCCA200717918
NE Daycare
4-6 mi
29492
Higher

EDR ID:	SRDCCA200717918
Facility number:	197408902
Facility name:	LENDSEY-NELSON FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13809 S. WILKIE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	13809 S. WILKIE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"LENDSEY-NELSON, LOUISE M. "
Licensee type:	A
License effective date:	20807
License expiration date:	Not Reported
License issue date:	020807

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: 020531
Facility closed date: Not Reported
Mailing address: 13809 S. WILKIE AVENUE
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90249
Contact person: LOUISE M. LENDSEY-NELSON
Facility capacity: 8
Type of clients served: 960
Facility phone: 3102253915

HW1361 SRDCCA200728300
NNE Daycare
4-6 mi
29515
Higher

EDR ID: SRDCCA200728300
Facility number: 197412235
Facility name: GARDNER FAMILY CHILD CARE
Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4331 W. 120TH STREET
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 4331 W. 120TH STREET
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "GARDNER, DARLENE "
Licensee type: A
License effective date: 50218
License expiration date: Not Reported
License issue date: 050218
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.IS REQUIRED. (INFANT MEANS A CHILD UNDER 2 YEARS OLD.)
Original app. received date: 041206
Facility closed date: Not Reported
Mailing address: 4331 W. 120TH STREET
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "GARDNER, DARLENE "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3109783867

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
II1362			SRDCCA200737552
NE	EDR ID:	SRDCCA200737552	Daycare
4-6 mi	Facility number:	197413662	
29521	Facility name:	YOAKUM FAMILY CHILD CARE	
Higher	Facility eval. code:	4060	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2162 W. 144TH STREET	
	City:	GARDENA	
	State:	CA	
	Zip:	90249	
	Alt. address:	2162 W. 144TH STREET	
	City:	GARDENA	
	State:	CA	
	Zip:	90249	
	Facility investor:	"YOAKUM, ERAINNA "	
	Licensee type:	A	
	License effective date:	60614	
	License expiration date:	Not Reported	
	License issue date:	060614	
	Program type:	MAXIMUM CAPACITY (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAPACITY 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:	2162 W. 144TH STREET	
	Mailing city:	GARDENA	
	Mailing state:	CA	
	Mailing zip:	90249	
	Contact person:	"YOAKUM, ERAINNA "	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	3105277868	

IH1363			SRDCCA200731750
NE	EDR ID:	SRDCCA200731750	Daycare
4-6 mi	Facility number:	197412739	
29527	Facility name:	MORENO DE MENESES FAMILY CHILD CARE	
Higher	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	3647 W. EL SEGUNDO BLVD.	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	3647 W. EL SEGUNDO BLVD.	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Facility investor:	"MORENO DE MENESES, LAURA "	
	Licensee type:	A	

License effective date: 50714
License expiration date: Not Reported
License issue date: 050714
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: 050627
Facility closed date: Not Reported
Mailing address: 3647 W. EL SEGUNDO BLVD.
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "MORENO DE MENESES, LAURA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3102190768

IL1364 SRDCCA200705444
NE EDR ID: SRDCCA200705444 Daycare
4-6 mi Facility number: 197401002
29556 Facility name: FINISTER FAMILY DAY CARE
Higher Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3217 W. 133RD STREET
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 3217 W. 133RD STREET
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "FINISTER, CAPITOLA "
Licensee type: A
License effective date: 950501
License expiration date: Not Reported
License issue date: 950501
Program type: "MAXIMUM CAPACITY: 12 CHILDEN, 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.
"LICENSEE HAS REQUESTED TO BE PLACED IN INACTIVE STATUS AS OF 1/26/07.
Original app. received date: 941209
Facility closed date: Not Reported
Mailing address: 3217 W. 133RD STREET
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "FINISTER, CAPITOLA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3109730896

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
IP1365			SRHO20070146362
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29561	Owner date:	Not Reported	
Higher	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SO CAL PERMANENTE MEDICAL GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930430	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0867183	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	15446 WESTERN AVENUE	
	Phone num:	Not Reported	
	Termination reason:	01	
	Term Date:	19930501	
	Purpose of action:	Not Reported	
	Provider control:	03	
	Zip:	90249	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070146362	

IP1366			SRHO20070142972
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29561	Owner date:	Not Reported	
Higher	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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
Partcipation date:	19931222
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0880693
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	15446 WESTERN AVE
Phone num:	3102175388
Termination reason:	00
Term Date:	20071221
Purpose of action:	Not Reported
Provider control:	03
Zip:	90249
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142972

IP1367 SRHO20070135439
ENE AHA Hospitals
4-6 mi
29561
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
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:	20060223
Medicare/Medicaid:	1
Facility name:	SO CA PERMANENTE MED GR LABORATORY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0671626
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	15446 SOUTH WESTERN AVENUE
Phone num:	3102175388
Termination reason:	00
Term Date:	20080721
Purpose of action:	2
Provider control:	03
Zip:	90249
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070135439

IP1368 SRHO20070164084
ENE AHA Hospitals
4-6 mi
29576
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SUK MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060616
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1055396
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	15435 SOUTH WESTERN AVE #201
Phone num:	3105159871
Termination reason:	00
Term Date:	20080615
Purpose of action:	Not Reported
Provider control:	02
Zip:	90249
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070164084

IR1369 SRDCCA200713667
NE Daycare
4-6 mi
29585
Higher

EDR ID:	SRDCCA200713667
Facility number:	192001444
Facility name:	HILL FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	14418 HAAS AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	14418 HAAS AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"HILL, ALICIA "
Licensee type:	A
License effective date:	417
License expiration date:	Not Reported
License issue date:	000417
Program type:	MAXIMUM CAPACITY (WHEN THERE IS AN ASSISTANT PRESENT): 12 NO MORE THAN 4 INFANTS. CAPACITY 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	000215
Facility closed date:	Not Reported
Mailing address:	14418 HAAS AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	ALICIA HILL
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105157125

IJ1370 SRDCCA200747701
ENE Daycare
4-6 mi
29599
Higher

EDR ID:	SRDCCA200747701
Facility number:	191603461
Facility name:	GARDENA BUDDHIST CHURCH
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19

Facility type code:	850
Facility status code:	03
Address:	1517 W. 166TH STREET
City:	GARDENA
State:	CA
Zip:	90247
Alt. address:	1517 W. 166TH STREET
City:	GARDENA
State:	CA
Zip:	90247
Facility investor:	GARDENA BUDDHIST CHURCH
Licensee type:	C
License effective date:	930916
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	LICENSEE PREFERS TO SERVE AGES 2 YEARS 6 MONTHS THRU 5 YEARS
Original app. received date:	781205
Facility closed date:	Not Reported
Mailing address:	1517 W. 166TH STREET
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90247
Contact person:	"MOROHOSHI, YOSHIKO "
Facility capacity:	94
Type of clients served:	950
Facility phone:	3103279400

IH1371 SRPU20071015007
NE Public Schools
4-6 mi
29617
Higher

Ncessch:	061668008503
Schname05:	KORNBLUM
Mstreet05:	3620 WEST EL SEGUNDO BLVD.
Mcity05:	HAWTHORNE
Mstate05:	CA
Mzip05:	90250
Mzip405:	Not Reported
Member05:	877
Phone05:	(310) 970-4294
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071015007

HW1372 SRHO20070142987
NNE AHA Hospitals
4-6 mi
29624
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported

Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MANUEL R BRETON MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930111
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0857342
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11946 S HAWTHORNE BLVD
Phone num:	2136761136
Termination reason:	15
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	10
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142987

HW1373 SRHO20070144136
NNE AHA Hospitals
4-6 mi
29624
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CENTRO MEDICO INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950118
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0896728
Record Status:	A
Region code:	09

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:	11946 S HAWTHORNE BOULEVARD
Phone num:	3106751136
Termination reason:	00
Term Date:	20090117
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144136

HV1374			SRDCCA200707571
NNE	EDR ID:	SRDCCA200707571	Daycare
4-6 mi	Facility number:	197403580	
29629	Facility name:	TREJO FAMILY CHILD CARE	
Higher	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	12136 MENLO AVENUE	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	12136 MENLO AVENUE	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Facility investor:	"TREJO, LILIAN "	
	Licensee type:	A	
	License effective date:	11022	
	License expiration date:	Not Reported	
	License issue date:	970612	
	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:	970505	
	Facility closed date:	Not Reported	
	Mailing address:	12136 MENLO AVENUE	
	Mailing city:	HAWTHORNE	
	Mailing state:	CA	
	Mailing zip:	90250	

Contact person: "TREJO, LILIAN "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3106794104

IS1375 SRDCCA200721732
NE EDR ID: SRDCCA200721732 Daycare
4-6 mi Facility number: 197409961
29635 Facility name: CROSS FAMILY CHILD CARE
Higher Facility eval. code: 4060
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 14801 S. GRAMERCY PLACE
City: GARDENA
State: CA
Zip: 90249
Alt. address: 14801 S. GRAMERCY PLACE
City: GARDENA
State: CA
Zip: 90249
Facility investor: "CROSS, JACQUELINE "
Licensee type: A
License effective date: 30513
License expiration date: Not Reported
License issue date: 030513
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: 030326
Facility closed date: Not Reported
Mailing address: 14801 S. GRAMERCY PLACE
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90249
Contact person: "CROSS, JACQUELINE "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3107688300

IT1376 SRDCCA200717294
NNE EDR ID: SRDCCA200717294 Daycare
4-6 mi Facility number: 192008490
29644 Facility name: BROWN FAMILY CHILD CARE
Higher Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4285 W. 120TH STREET #A
City: HAWTHORNE
State: CA
Zip: 90250

Alt. address:	4285 W. 120TH STREET #A
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"BROWN, DE "
Licensee type:	A
License effective date:	11026
License expiration date:	Not Reported
License issue date:	011026
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:	010808
Facility closed date:	Not Reported
Mailing address:	4285 W. 120TH STREET #A
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"BROWN, DE "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3102630275

IP1377 SRDCCA200715467
ENE Daycare
4-6 mi
29657
Higher

EDR ID:	SRDCCA200715467
Facility number:	192005830
Facility name:	ARAQUE FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1814 WEST 154TH STREET
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	1814 WEST 154TH STREET
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"ARAQUE, MICHELLE "
Licensee type:	A
License effective date:	10719
License expiration date:	Not Reported
License issue date:	010719
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:	001201
Facility closed date:	Not Reported
Mailing address:	1814 WEST 154TH STREET
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	MICHELLE ARAQUE

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	3105325316	
1378			SRHO20070151457
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29682	Owner date:	Not Reported	
Higher	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	LARRY T SUK MD/ACE MEDICAL FROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990329	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0958872	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1425 WEST ARTESIA BOULEVARD SUITE 21	
	Phone num:	3109650177	
	Termination reason:	08	
	Term Date:	20030328	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90248	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070151457	
HW1379			SRHO20070150323
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29692	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	

Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DERRICK S HUBBARD MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970717
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0930783
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11934 HAWTHORNE BLVD
Phone num:	3106799591
Termination reason:	08
Term Date:	19990716
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150323

HW1380 SRHO20070148039
NNE AHA Hospitals
4-6 mi
29692
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CHARLES D WILLIAMS MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960906
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D0919395
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11934 HAWTHORNE BLVD 2ND FLOOR
Phone num:	3106799591
Termination reason:	08
Term Date:	19991224
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148039

1381
NNE
4-6 mi
29694
Higher

SRDCCA200739795
Daycare

EDR ID:	SRDCCA200739795
Facility number:	197414242
Facility name:	OSUJI FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12228 YORK AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	12228 YORK AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"OSUJI, SAMUEL "
Licensee type:	A
License effective date:	70423
License expiration date:	Not Reported
License issue date:	070423
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:	070126
Facility closed date:	Not Reported
Mailing address:	12228 YORK AVENUE

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing city:	HAWTHORNE	
	Mailing state:	CA	
	Mailing zip:	90250	
	Contact person:	"OSUJI, SAMUEL "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3109788545	
IE1382			SRDCCA200720394
SE	EDR ID:	SRDCCA200720394	Daycare
4-6 mi	Facility number:	197409490	
29732	Facility name:	SALEEM & MALIK FAMILY CHILD CARE	
Higher	Facility eval. code:	6050	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	25308 CYPRESS STREET	
	City:	LOMITA	
	State:	CA	
	Zip:	90717	
	Alt. address:	25308 CYPRESS STREET	
	City:	LOMITA	
	State:	CA	
	Zip:	90717	
	Facility investor:	"SALEEM, NADIA & MALIK, ADEEL "	
	Licensee type:	A	
	License effective date:	21114	
	License expiration date:	Not Reported	
	License issue date:	021114	
	Program type:	"MAXIMUM CAPACITY:12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR 4 INFANTSONLY, OR MAXIMUM 14 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "	
	Original app. received date:	021023	
	Facility closed date:	Not Reported	
	Mailing address:	25308 CYPRESS STREET	
	Mailing city:	LOMITA	
	Mailing state:	CA	
	Mailing zip:	90717	
	Contact person:	"SALEEM, NADIA "	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	3105345353	
HZ1383			SRDCCA200749020
ESE	EDR ID:	SRDCCA200749020	Daycare
4-6 mi	Facility number:	191609000	
29759	Facility name:	CHILDREN'S INSTITUTE	
Higher	Facility eval. code:	4040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	

Address:	21810 NORMANDIE AVENUE
City:	TORRANCE
State:	CA
Zip:	90502
Alt. address:	21810 NORMANDIE AVENUE
City:	TORRANCE
State:	CA
Zip:	90502
Facility investor:	CHILDREN'S INSTITUTE INTERNATIONAL
Licensee type:	C
License effective date:	930326
License expiration date:	Not Reported
License issue date:	930326
Program type:	"AMBULATORY, CHILDREN AGES 2 TO 6 YEARS OLD. TITLE 5 FUNDED PROGRAM. HOURS OF OPERATION 7 A.M. - 6:30 P.M. "
Original app. received date:	930112
Facility closed date:	Not Reported
Mailing address:	711 SOUTH NEW HAMPSHIRE AVENUE
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90005
Contact person:	NEDRA KIRKLAND
Facility capacity:	100
Type of clients served:	950
Facility phone:	3107834677

HZ1384 SRDCCA200741724
ESE Daycare
4-6 mi
29759
Higher

EDR ID:	SRDCCA200741724
Facility number:	197406087
Facility name:	CHILDREN'S INSTITUTE INC.
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	21810 NORMANDIE AVENUE
City:	TORRANCE
State:	CA
Zip:	90502
Alt. address:	21810 NORMANDIE AVENUE
City:	TORRANCE
State:	CA
Zip:	90502
Facility investor:	CHILDREN'S INSTITUTE INC.
Licensee type:	C
License effective date:	990625
License expiration date:	Not Reported
License issue date:	990625
Program type:	197406087(I) LICENSEE SERVES INFANTS AGES 0-2 YEARS OLD; WITH TODDLER OPTIONS AGES 18-30 MONTHS.
Original app. received date:	990415
Facility closed date:	Not Reported
Mailing address:	711 SOUTH NEW HAMPSHIRE AVENUE
Mailing city:	LOS ANGELES

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing state:	CA	
	Mailing zip:	90005	
	Contact person:	MARY M. EMMONS	
	Facility capacity:	25	
	Type of clients served:	955	
	Facility phone:	3107834677	
HZ1385			SRHO20070146821
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29759	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 INST INTL-BURTON E GREEN CTR	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960709	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0917081	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	21810 NORMANDIE AVENUE	
	Phone num:	3107834677	
	Termination reason:	01	
	Term Date:	20000710	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90502	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070146821	
HY1386			SRDCCA200715941
NE	EDR ID:	SRDCCA200715941	Daycare
4-6 mi	Facility number:	192009716	
29772			
Higher			

Facility name:	MOORE FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13916 PURCHE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	13916 PURCHE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"MOORE, JAMES & BRIDGETTE "
Licensee type:	A
License effective date:	20826
License expiration date:	Not Reported
License issue date:	020826
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:	020308
Facility closed date:	Not Reported
Mailing address:	13916 PURCHE AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"MOORE, J. & B. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3103275307

IR1387 SRDCCA200706535
NE Daycare
4-6 mi
29787
Higher

EDR ID:	SRDCCA200706535
Facility number:	197400456
Facility name:	DAMM FAMILY DAY CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2007 W. 147TH STREET
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	2007 W. 147TH STREET
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"DAMM, AUREA E. "
Licensee type:	A
License effective date:	950105
License expiration date:	Not Reported
License issue date:	950105

Program type:	LICENSE INACTIVE
Original app. received date:	940701
Facility closed date:	Not Reported
Mailing address:	2007 W. 147TH STREET
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	AUREA DAMM
Facility capacity:	6
Type of clients served:	960
Facility phone:	3105153777

IU1388 SRHO20070137340
ESE AHA Hospitals
4-6 mi
29790
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20030422
Medicare/Medicaid:	1
Facility name:	HARBOR UCLA PROF BLDG LABORATORY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0642577
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	21840 SOUTH NORMANDIE AVENUE SUITE 900
Phone num:	3107835115
Termination reason:	01
Term Date:	20040504
Purpose of action:	2
Provider control:	02
Zip:	90502
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137340

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
IU1389			SRHO20070149856
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29790	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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-UCLA MEDICAL FOUNDATION INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980609	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0947132	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	21840 S NORMANDIE	
	Phone num:	3102225006	
	Termination reason:	00	
	Term Date:	20080608	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90502	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149856	

IU1390			SRHO20070006571
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29790	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	19960111	

Medicare/Medicaid:	1
Facility name:	HARBOR UCLA MEDICAL FOUNDATION INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19900409
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001180
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	21840 S NORMANDIE
Phone num:	2137835189
Termination reason:	01
Term Date:	19970226
Purpose of action:	2
Provider control:	02
Zip:	90502
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070006571

IU1391 SRHO20070137326
ESE AHA Hospitals
4-6 mi
29790
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19940818
Medicare/Medicaid:	1
Facility name:	CLINICAL RESP PHYSIO LABORATORY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0642574
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	21840 S NORMANDIE
Phone num:	3102225175
Termination reason:	12
Term Date:	19941231
Purpose of action:	1
Provider control:	02
Zip:	90502
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137326

IN1392			SRHO20070154650
East	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29791	Owner date:	Not Reported	
Higher	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 GATEWAY DIALYSIS	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980205	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0940182	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1149 WEST 190TH STREET #1004	
	Phone num:	3109650830	
	Termination reason:	00	
	Term Date:	20080204	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90248	
	Fips state:	06	

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154650

IN1393 SRHO20070008232
East AHA Hospitals
4-6 mi
29791
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	19990501
City:	GARDENA
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:	20000211
Medicare/Medicaid:	1
Facility name:	PACIFIC SOUTH BAY DIALYSIS LLC
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19980204
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	052821
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	1149 WEST 190TH STREET, SUITE 1004
Phone num:	3109650830
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	90248
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070008232

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
IR1394 NE 4-6 mi 29821 Higher	EDR ID:	SRDCCA200722746	SRDCCA200722746 Daycare
	Facility number:	197410908	
	Facility name:	GIRON & CERVANTES FAMILY CHILD CARE	
	Facility eval. code:	6050	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2112 W. 145TH STREET	
	City:	GARDENA	
	State:	CA	
	Zip:	90249	
	Alt. address:	2112 W. 145TH STREET	
	City:	GARDENA	
	State:	CA	
	Zip:	90249	
	Facility investor:	"GIRON, MARTHA & CERVANTES, ZULEYMA "	
	Licensee type:	A	
	License effective date:	40106	
	License expiration date:	Not Reported	
	License issue date:	040106	
	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:	031028	
	Facility closed date:	Not Reported	
	Mailing address:	2112 W. 145TH STREET	
	Mailing city:	GARDENA	
	Mailing state:	CA	
	Mailing zip:	90249	
	Contact person:	GIRON & CERVANTES	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3105324157	

IT1395 NNE 4-6 mi 29835 Higher	EDR ID:	SRDCCA200725703	SRDCCA200725703 Daycare
	Facility number:	197411083	
	Facility name:	MARSHALL FAMILY CHILD CARE	
	Facility eval. code:	7010	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	11960 BIRCH AVENUE	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	11960 BIRCH AVENUE	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Facility investor:	"MARSHALL, DONELL YVETTE "	

Licensee type: A
License effective date: 40115
License expiration date: Not Reported
License issue date: 040115
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. (INFANT MEANS A CHILD UNDER 2 YEARS OLD.)
Original app. received date: 031210
Facility closed date: Not Reported
Mailing address: 11960 BIRCH AVENUE
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "MARSHALL, DONELL Y. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3106765063

IV1396 SRDCCA200719505
NNE Daycare
4-6 mi
29837
Higher

EDR ID: SRDCCA200719505
Facility number: 197409823
Facility name: OCHOA FAMILY CHILD CARE
Facility eval. code: 5040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4655 W. 118TH STREET
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 4655 W. 118TH STREET
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "OCHOA, OFELIA "
Licensee type: A
License effective date: 30207
License expiration date: Not Reported
License issue date: 030207
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: 030109
Facility closed date: Not Reported
Mailing address: 4655 W. 118TH STREET
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "OCHOA, OFELIA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3106795643

IU1397 SRDCCA200707862
ESE Daycare
4-6 mi
29887
Higher

EDR ID:	SRDCCA200707862
Facility number:	197403198
Facility name:	SANCHEZ FAMILY DAY CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	22015 S. NORMANDIE AVENUE
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	22015 S. NORMANDIE AVENUE
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"SANCHEZ, ITZA & ALFONSO "
Licensee type:	A
License effective date:	980113
License expiration date:	Not Reported
License issue date:	980113
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:	961210
Facility closed date:	Not Reported
Mailing address:	22015 S. NORMANDIE AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	SANCHEZ
Facility capacity:	14
Type of clients served:	960
Facility phone:	3107877114

IH1398 SRDCCA200728538
NE Daycare
4-6 mi
29901
Higher

EDR ID:	SRDCCA200728538
Facility number:	197412099
Facility name:	JARAMILLO FAMILY CHILD CARE
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3702 W. 126TH STREET APT D
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	3702 W. 126TH STREET APT D
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"JARAMILLO, ANGELICA "
Licensee type:	A

License effective date: 41129
License expiration date: Not Reported
License issue date: 041129
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 REQUIRED.
Original app. received date: 041020
Facility closed date: Not Reported
Mailing address: 3702 W. 126TH STREET APT D
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "JARAMILLO, ANGELICA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3106757917

IW1399 SRDCCA200712769
NE EDR ID: SRDCCA200712769 Daycare
4-6 mi Facility number: 192003072
29907 Facility name: WATERS FAMILY CHILD CARE
Higher Facility eval. code: 4060
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 13617 WILKIE
City: GARDENA
State: CA
Zip: 90249
Alt. address: 13617 WILKIE
City: GARDENA
State: CA
Zip: 90249
Facility investor: "WATERS, DEBORAH AND LEKIESHA "
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: 000622
Facility closed date: Not Reported
Mailing address: 13617 WILKIE
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90249
Contact person: "WATERS, DEBORAH "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103290700

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
IT1400 NNE 4-6 mi 29966 Higher			SRDCCA200727796 Daycare
	EDR ID:	SRDCCA200727796	
	Facility number:	197412351	
	Facility name:	SANDRES FAMILY CHILD CARE	
	Facility eval. code:	5040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	11912 ACACIA AVENUE #B	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	11912 ACACIA AVENUE #B	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Facility investor:	"SANDRES, SIRIA Y. "	
	Licensee type:	A	
	License effective date:	50307	
	License expiration date:	Not Reported	
	License issue date:	050307	
	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:	050127	
	Facility closed date:	Not Reported	
	Mailing address:	11912 ACACIA AVENUE #B	
	Mailing city:	HAWTHORNE	
	Mailing state:	CA	
	Mailing zip:	90250	
	Contact person:	"SANDRES, SIRIA "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3106764274	
IP1401 ENE 4-6 mi 29974 Higher			SRHO20070128759 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	JACK I KIYONAGA MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930513	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0547810	

Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	15233 S WESTERN AVE
Phone num:	3103235675
Termination reason:	08
Term Date:	20050720
Purpose of action:	Not Reported
Provider control:	10
Zip:	90249
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070128759

IX1402 SRDCCA200749895
SE Daycare
4-6 mi
29994
Higher

EDR ID:	SRDCCA200749895
Facility number:	197406923
Facility name:	"KOGUMA YOUCHIEN, INC. "
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2351 255TH STREET
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	2351 255TH STREET
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	"KOGUMA YOUCHIEN, INC. "
Licensee type:	D
License effective date:	990820
License expiration date:	Not Reported
License issue date:	990820
Program type:	LICENSE TO SERVE CHILDREN AGE 2 TO 5 YEARS OLD
Original app. received date:	990629
Facility closed date:	Not Reported
Mailing address:	2351 255TH STREET
Mailing city:	LOMITA
Mailing state:	CA
Mailing zip:	90717
Contact person:	"SAITO, YASUHIKO "

Facility capacity:	40
Type of clients served:	950
Facility phone:	3102578880

IY1403 SRDCCA200740411
NE Daycare
4-6 mi
30007
Higher

EDR ID:	SRDCCA200740411
Facility number:	197414166
Facility name:	HARTFIELD-HILL FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12516 FONTHILL AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	12516 FONTHILL AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"HARTFIELD-HILL, TRISHA "
Licensee type:	A
License effective date:	70108
License expiration date:	Not Reported
License issue date:	070108
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:	061213
Facility closed date:	Not Reported
Mailing address:	12516 FONTHILL AVENUE
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"HARTFIELD-HILL, T. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106442363

IT1404 SRDCCA200710844
NNE Daycare
4-6 mi
30022
Higher

EDR ID:	SRDCCA200710844
Facility number:	192001110
Facility name:	BARIL FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12024 OXFORD AVE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	12024 OXFORD AVE

City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: "BARIL, CATALINA "
Licensee type: A
License effective date: 417
License expiration date: Not Reported
License issue date: 000417
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: 000118
Facility closed date: Not Reported
Mailing address: 12024 OXFORD AVE
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250
Contact person: "BARIL, CATALINA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3109780455

IT1405 SRDCCA200746091
NNE EDR ID: SRDCCA200746091 Daycare
4-6 mi Facility number: 192006535
30030 Facility name: MYCHALS LEARNING PLACE
Higher Facility eval. code: 7010
Facility office number: 30
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 11901 ACACIA AVENUE
City: HAWTHORNE
State: CA
Zip: 90250
Alt. address: 5436 W. 138TH PLACE
City: HAWTHORNE
State: CA
Zip: 90250
Facility investor: MYCHAL'S LEARNING PLACE
Licensee type: C
License effective date: 20617
License expiration date: Not Reported
License issue date: 020617
Program type: LICENSED FOR 22 AMBULATORY AND 2 NON-AMBULATORY DEVELOPMENTALLY DISABLED CHILDREN BETWEEN THE AGES OF 11 AND 17 YEARS. OPERATING MONDAY THRU FRIDAY 2:30PM - 6:00PM AND SUMMER/WINTER/SPRING BREAKMONDAY THRU FRIDAY 12:00PM - 6:00PM.
Original app. received date: 020408
Facility closed date: Not Reported
Mailing address: 5436 W. 138TH PLACE
Mailing city: HAWTHORNE
Mailing state: CA
Mailing zip: 90250

Contact person: "LYNCH, EDWARD "
Facility capacity: 24
Type of clients served: 960
Facility phone: 3102979333

IZ1406 SRDCCA200717015
NNW Daycare
4-6 mi
30031
Higher

EDR ID: SRDCCA200717015
Facility number: 197408411
Facility name: NEGRETE FAMILY CHILD CARE
Facility eval. code: 5080
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 636 W. ACACIA AVENUE
City: EL SEGUNDO
State: CA
Zip: 90245
Alt. address: 636 W. ACACIA AVENUE
City: EL SEGUNDO
State: CA
Zip: 90245
Facility investor: "NEGRETE, TERESA & RICHARD "
Licensee type: A
License effective date: 11003
License expiration date: Not Reported
License issue date: 011003
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: 010907
Facility closed date: Not Reported
Mailing address: 636 W. ACACIA AVENUE
Mailing city: EL SEGUNDO
Mailing state: CA
Mailing zip: 90245
Contact person: "NEGRETE, T. & R. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103229837

IO1407 SRDCCA200710808
SE Daycare
4-6 mi
30049
Higher

EDR ID: SRDCCA200710808
Facility number: 197407361
Facility name: QERBASH FAMILY CHILD CARE
Facility eval. code: 6050
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1904 CALLISON AVENUE
City: LOMITA
State: CA

Zip:	90717
Alt. address:	1904 CALLISON AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	"QERBASH, NAWAL "
Licensee type:	A
License effective date:	310
License expiration date:	Not Reported
License issue date:	000310
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:	991209
Facility closed date:	Not Reported
Mailing address:	1904 CALLISON AVENUE
Mailing city:	LOMITA
Mailing state:	CA
Mailing zip:	90717
Contact person:	"QERBASH, NAWAL "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105341420

II1408 SRHO20070128760
NE AHA Hospitals
4-6 mi
30058
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
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:	19950407
Medicare/Medicaid:	1
Facility name:	VICTOR A KEVORKIAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0547816
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	14111 VAN NESS AVE
Phone num:	3105169152
Termination reason:	00
Term Date:	20070406
Purpose of action:	1

Provider control:	04
Zip:	90249
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070128760

IY1409 SRDCCA200738890
NE Daycare
4-6 mi
30059
Higher

EDR ID:	SRDCCA200738890
Facility number:	197413924
Facility name:	BARNES FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12500 FONTHILL AVENUE #1
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	12500 FONTHILL AVENUE #1
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"BARNES, TONI "
Licensee type:	A
License effective date:	60928
License expiration date:	Not Reported
License issue date:	060928
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:	060919
Facility closed date:	Not Reported
Mailing address:	12500 FONTHILL AVENUE #1
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"BARNES, TONI "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106444870

IX1410 SRDCCA200741375
SE Daycare
4-6 mi
30060
Higher

EDR ID:	SRDCCA200741375
Facility number:	197410329
Facility name:	"KOGUMA YOUCHIEN, INCORPORATED "

Facility eval. code: 6050
Facility office number: 30
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 2341 WEST 255TH STREET
City: LOMITA
State: CA
Zip: 90717
Alt. address: 2341 WEST 255TH STREET
City: LOMITA
State: CA
Zip: 90717
Facility investor: "KOGUMA YOUCHIEN, INCORPORATED "
Licensee type: D
License effective date: 40422
License expiration date: Not Reported
License issue date: 040422
Program type: "MAXIMUM CAPACITY: FIFTEEN (15) INFANTS, AGES 0 THRU 24 MONTHS. "
Original app. received date: 030522
Facility closed date: Not Reported
Mailing address: 2341 WEST 255TH STREET
Mailing city: LOMITA
Mailing state: CA
Mailing zip: 90717
Contact person: "ANZAI, MIKI "
Facility capacity: 15
Type of clients served: 955
Facility phone: 3102578880

IZ1411 SRDCCA200702062
NNW EDR ID: SRDCCA200702062 Daycare
4-6 mi Facility number: 191600362
30060 Facility name: "SHAH, MARY & AL FAMILY DAY CARE "
Higher Facility eval. code: 5080
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 645 W. ACACIA AVENUE
City: EL SEGUNDO
State: CA
Zip: 90245
Alt. address: 645 ACACIA AVENUE
City: EL SEGUNDO
State: CA
Zip: 90245
Facility investor: "SHAH, MARY & AL. "
Licensee type: A
License effective date: 950711
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:	860423
Facility closed date:	Not Reported
Mailing address:	645 ACACIA AVENUE
Mailing city:	EL SEGUNDO
Mailing state:	CA
Mailing zip:	90245
Contact person:	SHAH MARY
Facility capacity:	6
Type of clients served:	960
Facility phone:	3103229092

IW1412 SRDCCA200714119
NE Daycare
4-6 mi
30063
Higher

EDR ID:	SRDCCA200714119
Facility number:	192007494
Facility name:	WADE FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13805 PURCHE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	13805 PURCHE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"WADE, CAROL ELIZABETH "
Licensee type:	A
License effective date:	10703
License expiration date:	Not Reported
License issue date:	010703
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:	010426
Facility closed date:	Not Reported
Mailing address:	13805 PURCHE AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"WADE, CAROLE "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105277881

JA1413 SRDCCA200709202
ESE Daycare
4-6 mi
30072
Higher

EDR ID:	SRDCCA200709202
Facility number:	197405562
Facility name:	KIM FAMILY CHILD CARE
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19

Facility type code: 810
Facility status code: 03
Address: 23326 LOCKNESS AVENUE
City: HARBOR CITY
State: CA
Zip: 90710
Alt. address: 23326 LOCKNESS AVENUE
City: HARBOR CITY
State: CA
Zip: 90710
Facility investor: "KIM, AUDREY OKYUNG & CHRIS INCHUL KIM "
Licensee type: A
License effective date: 990127
License expiration date: Not Reported
License issue date: 990127
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: 981121
Facility closed date: Not Reported
Mailing address: 23326 LOCKNESS AVENUE
Mailing city: HARBOR CITY
Mailing state: CA
Mailing zip: 90710
Contact person: KIM
Facility capacity: 14
Type of clients served: 960
Facility phone: 3107840805

IM1414 SRDCCA200755199
ENE EDR ID: SRDCCA200755199 Daycare
4-6 mi Facility number: 197413515
30109 Facility name: GARDENA EARLY EDUCATION CENTER
Higher Facility eval. code: 7060
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1350 WEST 177TH STREET
City: GARDENA
State: CA
Zip: 90248
Alt. address: 1360 WEST TEMPLE STREET
City: LOS ANGELES
State: CA
Zip: 90026
Facility investor: LOS ANGELES UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 60629
License expiration date: Not Reported
License issue date: 060629
Program type: "AMBULATORY ONLY, PRESCHOOL CHILDREN AGES 2 THROUGH ENTRY TO FIRST GRADE.
"
Original app. received date: 060413

Facility closed date:	Not Reported
Mailing address:	1360 WEST TEMPLE STREET
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90026
Contact person:	"PAYNE, EVELYN "
Facility capacity:	120
Type of clients served:	950
Facility phone:	3108514923

IK1415 SRDCCA200706728
ESE Daycare
4-6 mi
30111
Higher

EDR ID:	SRDCCA200706728
Facility number:	197400578
Facility name:	CHIAO FAMILY DAY CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1166 LEVINSON ST
City:	TORRANCE
State:	CA
Zip:	90502
Alt. address:	1166 LEVINSON ST
City:	TORRANCE
State:	CA
Zip:	90502
Facility investor:	"CHIAO, JIE-BING "
Licensee type:	A
License effective date:	941013
License expiration date:	Not Reported
License issue date:	941013
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN UNDER 10 YEARS OLD WHEN IN THE HOME, NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	940715
Facility closed date:	Not Reported
Mailing address:	1166 LEVINSON ST
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90502
Contact person:	"CHIAO, JIE-BING "
Facility capacity:	12
Type of clients served:	960
Facility phone:	3103206315

IW1416 SRDCCA200716095
NE Daycare
4-6 mi
30118
Higher

EDR ID:	SRDCCA200716095
Facility number:	192010090
Facility name:	MUIR FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19

Facility type code: 810
Facility status code: 03
Address: 13605 CASIMIR AVENUE
City: GARDENA
State: CA
Zip: 90249
Alt. address: 13605 CASIMIR AVENUE
City: GARDENA
State: CA
Zip: 90249
Facility investor: "MUIR, JENNIFER "
Licensee type: A
License effective date: 20327
License expiration date: Not Reported
License issue date: 020327
Program type: "MAXIMUM CAPACITY: (WHEN THERE IS AN ASSISTANT PRESENT) 12- NO MORE THAN 4 INFANTS. CAPACITY 14 CHILDREN, NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT "LEAST AGE 6.
Original app. received date: 020128
Facility closed date: Not Reported
Mailing address: 13605 CASIMIR AVENUE
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90249
Contact person: "MUIR, JENNIFER PATRICIA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 3105384465

IW1417 SRDCCA200736743
NE
4-6 mi
30119
Higher

EDR ID: SRDCCA200736743 Daycare
Facility number: 197413640
Facility name: WILLIAMS FAMILY CHILD CARE
Facility eval. code: 4060
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2932 W. 134TH PLACE
City: GARDENA
State: CA
Zip: 90249
Alt. address: 2932 W. 134TH PLACE
City: GARDENA
State: CA
Zip: 90249
Facility investor: "WILLIAMS, ELLEN "
Licensee type: A
License effective date: 60614
License expiration date: Not Reported
License issue date: 060614
Program type: MAXIMUM CAPACITY (WHEN THERE IS AN ASSISTANT PRESENT):12 - NO MORE THAN 4 INFANTS. CAPACITY 14 -NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.

Original app. received date:	060524
Facility closed date:	Not Reported
Mailing address:	2932 W. 134TH PLACE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"WILLIAMS, ELLEN "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3102179204

IT1418 SRDCCA200753754
NNE Daycare
4-6 mi
30140
Higher

EDR ID:	SRDCCA200753754
Facility number:	192004238
Facility name:	ST. JOSEPH KIDDIE KOLLEGE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	11886 ACACIA AVE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	11886 ACACIA AVE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	ARCHDIOCESE OF L.A. DEPT OF EDUCATION & WELFARE FO
Licensee type:	C
License effective date:	1016
License expiration date:	Not Reported
License issue date:	001016
Program type:	"LICENSEE PREFERS TO SERVE CHILDREN AGES 2 THROUGH KINDERGARDEN, AMBULATORY ONLY. "
Original app. received date:	000726
Facility closed date:	Not Reported
Mailing address:	11886 ACACIA AVE
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	LUZ MAIRA KEMPSEY
Facility capacity:	44
Type of clients served:	950
Facility phone:	3106756460

IT1419 SRPR20051021862
NNE Private Schools
4-6 mi
30140
Higher

Pss school id:	BB020229
Pss inst:	ST JOSEPH'S SCHOOL
Lograde:	PK
Higrade:	8
Pss address:	11886 ACACIA AVENUE
Pss city:	HAWTHORNE

Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90250
Pss phone:	3106791014
Pss sch days:	180
Pss stu day hrs:	6.75
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	44
Pss enroll k:	60
Pss enroll 1:	59
Pss enroll 2:	58
Pss enroll 3:	61
Pss enroll 4:	64
Pss enroll 5:	59
Pss enroll 6:	62
Pss enroll 7:	68
Pss enroll 8:	60
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	595
Pss enroll tk12:	551
Pss race ai:	0
Pss race as:	78
Pss race h:	436
Pss race b:	24
Pss race w:	13
Pss fte teach:	21
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:	14.16
Pss hisp pct:	79.13
Pss black pct:	4.36
Pss white pct:	2.36
Pss stdtch rt:	26.24
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:	SRPR20051021862

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
IV1420 NNE 4-6 mi 30144 Higher	EDR ID:	SRDCCA200718714	SRDCCA200718714 Daycare
	Facility number:	192011060	
	Facility name:	HOLLIS FAMILY CHILD CARE	
	Facility eval. code:	7010	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	11703 TRURO AVENUE #6	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Alt. address:	11703 TRURO AVENUE #6	
	City:	HAWTHORNE	
	State:	CA	
	Zip:	90250	
	Facility investor:	"HOLLIS, LESLIE "	
	Licensee type:	A	
	License effective date:	21021	
	License expiration date:	Not Reported	
	License issue date:	021021	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR4 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:	020419	
	Facility closed date:	Not Reported	
	Mailing address:	11703 TRURO AVENUE #6	
	Mailing city:	HAWTHORNE	
	Mailing state:	CA	
	Mailing zip:	90250	
	Contact person:	"HOLLIS, LESLIE "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3106763387	

II1421 NE 4-6 mi 30152 Higher	EDR ID:	SRDCCA200712174	SRDCCA200712174 Daycare
	Facility number:	197406003	
	Facility name:	EDISON FAMILY CHILD CARE	
	Facility eval. code:	4060	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	13921 SPINNING AVENUE	
	City:	GARDENA	
	State:	CA	
	Zip:	90249	
	Alt. address:	13921 SPINNING AVENUE	
	City:	GARDENA	
	State:	CA	
	Zip:	90249	
	Facility investor:	"EDISON, VIOLA "	
	Licensee type:	A	

License effective date: 990426
License expiration date: Not Reported
License issue date: 990426
Program type: LICENSE INACTIVE
Original app. received date: 990323
Facility closed date: Not Reported
Mailing address: 13921 SPINNING AVENUE
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90249
Contact person: EDISON
Facility capacity: 8
Type of clients served: 960
Facility phone: 3105322205

IQ1422 SRHO20070146041
SSE AHA Hospitals
4-6 mi
30153
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: ROLLING HILLS ESTATES
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: 19960703
Medicare/Medicaid: 1
Facility name: BAY MEDICAL LABORATORIES
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Partcipation date: 19950601
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0901642
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 727 SILVER SPUR ROAD SUITE 205
Phone num: 3105447014
Termination reason: 12
Term Date: 19980901
Purpose of action: 2
Provider control: 04
Zip: 90274
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000

Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146041

IS1423 SRDCCA200710351
NE Daycare
4-6 mi
30155
Higher

EDR ID:	SRDCCA200710351
Facility number:	197404235
Facility name:	AVEI FAMILY DAY CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1933 WEST 147TH STREET
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	1933 WEST 147TH STREET
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"AVEI, TAMIKO RENEE "
Licensee type:	A
License effective date:	990505
License expiration date:	Not Reported
License issue date:	990505
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:	971020
Facility closed date:	Not Reported
Mailing address:	1933 WEST 147TH STREET
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	AVEI
Facility capacity:	14
Type of clients served:	960
Facility phone:	3103231821

IW1424 SRDCCA200737155
NE Daycare
4-6 mi
30161
Higher

EDR ID:	SRDCCA200737155
Facility number:	197413729
Facility name:	SPRY FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13501 S. WILKIE AVENUE
City:	GARDENA
State:	CA
Zip:	90249

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Alt. address:	13501 S. WILKIE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"SPRY, EARLINE "
Licensee type:	A
License effective date:	60810
License expiration date:	Not Reported
License issue date:	060810
Program type:	"MAXIMUM CAPACITY: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAPACITY 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060707
Facility closed date:	Not Reported
Mailing address:	13501 S. WILKIE AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"SPRY, EARLINE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105030004

JA1425			SRHO20070154582
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30166	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	GREEN HARBOR ADULT DAY HLTH CARE CTR	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20010501	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0985901	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1513 W SEPULVEDA BLVD STE D	
	Phone num:	3108912320	
	Termination reason:	00	
	Term Date:	20070430	
	Purpose of action:	Not Reported	
	Provider control:	04	

Zip:	90501
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154582

IT1426 SRDCCA200722043
NNE Daycare
4-6 mi
30202
Higher

EDR ID:	SRDCCA200722043
Facility number:	197410093
Facility name:	BROWN FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	11923 CEDAR AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	11923 CEDAR AVENUE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"BROWN, RHONDA LEONA "
Licensee type:	A
License effective date:	30721
License expiration date:	Not Reported
License issue date:	030721
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:	030429
Facility closed date:	Not Reported
Mailing address:	11923 CEDAR AVENUE
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"BROWN, RHONDA L. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3106755700

JB1427 SRDCCA200746727
SSE Daycare
4-6 mi
30229
Higher

EDR ID:	SRDCCA200746727
Facility number:	191600541
Facility name:	"PALOS VERDES HILLS COOPERATIVE NURSERY SCHOOL, IN "
Facility eval. code:	6050

Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	6 LARIAT LANE
City:	ROLLING HILLS ESTATE
State:	CA
Zip:	90274
Alt. address:	6 LARIAT LANE
City:	ROLLING HILLS ESTATE
State:	CA
Zip:	90274
Facility investor:	"PALOS VERDES HILLS NURSERY SCHOOL, INC "
Licensee type:	C
License effective date:	940504
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY ONLY, SERVE CHILDREN AGES TWO YEARS NINE MONTHS THRU FIVE YEARS. HOURS OF OPERATION: 9A - NOON. "
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	6 LARIAT LANE
Mailing city:	ROLLING HILLS ESTATE
Mailing state:	CA
Mailing zip:	90274
Contact person:	"BOHN, MARGIE "
Facility capacity:	24
Type of clients served:	950
Facility phone:	3103778839

IY1428 — SRDCCA200731409
NE — Daycare
4-6 mi
30235
Higher

EDR ID:	SRDCCA200731409
Facility number:	197412994
Facility name:	HARRIS FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12500 KORNBLUM AVENUE #A
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	12500 KORNBLUM AVENUE #A
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"HARRIS, CHRISTINE "
Licensee type:	A
License effective date:	60222
License expiration date:	Not Reported
License issue date:	060222
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:	050921
Facility closed date:	Not Reported
Mailing address:	12500 KORNBLUM AVENUE #A
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"HARRIS, CHRISTINE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103490677

II1429 SRHO20070147267
NE AHA Hospitals
4-6 mi
30262
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
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:	20000410
Medicare/Medicaid:	1
Facility name:	MORRIS E MOSELY JR MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19960815
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0918649
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	14017 SOUTH VAN NESS AVENUE #101
Phone num:	3103273631
Termination reason:	08
Term Date:	20040417
Purpose of action:	2
Provider control:	04
Zip:	90249
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147267

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JC1430			SRHO20070163481
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30292	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 #9437	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050310	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1038085	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	11831 S HAWTHORNE BLVD	
	Phone num:	3106793668	
	Termination reason:	00	
	Term Date:	20070309	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070163481	

IV1431			SRHO20070159120
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30295	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	WILLIAM R ZIMMERMAN MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020423
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0998719
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4477 W 118TH STREET SUITE 301
Phone num:	3106766458
Termination reason:	00
Term Date:	20080422
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159120

IV1432			SRHO20070146540
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30295	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MONA Y ISKANDER, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960612	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0916038	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4477 W 118 STREET, #301
Phone num:	3109788026
Termination reason:	00
Term Date:	20080611
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146540

IV1433 SRHO20070146890
NNE AHA Hospitals
4-6 mi
30295
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	IHEJIRIKA-MADU IVY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970425
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0927677
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4477 W 118TH STREET, STE 401
Phone num:	3106795051
Termination reason:	08
Term Date:	19990424
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06

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:	SRHO20070146890	

IV1434			SRHO20070150875
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30295	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ACE MEDICAL GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19981119	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0954191	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4477 WEST 118TH STREET SUITE 200	
	Phone num:	3106754440	
	Termination reason:	00	
	Term Date:	20081118	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070150875	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
IV1435			SRHO20070144464
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30295	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PRIMAX HEALTHCARE ASSOCIATES INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940705	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0888417	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4477 W 118TH STREET SUITE 202	
	Phone num:	3106756347	
	Termination reason:	08	
	Term Date:	20040704	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070144464	

IV1436			SRHO20070149837
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30295	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	FARSHAD NOSRATIAN MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19981023
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0953010
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4477 W 118TH STREET SUITE 501
Phone num:	3106799999
Termination reason:	00
Term Date:	20081022
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149837

IV1437 SRHO20070149053
NNE AHA Hospitals
4-6 mi
30295
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DRAYTON P GRAHAM MD, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971215
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0937339
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4477 W 118 STREET, SUITE 401
Phone num:	3109701930
Termination reason:	00
Term Date:	20071214
Purpose of action:	Not Reported
Provider control:	02
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149053

IV1438			SRHO20070141262
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30295	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	M R DAS MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19970401	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0721551	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4477 WEST 118TH STREET SUITE 409	
	Phone num:	3102190647	
	Termination reason:	00	
	Term Date:	20070321	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90250	
	Fips state:	06	

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:	SRHO20070141262	

IV1439			SRHO20070154625
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30295	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	KRUPA SHAH MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20011212	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0994359	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4477 W 118TH ST SUITE 503	
	Phone num:	3106441232	
	Termination reason:	00	
	Term Date:	20071211	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070154625	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
IV1440 NNE 4-6 mi 30295 Higher			SRHO20070138613 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	DRS HOROWITZ	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930119	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0707551	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4477 W 118TH STREET SUITE 208	
	Phone num:	3106753432	
	Termination reason:	01	
	Term Date:	20050801	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070138613	

IX1441 SE 4-6 mi 30296 Higher			SRDCCA200741649 Daycare
	EDR ID:	SRDCCA200741649	
	Facility number:	197404198	
	Facility name:	"EXCEPTIONAL CHILDREN'S FOUNDATION, INFANT DEVELOPM"	
	Facility eval. code:	6050	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	830	
	Facility status code:	03	
	Address:	2427 PACIFIC COAST HWY	
	City:	LOMITA	

State: CA
Zip: 90717
Alt. address: 3750 WEST MARTIN LUTHER KING
City: LOS ANGELES
State: CA
Zip: 90008
Facility investor: EXCEPTIONAL CHILDREN'S FOUNDATION.
Licensee type: C
License effective date: 980326
License expiration date: Not Reported
License issue date: 980326
Program type: LICENSEE PREFERS TO SERVE CHILDREN AT DEVELOPMENTAL AGE FROM 0 TO 2 YEARS OLD.
Original app. received date: 971006
Facility closed date: Not Reported
Mailing address: 2427 PACIFIC COAST HWY
Mailing city: LOMITA
Mailing state: CA
Mailing zip: 90717
Contact person: ILENA HERNANDEZ
Facility capacity: 30
Type of clients served: 950
Facility phone: 3105344735

IW1442 SRDCCA200706715
NE EDR ID: SRDCCA200706715 Daycare
4-6 mi Facility number: 197400447
30303 Facility name: "HENDERSON, ALTHEA FAMILY DAY CARE "
Higher Facility eval. code: 4060
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2928 W. 134TH STREET
City: GARDENA
State: CA
Zip: 90249
Alt. address: 2928 W. 134TH STREET
City: GARDENA
State: CA
Zip: 90249
Facility investor: "HENDERSON, ALTHEA "
Licensee type: A
License effective date: 940811
License expiration date: Not Reported
License issue date: 940811
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: 940615
Facility closed date: Not Reported
Mailing address: 2928 W. 134TH STREET
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90249

Contact person:	"HENDERSON, ALTHEA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3103667662

JD1443 SRHO20070137534
SSE AHA Hospitals
4-6 mi
30303
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	PALOS VERDES PENINSULA
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:	19921216
Medicare/Medicaid:	1
Facility name:	RIA CLINICAL LABORATORIES
Intermediary/Carrier:	00542
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0681874
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M2
street address:	712 DEEP VALLEY DR
Phone num:	3105418211
Termination reason:	10
Term Date:	19941217
Purpose of action:	1
Provider control:	04
Zip:	90274
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137534

JE1444 SRHO20070106959
ENE AHA Hospitals
4-6 mi
30413
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA

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:	20060417
Medicare/Medicaid:	1
Facility name:	LOOP HOME FOUNDATION, INC II
Intermediary/Carrier:	Not Reported
Medicaid number:	LTC80258G
Partcipation date:	19990703
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	55G259
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	15918 DALTON ST
Phone num:	3107671461
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	07
Zip:	90247
Fips state:	06
Fips cnty:	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:	SRHO20070106959

JF1445 SRDCCA200753080
SE Daycare
4-6 mi
30417
Higher

EDR ID:	SRDCCA200753080
Facility number:	197411396
Facility name:	CARDEN DOMINION PRESCHOOL
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	25313 NARBONNE AVENUE
City:	LOMITA
State:	CA
Zip:	90710
Alt. address:	320 KNOB HILL AVENUE
City:	REDONDO BEACH
State:	CA

Zip: 90277
Facility investor: "HERMANNS, CAROL & HERMANNS-SCOTT, THERESA "
Licensee type: D
License effective date: 40726
License expiration date: Not Reported
License issue date: 040726
Program type: "MAXIMUM CAPACITY: 45 PRESCHOOL CHILDREN, AGES 2 THRU 6. "
Original app. received date: 040305
Facility closed date: Not Reported
Mailing address: 320 KNOB HILL AVENUE
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90277
Contact person: "HERMANNS-SCOTT, THERESA "
Facility capacity: 45
Type of clients served: 950
Facility phone: 3105305242

JF1446 SRDCCA200744500
SE Daycare
4-6 mi
30417
Higher

EDR ID: SRDCCA200744500
Facility number: 197411395
Facility name: "CARDEN DOMINION SCHOOL, INC. "
Facility eval. code: 6050
Facility office number: 30
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 25313 NARBONNE AVENUE
City: LOMITA
State: CA
Zip: 90717
Alt. address: 320 KNOBB HILL AVENUE
City: REDONDO BEACH
State: CA
Zip: 90277
Facility investor: "HERMANNS, CAROL & HERMANNS-SCOTT, THERESA "
Licensee type: D
License effective date: 40723
License expiration date: Not Reported
License issue date: 040723
Program type: "MAXIMUM CAPACITY: 8 INFANTS, AGES 6 WEEKS TO 24 MONTHS, WITH A TODDLER OPTION FOR 18 TODDLERS, AGES 18 TO 30 MONTHS. "
Original app. received date: 040305
Facility closed date: Not Reported
Mailing address: 320 KNOBB HILL AVENUE
Mailing city: REDONDO BEACH
Mailing state: CA
Mailing zip: 90277
Contact person: "HERMANNS-SCOTT, THERESA "
Facility capacity: 26
Type of clients served: 955
Facility phone: 3105305242

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JG1447			SRHO20070108161
South	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30445	Owner date:	Not Reported	
Higher	City:	RANCHO PALOS VERDES	
	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:	CANTERBURY,THE	
	Intermediary/Carrier:	52280	
	Medicaid number:	Not Reported	
	Partcipation date:	19841130	
	Prior COO date:	Not Reported	
	Prior carrier:	51051	
	Provider ID:	555181	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	5801 WEST CRESTRIDGE ROAD	
	Phone num:	3105412410	
	Termination reason:	04	
	Term Date:	19970630	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90275	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0028	
	Num cert beds:	0028	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070108161	

JG1448			SRHO20070137903
South	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30445	Owner date:	Not Reported	
Higher	City:	RANCHO PALOS VERDES	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	CANTERBURY,THE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930223
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0699224
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5801 W CRESTRIDGE RD
Phone num:	3105412410
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	01
Zip:	90275
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137903

IW1449 SRDCCA200725984
NE Daycare
4-6 mi
30469
Higher

EDR ID:	SRDCCA200725984
Facility number:	197411912
Facility name:	THOMAS INEGBENEDION FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13613 PURCHE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	13613 PURCHE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"THOMAS INEGBENEDION, KATHY GEROGINA "
Licensee type:	A
License effective date:	40927
License expiration date:	Not Reported
License issue date:	040927

Program type:	LICENSE INACTIVE
Original app. received date:	040819
Facility closed date:	Not Reported
Mailing address:	13613 PURCHE AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	THOMAS INEGBENEDION
Facility capacity:	8
Type of clients served:	960
Facility phone:	3107682864

Map ID	Site	EDR ID
1450 South 4-6 mi 30508 Higher		SRHO20070148521 AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	RANCHO PALOS VERDES
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 K MANAGEMENT
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970619
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0929597
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	6803 VERDE RIDGE ROAD
Phone num:	3102659401
Termination reason:	08
Term Date:	19990618
Purpose of action:	Not Reported
Provider control:	04
Zip:	90275
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148521

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JH1451			SRHO20070137077
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30512	Owner date:	Not Reported	
Higher	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	CYTOLOGY SERVICES GROUP INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930203	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0642535	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1607 W REDONDO BEACH BOULEVARD	
	Phone num:	3103230972	
	Termination reason:	01	
	Term Date:	20040708	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90247	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070137077	

JH1452			SRHO20070145538
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30512	Owner date:	Not Reported	
Higher	City:	GARDENA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	GLENVIEW PATHOLOGY MEDICAL GROUP, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19941115
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0894404
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1607 WEST REDONDO BEACH BOULEVARD
Phone num:	3103230972
Termination reason:	01
Term Date:	20040614
Purpose of action:	Not Reported
Provider control:	04
Zip:	90247
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145538

1453 SRHO20070140150
NE AHA Hospitals
4-6 mi
30518
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
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:	19971106
Medicare/Medicaid:	1
Facility name:	AATRON MEDICAL SERVICES
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0714020
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	12832 SO CHADRON AVE
Phone num:	3106751272
Termination reason:	05
Term Date:	19991209
Purpose of action:	2
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140150

JI1454 SRHO20070006094
ESE AHA Hospitals
4-6 mi
30540
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	LOMITA
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	20020220
Current survey date:	20051019
Medicare/Medicaid:	1
Facility name:	ARLINGTON HOME #6
Intermediary/Carrier:	Not Reported
Medicaid number:	LTC80237F
Partcipation date:	19950329
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05G857
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	1724 WEST 240TH STREET
Phone num:	3103266219
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90717
Fips state:	06

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:	0006	
	Num cert beds:	0006	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070006094	
JJ1455			SRPU20071015280
East	Ncessch:	062271003034	Public Schools
4-6 mi	Schname05:	GARDENA SENIOR HIGH	
30546	Mstreet05:	1301 WEST 182ND ST.	
Higher	Mcity05:	GARDENA	
	Mstate05:	CA	
	Mzip05:	90248	
	Mzip405:	3322	
	Member05:	3524	
	Phone05:	(310) 327-5900	
	Locale05:	1	
	Type05:	1	
	Level05:	3	
	Gslo05:	09	
	Gshi05:	12	
	Edr id:	SRPU20071015280	
JB1456			SRDCCA200748910
SSE	EDR ID:	SRDCCA200748910	Daycare
4-6 mi	Facility number:	191608652	
30558	Facility name:	PENNINSULA HERITAGE SCHOOL	
Higher	Facility eval. code:	6050	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	26825 ROLLING HILLS ROAD	
	City:	ROLLING HILLS ESTATE	
	State:	CA	
	Zip:	90274	
	Alt. address:	26944 ROLLING HILLS ROAD	
	City:	ROLLING HILLS ESTATE	
	State:	CA	
	Zip:	90274	
	Facility investor:	"PENNISULA HERITAGE SCHOOL, THE "	
	Licensee type:	A	
	License effective date:	931215	
	License expiration date:	Not Reported	
	License issue date:	931215	
	Program type:	LICENSEE TO SERVE 93 AMBULATORY PRESCHOOL CHILDREN AGES 2-5 YEARS.	
	Original app. received date:	920905	
	Facility closed date:	Not Reported	
	Mailing address:	26944 ROLLING HILLS ROAD	

Mailing city:	ROLLING HILLS ESTATE
Mailing state:	CA
Mailing zip:	90274
Contact person:	"MARTIN, MELISA "
Facility capacity:	93
Type of clients served:	950
Facility phone:	3105414795

IV1457 SRDCCA200703446
NNE Daycare
4-6 mi
30572
Higher

EDR ID:	SRDCCA200703446
Facility number:	191606313
Facility name:	NEWMAN FAMILY DAY CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4604 W. 116TH ST.
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4604 W. 116TH ST.
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"NEWMAN, RICHARD & BONNIE "
Licensee type:	A
License effective date:	940228
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	MAXIMUM CAPACITY: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - SCHOOL AND 1 CHILD AT LEAST AGE 6. LICENSEE IS REQUESTING INACTIVE STATUS BEGINNING 1/1/07
Original app. received date:	811015
Facility closed date:	Not Reported
Mailing address:	4604 W. 116TH ST.
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"NEWMAN, BONNIE "
Facility capacity:	6
Type of clients served:	960
Facility phone:	3109782178

JK1458 SRDCCA200721083
NNE Daycare
4-6 mi
30586
Higher

EDR ID:	SRDCCA200721083
Facility number:	197410427
Facility name:	MONTOYA FAMILY CHILD CARE
Facility eval. code:	7070
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	11937 OXFORD AVE.

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	11937 OXFORD AVE.
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"MONTOYA, MARITZA R. "
Licensee type:	A
License effective date:	31029
License expiration date:	Not Reported
License issue date:	031029
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, WHEN A QUALIFIED ASSISTANT IS PRESENT. OR CAPACITY 14 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS. "LANDLORD/PROPERTY OWNER CONSENT REQUIRED.
Original app. received date:	030624
Facility closed date:	Not Reported
Mailing address:	11937 OXFORD AVE.
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	"MONTOYA, MARITZA R. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3104226103

JL1459 — SRPU20071011795
ENE — Public Schools
4-6 mi
30616
Higher

Ncessch:	062271003277
Schname05:	ROBERT E. PEARY MIDDLE
Mstreet05:	1415 WEST GARDENA BLVD.
Mcity05:	GARDENA
Mstate05:	CA
Mzip05:	90247
Mzip405:	4712
Member05:	2487
Phone05:	(310) 324-6606
Locale05:	2
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071011795

JM1460 — SRHO20070147170
NNE — AHA Hospitals
4-6 mi
30633
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	INGLEWOOD
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported

Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FUTURE HOME HEALTH SERVICES, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19961213
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0923080
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11222 LA CIENEGA BLVD, STE 652
Phone num:	3103481500
Termination reason:	08
Term Date:	19981212
Purpose of action:	Not Reported
Provider control:	04
Zip:	90304
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147170

JM1461 SRHO20070108266
NNE AHA Hospitals
4-6 mi
30633
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	INGLEWOOD
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:	19980219
Medicare/Medicaid:	2
Facility name:	PANAMERICA HOME HEALTH AGENCY
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19970224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557779
Record Status:	A
Region code:	09

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	11222 LA CIENEGA BLVD SUITE 520
Phone num:	3104102353
Termination reason:	05
Term Date:	19980520
Purpose of action:	3
Provider control:	04
Zip:	90304
Fips 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:	SRHO20070108266

JM1462			SRHO20070107879
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30633	Owner date:	Not Reported	
Higher	City:	INGLEWOOD	
	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:	19960207	
	Medicare/Medicaid:	1	
	Facility name:	FUTURE HOME HEALTH SERVICES	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19910919	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	557142	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L2	
	street address:	11222 LA CIENEGA BLVD SUITE 652	
	Phone num:	3103481500	
	Termination reason:	01	
	Term Date:	19910920	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90304	

Fips 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:	SRHO20070107879

JC1463 SRHO20070159492
NNE AHA Hospitals
4-6 mi
30639
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	OLUKEMI A WALLACE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030307
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1010183
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4455 W 117TH STREET, SUITE 402
Phone num:	3106448400
Termination reason:	00
Term Date:	20070414
Purpose of action:	Not Reported
Provider control:	02
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159492

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JC1464 NNE 4-6 mi 30639 Higher			SRHO20070128904 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	HAWTHORNE	
	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:	19961016	
	Medicare/Medicaid:	1	
	Facility name:	MULLIKIN MEDICAL CENTER HAWTHORNE	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0547938	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4455 WEST 117TH STREET	
	Phone num:	3109732161	
	Termination reason:	08	
	Term Date:	20010827	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070128904	
JG1465 South 4-6 mi 30653 Higher			SRDCCA200747697 Daycare
	EDR ID:	SRDCCA200747697	
	Facility number:	191603320	
	Facility name:	NER TAMID PRE-SCHOOL	
	Facility eval. code:	6050	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	5721 CRESTRIDGE ROAD	
	City:	RANCHO PALOS VERDES	

State: CA
Zip: 90274
Alt. address: 5721 CRESTRIDGE ROAD
City: RANCHO PALOS VERDES
State: CA
Zip: 90274
Facility investor: CONGREGATION NER TAMID OF THE SOUTH BAY
Licensee type: C
License effective date: 950223
License expiration date: Not Reported
License issue date: Not Reported
Program type: LICENSEE SERVES PRESCHOOL CHILDREN (55) AGES 2 YEARS TO 5 YEARS.
Original app. received date: 780811
Facility closed date: Not Reported
Mailing address: 5721 CRESTRIDGE ROAD
Mailing city: RANCHO PALOS VERDES
Mailing state: CA
Mailing zip: 90274
Contact person: "SHAPIRO, SHELLY "
Facility capacity: 55
Type of clients served: 950
Facility phone: 3105447725

JN1466 SRDCCA200734105
NE EDR ID: SRDCCA200734105 Daycare
4-6 mi Facility number: 197413033
30657 Facility name: EVANS FAMILY CHILD CARE
Higher Facility eval. code: 4060
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 13704 SPINNING AVENUE
City: GARDENA
State: CA
Zip: 90249
Alt. address: 13704 SPINNING AVENUE
City: GARDENA
State: CA
Zip: 90249
Facility investor: "EVANS, RENONA "
Licensee type: A
License effective date: 51205
License expiration date: Not Reported
License issue date: 051205
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: 051011
Facility closed date: Not Reported
Mailing address: 13704 SPINNING AVENUE
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90249
Contact person: "EVANS, RENONA "

Facility capacity:	8
Type of clients served:	960
Facility phone:	3102178135

JH1467 SRDCCA200715426
ENE Daycare
4-6 mi
30673
Higher

EDR ID:	SRDCCA200715426
Facility number:	192005110
Facility name:	CHOI BYUN FAMILY CHILD CARE
Facility eval. code:	6040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1640 WEST 154TH STREET
City:	GARDENA
State:	CA
Zip:	90247
Alt. address:	1640 WEST 154TH STREET
City:	GARDENA
State:	CA
Zip:	90247
Facility investor:	JIN BYUN CHOI
Licensee type:	A
License effective date:	10201
License expiration date:	Not Reported
License issue date:	010201
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:	001012
Facility closed date:	Not Reported
Mailing address:	1640 WEST 154TH STREET
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90247
Contact person:	JIN BYUN CHOI
Facility capacity:	14
Type of clients served:	960
Facility phone:	3103245848

JO1468 SRHO20070008600
East AHA Hospitals
4-6 mi
30702
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20000316
Medicare/Medicaid:	1
Facility name:	VITAS HEALTHCARE CORPORATION OF CALIF
Intermediary/Carrier:	00380

Medicaid number:	Not Reported
Partcipation date:	20000316
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	051739
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	990 WEST 190TH STREET, SUITE 120
Phone num:	3103242273
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	06
Zip:	90502
Fips 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:	SRHO20070008600

JO1469 SRHO20070142843
East AHA Hospitals
4-6 mi
30702
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	VITAS HEALTHCARE CORP OF CA
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19931115
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0879236
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB

street address:	990 W 190TH ST SUITE 120
Phone num:	3103242273
Termination reason:	00
Term Date:	20071114
Purpose of action:	Not Reported
Provider control:	04
Zip:	90502
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142843

JP1470 SRDCCA200703626
NE Daycare
4-6 mi
30703
Higher

EDR ID:	SRDCCA200703626
Facility number:	191609726
Facility name:	JAMISON FAMILY DAY CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2919 WEST 132ND PLACE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	2919 WEST 132ND PLACE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"JAMISON, JACQUELYN "
Licensee type:	A
License effective date:	931102
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:	811216
Facility closed date:	Not Reported
Mailing address:	2919 WEST 132ND PLACE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"JAMISON, JACQUELYN "
Facility capacity:	12
Type of clients served:	960
Facility phone:	3105388608

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JD1471			SRHO20070144554
SSE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30749	Owner date:	Not Reported	
Higher	City:	ROLLING HILLS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ELAINE C SHOJI, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950118	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0896742	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	827 DEEP VALLEY DRIVE, #102	
	Phone num:	3103166820	
	Termination reason:	00	
	Term Date:	20090117	
	Purpose of action:	Not Reported	
	Provider control:	03	
	Zip:	90274	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070144554	

JD1472			SRHO20070147091
SSE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30749	Owner date:	Not Reported	
Higher	City:	ROLLING HILLS ESTATES	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 WINTROUB, MD, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960820
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0918767
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	827 DEEP VALLEY DRIVE, SUITE 310
Phone num:	3105440828
Termination reason:	08
Term Date:	19960820
Purpose of action:	Not Reported
Provider control:	04
Zip:	90274
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147091

JD1473 — SRHO20070139777
SSE — AHA Hospitals
4-6 mi
30749
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	ROLLING HILLS ESTATES
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HANORIA H HARDY MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921222
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0719155
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	827 DEEP VALLEY DR
Phone num:	3103776801
Termination reason:	01
Term Date:	19940701
Purpose of action:	Not Reported
Provider control:	04
Zip:	90274
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139777

JD1474 SRHO20070131646
SSE AHA Hospitals
4-6 mi
30749
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	ROLLING HILLS ESTATES
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:	19960405
Medicare/Medicaid:	1
Facility name:	ROGER W STICKNEY MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0548645
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	827 DEEP VALLEY DR
Phone num:	3103777895
Termination reason:	01
Term Date:	19980429
Purpose of action:	2
Provider control:	04
Zip:	90274
Fips state:	06

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:	SRHO20070131646	

IV1475			SRHO20070008941
NNE	Hospital type:	03	AHA Hospitals
4-6 mi	Num of times COO:	05	
30752	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	B	
	SSA county code:	200	
	Cross ref number:	555677	
	FMS survey date:	Not Reported	
	Current survey date:	19960520	
	Medicare/Medicaid:	2	
	Facility name:	HAWTHORNE CONVALESCENT CENTER	
	Intermediary/Carrier:	52280	
	Medicaid number:	Not Reported	
	Partcipation date:	19690402	
	Prior COO date:	19900601	
	Prior carrier:	00040	
	Provider ID:	055661	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	11630 S GREVILLEA AVENUE	
	Phone num:	3106799732	
	Termination reason:	05	
	Term Date:	19960807	
	Purpose of action:	3	
	Provider control:	03	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0088	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070008941	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
IV1476			SRHO20070108556
NNE	Hospital type:	03	AHA Hospitals
4-6 mi	Num of times COO:	00	
30752	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	20060323	
	Current survey date:	20060203	
	Medicare/Medicaid:	1	
	Facility name:	HAWTHORNE CONVALESCENT CENTER	
	Intermediary/Carrier:	52280	
	Medicaid number:	LTC55677F	
	Partcipation date:	19960913	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	555677	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	11630 SOUTH GREVILLEA AVE.	
	Phone num:	3106799732	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0088	
	Num cert beds:	0088	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070108556	

IV1477			SRHO20070128906
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30752	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	HAWTHORNE CONVALESCENT
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930702
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0547944
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11630 S GREVILLEA AVE
Phone num:	3106799732
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070128906

IV1478 SRNH20060914875
NNE Nursing Homes
4-6 mi
30752
Higher

Provnum:	555677
Nursinghomename:	HAWTHORNE CONVALESCENT CENTER
Street:	11630 SOUTH GREVILLEA AVE.
City:	HAWTHORNE
State:	CA
Zipcode:	90250
Phonenumber:	3106799732
Dateoflastinspection:	20060131
Certifiednumberofbeds:	88
Totalnumberofresidents:	79
Percofoccupiedbeds:	90
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060914875

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JQ1479 ESE 4-6 mi 30773 Higher			SRHO20070140587 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	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:	19941019	
	Medicare/Medicaid:	1	
	Facility name:	WOMEN'S HEALTH CARE CLINIC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0719863	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1124 W CARSON STREET BLDG N28	
	Phone num:	3102223723	
	Termination reason:	00	
	Term Date:	20081018	
	Purpose of action:	1	
	Provider control:	09	
	Zip:	90502	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070140587	

JQ1480 ESE 4-6 mi 30773 Higher			SRHO20070141111 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 ENDOCRINE LABORATORY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930527
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0720852
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1124 WEST CARSON ST BLDG D-3
Phone num:	3105333866
Termination reason:	12
Term Date:	19940621
Purpose of action:	Not Reported
Provider control:	03
Zip:	90502
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141111

JC1481 SRHO20070153471
NNE AHA Hospitals
4-6 mi
30773
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SARAH S OLELEWE MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010430
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0985806
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11712 S HAWTHORNE BLVD
Phone num:	3106799293
Termination reason:	00
Term Date:	20070429
Purpose of action:	Not Reported
Provider control:	01
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153471

JC1482			SRHO20070150546
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30773	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	DARRELL L HUTCHISON	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19991005	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0966012	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11712 HAWTHORNE BLVD	
	Phone num:	3106799293	
	Termination reason:	12	
	Term Date:	20010827	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150546

JR1483 SRDCCA200732247
ESE Daycare
4-6 mi
30774
Higher

EDR ID:	SRDCCA200732247
Facility number:	197412781
Facility name:	EVERETT FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	22108 JAY PLACE
City:	TORRANCE
State:	CA
Zip:	90502
Alt. address:	22108 JAY PLACE
City:	TORRANCE
State:	CA
Zip:	90502
Facility investor:	"EVERETT, JUAN MARIO "
Licensee type:	A
License effective date:	50804
License expiration date:	Not Reported
License issue date:	050804
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:	050713
Facility closed date:	Not Reported
Mailing address:	22108 JAY PLACE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90502
Contact person:	"EVERETT, JUAN M. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3237516740

JQ1484 SRHO20070010018
ESE AHA Hospitals
4-6 mi
30783
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	19830517
City:	TORRANCE
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:	19871201
Medicare/Medicaid:	1
Facility name:	BMA LOS ANGELES
Intermediary/Carrier:	00400
Medicaid number:	Not Reported
Partcipation date:	19801120
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	052508
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	1123 WEST CARSON STREET
Phone num:	2133204093
Termination reason:	01
Term Date:	19970412
Purpose of action:	2
Provider control:	01
Zip:	90502
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070010018

JQ1485 SRHO20070136692
ESE AHA Hospitals
4-6 mi
30783
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BMA LOS ANGELES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930112
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Provider ID:	05D0663844
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1123 W CARSON ST
Phone num:	3103204093
Termination reason:	08
Term Date:	19980831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90502
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070136692

IV1486 SRDCCA200716588
NNE Daycare
4-6 mi
30787
Higher

EDR ID:	SRDCCA200716588
Facility number:	192008612
Facility name:	ALVARENGA FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4523 W. 116TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	4523 W. 116TH STREET
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	"ALVARENGA, MARIA DEL SOCORRO "
Licensee type:	A
License effective date:	11019
License expiration date:	Not Reported
License issue date:	011019
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:	010824
Facility closed date:	Not Reported
Mailing address:	4523 W. 116TH STREET

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing city:	HAWTHORNE	
	Mailing state:	CA	
	Mailing zip:	90250	
	Contact person:	"ALVARENGA, MARIA "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3109732175	
JG1487			SRPU20071011187
South	Ncessch:	062970008514	Public Schools
4-6 mi	Schname05:	RIDGECREST INTERMEDIATE	
30788	Mstreet05:	28915 NORTHBAY RD.	
Higher	Mcity05:	RANCHO PALOS VERDES	
	Mstate05:	CA	
	Mzip05:	90275	
	Mzip405:	4902	
	Member05:	911	
	Phone05:	(310) 544-2747	
	Locale05:	3	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071011187	
JD1488			SRDCCA200746868
SSE	EDR ID:	SRDCCA200746868	Daycare
4-6 mi	Facility number:	191670340	
30799	Facility name:	RANCHO PALOS VERDES PRESCHOOL & KINDERGARTEN	
Higher	Facility eval. code:	6050	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	28451 INDIAN PEAK RD.	
	City:	RANCHO PALOS VERDES	
	State:	CA	
	Zip:	90274	
	Alt. address:	28451 INDIAN PEAK RD.	
	City:	RANCHO PALOS VERDES	
	State:	CA	
	Zip:	90274	
	Facility investor:	"ATLAS SCHOOLS, INC. "	
	Licensee type:	D	
	License effective date:	950714	
	License expiration date:	Not Reported	
	License issue date:	Not Reported	
	Program type:	"AMBULATORY, LICENSEE PREFERS TO SERVE CHILDREN AGES 2 YEARS THRU 6 YEARS. "	
	Original app. received date:	830413	
	Facility closed date:	Not Reported	
	Mailing address:	28451 INDIAN PEAK ROAD	
	Mailing city:	RANCHO PALOS VERDES	

Mailing state:	CA
Mailing zip:	90274
Contact person:	"TASARUFI, ZAMRA "
Facility capacity:	84
Type of clients served:	950
Facility phone:	3105412405

IX1489 SRDCCA200751821
SE Daycare
4-6 mi
30808
Higher

EDR ID:	SRDCCA200751821
Facility number:	197401644
Facility name:	PACIFIC COAST MONTESSORI PRESCHOOL
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2342 PACIFIC COAST HIGHWAY
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	2342 PACIFIC COAST HIGHWAY
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	"PCH SCHOOLS, INC. "
Licensee type:	A
License effective date:	950726
License expiration date:	Not Reported
License issue date:	950726
Program type:	FACILITY IS LICENSED FOR (90) PRESCHOOLERS AGES: 2 TO 5 YEARS OLD.
Original app. received date:	950724
Facility closed date:	Not Reported
Mailing address:	2342 PACIFIC COAST HIGHWAY
Mailing city:	LOMITA
Mailing state:	CA
Mailing zip:	90717
Contact person:	"SHAH, SABA "
Facility capacity:	90
Type of clients served:	950
Facility phone:	3105305533

IX1490 SRDCCA200741618
SE Daycare
4-6 mi
30808
Higher

EDR ID:	SRDCCA200741618
Facility number:	197401270
Facility name:	PACIFIC COAST MONTESSORI INFANT-TODDLER CENTER.
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	2342 PACIFIC COAST HIGHWAY
City:	LOMITA
State:	CA
Zip:	90717

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Alt. address:	2342 PACIFIC COAST HWY.
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	"PCH SCHOOLS, INC. "
Licensee type:	A
License effective date:	950601
License expiration date:	Not Reported
License issue date:	950601
Program type:	FACILITY LICENSED FOR 12 INFANTS AGES 6 WEEKS TO 24 MONTHS AND 12 TODDLERS AGES 24 MONTHS TO 36 MONTHS ONLY. LICENSE EFFECTIVE DATE 1-8-96.
Original app. received date:	950320
Facility closed date:	Not Reported
Mailing address:	2342 PACIFIC COAST HIGHWAY
Mailing city:	LOMITA
Mailing state:	CA
Mailing zip:	90717
Contact person:	"SHAH, SABA "
Facility capacity:	24
Type of clients served:	955
Facility phone:	3105305533

JO1491 SRHO20070108123
East AHA Hospitals
4-6 mi
30814
Higher

Hospital type:	01
Num of times COO:	04
Owner date:	Not Reported
City:	TORRANCE
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:	19950321
Medicare/Medicaid:	1
Facility name:	VITAS HEALTHCARE CORP OF CALIFORNIA
Intermediary/Carrier:	00380
Medicaid number:	Not Reported
Partcipation date:	19921002
Prior COO date:	19950217
Prior carrier:	00040
Provider ID:	557226
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	970 WEST 190TH ST, SUITE 930
Phone num:	3103242273
Termination reason:	01
Term Date:	19980701
Purpose of action:	2
Provider control:	04
Zip:	90502

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:	0	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070108123	
JS1492			SRHO20070010448
SE	Hospital type:	03	AHA Hospitals
4-6 mi	Num of times COO:	03	
30816	Owner date:	Not Reported	
Higher	City:	LOMITA	
	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:	20060907	
	Medicare/Medicaid:	1	
	Facility name:	LOMITA CARE CENTER	
	Intermediary/Carrier:	52280	
	Medicaid number:	ZZT05262J	
	Partcipation date:	19710901	
	Prior COO date:	19891101	
	Prior carrier:	00350	
	Provider ID:	055262	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	1955 W. LOMITA BLVD	
	Phone num:	3103251970	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90717	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0071	
	Num cert beds:	0071	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070010448	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JS1493			SRHO20070131210
SE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30816	Owner date:	Not Reported	
Higher	City:	LOMITA	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	LOMITA CARE CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930727	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0553245	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1955 W LOMITA BLVD	
	Phone num:	3103251970	
	Termination reason:	00	
	Term Date:	20070721	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90717	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131210	

JS1494			SRNH20060900732
SE	Provnum:	055262	Nursing Homes
4-6 mi	Nursinghomename:	LOMITA CARE CENTER	
30816	Street:	1955 W. LOMITA BLVD	
Higher	City:	LOMITA	
	State:	CA	
	Zipcode:	90717	
	Phonenumber:	3103251970	
	Dateoflastinspection:	20050720	
	Certifiednumberofbeds:	71	
	Totalnumberofresidents:	63	

Percofoccupiedbeds: 89
Categorydescription: Participating in Medicare and Medicaid
Typeofownership: For profit - Corporation
Locatedwithinahospital: NO
Multinursinghomeownership: YES
Residentandfamilycouncils: RESIDENT
Edr id: SRNH20060900732

JG1495 SRDCCA200747580
South Daycare
4-6 mi
30821
Lower

EDR ID: SRDCCA200747580
Facility number: 191602167
Facility name: PENINSULA COMMUNITY CHURCH PRESCHOOL
Facility eval. code: 6050
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 5640 W. CRESTRIDGE RD.
City: RANCHO PALOS VERDES
State: CA
Zip: 90275
Alt. address: 5640 W. CRESTRIDGE RD.
City: RANCHO PALOS VERDES
State: CA
Zip: 90275
Facility investor: PENINSULA COMMUNITY CHURCH
Licensee type: C
License effective date: 931024
License expiration date: Not Reported
License issue date: Not Reported
Program type: FACILITY SERVES CHILDREN AGES 2 TO 6 YEARS OLD. SCHOOL CLOSED FOR THE SUMMER.
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 5640 W. CRESTRIDGE RD.
Mailing city: RANCHO PALOS VERDES
Mailing state: CA
Mailing zip: 90275
Contact person: "KEATING, SHARI "
Facility capacity: 54
Type of clients served: 950
Facility phone: 3103774391

IV1496 SRHO20070129024
NNE AHA Hospitals
4-6 mi
30831
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWTHORNE
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA 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 F KENNEDY MED CTR
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930211
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0547962
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4500 W 116TH ST
Phone num:	3109731711
Termination reason:	01
Term Date:	20050104
Purpose of action:	Not Reported
Provider control:	02
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070129024

IV1497 — SRHO20070150762

NNE — AHA Hospitals

4-6 mi

30831

Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 MED CTR HAWTHORNE URGENT CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990318
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0958399
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4500 W 116TH ST
Phone num:	3109704127
Termination reason:	12
Term Date:	20000131
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150762

IV1498			SRHO20070006956
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	02	
30831	Owner date:	20020101	
Higher	City:	HAWTHORNE	
	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:	19940502	
	Medicare/Medicaid:	1	
	Facility name:	ROBERT F KENNEDY MEDICAL CENTER	
	Intermediary/Carrier:	00454	
	Medicaid number:	Not Reported	
	Partcipation date:	19660701	
	Prior COO date:	19960530	
	Prior carrier:	00040	
	Provider ID:	050420	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	4500 116TH STREET	
	Phone num:	3103495522	
	Termination reason:	01	
	Term Date:	20041210	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90250	
	Fips state:	06	

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	19910419
Accred expire date:	19940419
Accred Org:	1
Num beds:	0274
Num cert beds:	0274
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070006956

IV1499 SRHO20070153538
NNE AHA Hospitals
4-6 mi
30831
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 F KENNEDY MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990920
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0965378
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4500 W 116TH STREET
Phone num:	3109786786
Termination reason:	01
Term Date:	20050523
Purpose of action:	Not Reported
Provider control:	01
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153538

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
IV1500 NNE 4-6 mi 30831 Higher			SRHO20070110522 AHA Hospitals
	Hospital type:	03	
	Num of times COO:	01	
	Owner date:	20020101	
	City:	HAWTHORNE	
	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:	20040730	
	Medicare/Medicaid:	2	
	Facility name:	ROBERT F. KENNEDY MED CTR	
	Intermediary/Carrier:	00454	
	Medicaid number:	Not Reported	
	Partcipation date:	19900212	
	Prior COO date:	Not Reported	
	Prior carrier:	00040	
	Provider ID:	555408	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	4500 116TH STREET	
	Phone num:	3103495350	
	Termination reason:	01	
	Term Date:	20041028	
	Purpose of action:	2	
	Provider control:	05	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0034	
	Num cert beds:	0034	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070110522	

IV1501 NNE 4-6 mi 30831 Higher			SRHO20070138442 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	05D0547962	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	R F KENNEDY MED CTR -PULMONARY LAB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940418
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0695613
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4500 WEST 116TH STREET
Phone num:	3109786591
Termination reason:	13
Term Date:	19980130
Purpose of action:	Not Reported
Provider control:	02
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138442

1502
ENE
4-6 mi
30844
Higher

SRPU20071011533
Public Schools

Ncessch:	062271003190
Schname05:	MONETA CONTINUATION
Mstreet05:	1230 WEST 177TH ST.
Mcity05:	GARDENA
Mstate05:	CA
Mzip05:	90248
Mzip405:	3317
Member05:	69
Phone05:	(310) 329-4139
Locale05:	1
Type05:	4
Level05:	3
Gslo05:	09
Gshi05:	12
Edr id:	SRPU20071011533

JT1503
NNE
4-6 mi
30854
Higher

SRDCCA200746006
Daycare

EDR ID:	SRDCCA200746006
Facility number:	197409779
Facility name:	NELLIES WONDERLAND INC

Facility eval. code:	4050
Facility office number:	30
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	4720 W. IMPERIAL HWY
City:	INGLEWOOD
State:	CA
Zip:	90304
Alt. address:	4720 W. IMPERIAL HWY
City:	INGLEWOOD
State:	CA
Zip:	90304
Facility investor:	"ADAMS, DIANE "
Licensee type:	C
License effective date:	30502
License expiration date:	Not Reported
License issue date:	030502
Program type:	CAPACITY NOT TO EXCEED 36 CHILDREN AGES 6 TO 12 YRS. OPERATING HOURS:6:30 TO 8:30 AM AND 2:30 TO 6:00PM. OFF TRACK AND SUMMER OPERATING HOURS: 6:3O TO 6:00 P.M. LICENSEE PROVIDES CARE AND SUPRERVISIONFOR AMBULATORY SCHOOL AGED CHILDREN.
Original app. received date:	021223
Facility closed date:	Not Reported
Mailing address:	4720 W. IMPERIAL HWY
Mailing city:	INGLEWOOD
Mailing state:	CA
Mailing zip:	90304
Contact person:	"ADAMS, DIANE "
Facility capacity:	36
Type of clients served:	950
Facility phone:	3106712099

JT1504 SRDCCA200751561
NNE Daycare
4-6 mi
30854
Higher

EDR ID:	SRDCCA200751561
Facility number:	197403487
Facility name:	"NELLIE'S WONDERLAND EDUCATIONAL CNTR., INC. "
Facility eval. code:	4050
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4720 W. IMPERIAL HIGHWAY
City:	INGLEWOOD
State:	CA
Zip:	90304
Alt. address:	4720 W. IMPERIAL HIGHWAY
City:	INGLEWOOD
State:	CA
Zip:	90304
Facility investor:	NELLIE TERRY
Licensee type:	C
License effective date:	970728
License expiration date:	Not Reported
License issue date:	970728

Program type:	LICENSED CAPACITY FOR PRE-SCHOOL WITH TODDLER COMPONENT 67. 60 PRE-SCHOOL CHILDREN AGES 2-5 YRS. OLD. 7 TODDLERS AGES 18-30 MONTHS. TODDLERS SHALL NOT BE INTERMINGLED WITH PRE-SCHOOL CHILDREN."OPERATING HOURS 6:30AM TO 6:00PM, MONDAY THRU FRIDAY. AMBULATORY ONLY"
Original app. received date:	970401
Facility closed date:	Not Reported
Mailing address:	5145 W. 58TH PLACE
Mailing city:	LOS ANGELES
Mailing state:	CA
Mailing zip:	90056
Contact person:	DIANE ADAMS
Facility capacity:	67
Type of clients served:	950
Facility phone:	3106712099

JT1505 SRPR20051022385
NNE Private Schools
4-6 mi
30854
Higher

Pss school id:	BB945813
Pss inst:	NELLIES WONDERLAND EDUCATIONAL
Lograde:	PK
Higrade:	K
Pss address:	4720 W IMPERIAL HWY
Pss city:	INGLEWOOD
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90304
Pss phone:	3106712099
Pss sch days:	170
Pss stu day hrs:	4
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	19
Pss enroll k:	11
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:	11
Pss race ai:	0
Pss race as:	0
Pss race h:	2
Pss race b:	9
Pss race w:	0
Pss fte teach:	1

Pss locale:	3
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	0
Pss hisp pct:	18.18
Pss black pct:	81.82
Pss white pct:	0
Pss stdtch rt:	11
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:	SRPR20051022385

JB1506 SRDCCA200747638
SSE Daycare
4-6 mi
30874
Higher

EDR ID:	SRDCCA200747638
Facility number:	191602640
Facility name:	NEW HORIZONS CHILD DEVELOPMENT CENTER
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	26945 ROLLING HILLS ROAD
City:	ROLLING HILLS ESTATE
State:	CA
Zip:	90274
Alt. address:	26945 ROLLING HILLS ROAD
City:	ROLLING HILLS ESTATE
State:	CA
Zip:	90274
Facility investor:	CALIFORNIA NEW HORIZONS CHILD DEVELOPMENT CENTER
Licensee type:	D
License effective date:	950102
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	LICENSE IS ONLY FOR AMBULATORY CHILDREN FROM THE AGE OF 2 YEARS OLD THROUGH ENTRANCE INTO THE 1ST GRADE.
Original app. received date:	770816
Facility closed date:	Not Reported
Mailing address:	26945 ROLLING HILLS ROAD
Mailing city:	ROLLING HILLS ESTATE
Mailing state:	CA
Mailing zip:	90274
Contact person:	"SPENCER-BAULIN, JOAN MARIE"

Facility capacity:	120
Type of clients served:	950
Facility phone:	3103774349

JB1507			SRPR20051024420
SSE	Pss school id:	02008937	Private Schools
4-6 mi	Pss inst:	CALIFORNIA NEW HORIZONS CHILD	
30874	Lograde:	PK	
Higher	Higrade:	1	
	Pss address:	26945 ROLLING HILLS RD	
	Pss city:	ROLLING HILLS	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90274	
	Pss phone:	3103774349	
	Pss sch days:	258	
	Pss stu day hrs:	7.5	
	Pss library:	No	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	126	
	Pss enroll k:	15	
	Pss enroll 1:	5	
	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:	146	
	Pss enroll tk12:	20	
	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:	1.4	
	Pss locale:	3	
	Pss coed:	1	
	Pss type:	NR	
	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:	14.29	

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
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:	SRPR20051024420

IW1508 SRDCCA200716411
NE Daycare
4-6 mi
30885
Higher

EDR ID:	SRDCCA200716411
Facility number:	192009268
Facility name:	SIBLEY FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13505 DAPHNE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	13505 DAPHNE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"SIBLEY, GABRIELLE L. "
Licensee type:	A
License effective date:	20311
License expiration date:	Not Reported
License issue date:	020311
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 "
Original app. received date:	020107
Facility closed date:	Not Reported
Mailing address:	13505 DAPHNE AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"SIBLEY, GABRIELLE L. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103293089

JS1509 SRDCCA200722416
SE Daycare
4-6 mi
30888
Higher

EDR ID:	SRDCCA200722416
Facility number:	197410140
Facility name:	JACOBSON FAMILY CHILD CARE
Facility eval. code:	6050

Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	25009 ESHELMAN AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	25009 ESHELMAN AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	"JACOBSON, RHONDA MICHELE "
Licensee type:	A
License effective date:	30327
License expiration date:	Not Reported
License issue date:	030327
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR 4 INFANTONLY, 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:	030317
Facility closed date:	Not Reported
Mailing address:	25009 ESHELMAN AVENUE
Mailing city:	LOMITA
Mailing state:	CA
Mailing zip:	90717
Contact person:	"JACOBSON, RHONDA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105393490

IW1510 SRDCCA200718603
NE Daycare
4-6 mi
30894
Higher

EDR ID:	SRDCCA200718603
Facility number:	192011026
Facility name:	MOBLEY FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13504 DAPHNE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	13504 DAPHNE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"MOBLEY, LA RHONDA RENEE "
Licensee type:	A
License effective date:	20610
License expiration date:	Not Reported
License issue date:	020610
Program type:	MAXIMUM CAPACITY (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAPACITY 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.

Original app. received date:	020424
Facility closed date:	Not Reported
Mailing address:	13504 DAPHNE AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"MOBLEY, LA RHONDA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3105384677

IW1511 SRHO20070006775
NE AHA Hospitals
4-6 mi
30923
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
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:	20050509
Medicare/Medicaid:	2
Facility name:	MPQ #1
Intermediary/Carrier:	Not Reported
Medicaid number:	LTC0593F
Partcipation date:	19940224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05G748
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	2512 W 134TH PLACE
Phone num:	3105324288
Termination reason:	06
Term Date:	20050801
Purpose of action:	2
Provider control:	02
Zip:	90249
Fips state:	06
Fips cnty:	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:	SRHO20070006775

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
IW1512			SRHO20070107985
NE	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
30923	Owner date:	Not Reported	
Higher	City:	GARDENA	
	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:	20060214	
	Medicare/Medicaid:	1	
	Facility name:	MPQ #1	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	LTC61062F	
	Partcipation date:	20060216	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	55G536	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	2512 W 134TH PLACE	
	Phone num:	3105324288	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	1	
	Provider control:	02	
	Zip:	90249	
	Fips state:	06	
	Fips cnty:	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:	SRHO20070107985	

IX1513			SRDCCA200744381
SE	EDR ID:	SRDCCA200744381	Daycare
4-6 mi	Facility number:	197411136	
30974	Facility name:	FUTURE STARS CHILDREN'S ACADEMY	
Higher	Facility eval. code:	6050	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	830	
	Facility status code:	03	
	Address:	2320 PACIFIC COAST HIGHWAY	
	City:	LOMITA	

State: CA
Zip: 90717
Alt. address: 2320 PACIFIC COAST HIGHWAY
City: LOMITA
State: CA
Zip: 90717
Facility investor: "OLSHANSKY, EARIT IRENE "
Licensee type: D
License effective date: 40622
License expiration date: Not Reported
License issue date: 040622
Program type: MAX CAPACITY: 32 INFANTS AGES NEWBORN-24 MONTHS. NOTE: THERE IS A WAIVER FOR THE PLAYGROUND.
Original app. received date: 031215
Facility closed date: Not Reported
Mailing address: 410 S. HAUSER BLVD. # 10 G
Mailing city: LOS ANGELES
Mailing state: CA
Mailing zip: 90036
Contact person: "OLSHANSKY, EARIT I. "
Facility capacity: 32
Type of clients served: 955
Facility phone: 3105300256

IX1514 SRDCCA200753260
SE EDR ID: SRDCCA200753260 Daycare
4-6 mi Facility number: 197411135
30974 Facility name: FUTURE STARS CHILDREN'S ACADEMY
Higher Facility eval. code: 6050
Facility office number: 30
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 2320 PACIFIC COAST HIGHWAY
City: LOMITA
State: CA
Zip: 90717
Alt. address: 2320 PACIFIC COAST HIGHWAY
City: LOMITA
State: CA
Zip: 90717
Facility investor: "OCEAN-SKY I.M. INVESTMENTS, INC. "
Licensee type: D
License effective date: 40622
License expiration date: Not Reported
License issue date: 040622
Program type: LICENSEE PREFERS TO SERVE NINETY (90) AMBULATORY CHILDREN AGES 2 THRU 6 YEARS.
Original app. received date: 031215
Facility closed date: Not Reported
Mailing address: 410 S. HAUSER BLVD. #10G
Mailing city: LOS ANGELES
Mailing state: CA
Mailing zip: 90036
Contact person: "OLSHANSKY, EARIT "

Facility capacity:	84
Type of clients served:	950
Facility phone:	3105300256

JC1515 — SRHO20070150458
NNE — AHA Hospitals
4-6 mi
30982
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ANCHOR HOME HEALTH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960130
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0911261
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11633 S HAWTHORNE BLVD, STE 205
Phone num:	3109733838
Termination reason:	08
Term Date:	20000129
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150458

JC1516 — SRHO20070154920
NNE — AHA Hospitals
4-6 mi
30982
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported

Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HAWTHORNE HEALTHCARE MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020219
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0996465
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11633 HAWTHORNE BLVD STE 100
Phone num:	3109733111
Termination reason:	08
Term Date:	20040218
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154920

JC1517 SRHO20070109066
NNE AHA Hospitals
4-6 mi
30982
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
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:	19960410
Medicare/Medicaid:	1
Facility name:	ANCHOR HOME HEALTH
Intermediary/Carrier:	00140
Medicaid number:	Not Reported
Partcipation date:	19960410
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	557688
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	11633 SOUTH HAWTHORNE BLVD SUITE 205
Phone num:	3109733838
Termination reason:	01
Term Date:	19991208
Purpose of action:	1
Provider control:	04
Zip:	90250
Fips 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:	SRHO20070109066

JC1518 SRHO20070152037
NNE AHA Hospitals
4-6 mi
30982
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FARSHID MOOSSAZADEH MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990712
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0962731
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11633 HAWTHORNE BLVD SUITE 300
Phone num:	3103551950
Termination reason:	00

Term Date:	20080316
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152037

JC1519 SRHO20070155790
NNE AHA Hospitals
4-6 mi
30982
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ALWAYS STAY HOME NURSING SERVICES INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021030
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1005794
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11633 HAWTHOREN BLVD SUITE 305
Phone num:	3102192857
Termination reason:	00
Term Date:	20081029
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported

Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155790

JC1520 — SRHO20070159585
NNE — AHA Hospitals
4-6 mi
30982
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ALI AWADA, MD, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20051017
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1046690
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11633 S HAWTHORNE BLVD #305
Phone num:	3105550054
Termination reason:	00
Term Date:	20071016
Purpose of action:	Not Reported
Provider control:	02
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159585

JC1521 — SRHO20070139680
NNE — AHA Hospitals
4-6 mi
30982
Higher

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

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:	19960516
Medicare/Medicaid:	1
Facility name:	MULLIKIN MEDICAL CTR-SURGICAL PATH LAB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0705276
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11633 HAWTHORNE BLVD SUITE 101
Phone num:	3109704160
Termination reason:	12
Term Date:	19961102
Purpose of action:	1
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139680

JC1522 SRHO20070154827
NNE AHA Hospitals
4-6 mi
30982
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LA COMMUNITY CARE MEDICAL ASSOCIATES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971223

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0937821
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11633 SOUTH HAWTHORNE BOULEVARD #103
Phone num:	3102192929
Termination reason:	00
Term Date:	20081005
Purpose of action:	Not Reported
Provider control:	02
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154827

JC1523 SRHO20070011928
NNE AHA Hospitals
4-6 mi
30982
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
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:	20051101
Medicare/Medicaid:	1
Facility name:	ALWAYS STAY HOME NURSING
Intermediary/Carrier:	00454
Medicaid number:	HHA08145F
Partcipation date:	20021118
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	058145
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	11633 HAWTHORNE BLVD SUITE 220
Phone num:	3102192857

Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	04
Zip:	90250
Fips 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:	SRHO20070011928

JR1524 SRDCCA200721759
ESE Daycare
4-6 mi
30983
Higher

EDR ID:	SRDCCA200721759
Facility number:	197410191
Facility name:	GRIGGS FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1150 W. FIAT STREET
City:	TORRANCE
State:	CA
Zip:	90501
Alt. address:	1150 W. FIAT STREET
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	GRIGGS T. CYNTHIA DENISEA
Licensee type:	A
License effective date:	30404
License expiration date:	Not Reported
License issue date:	030404
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:	030328
Facility closed date:	Not Reported
Mailing address:	1150 W. FIAT STREET
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"GRIGGS, CYNTHIA D.T. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3103202990

JB1525 SRPR20051022207
SSE Private Schools
4-6 mi
30991
Higher

Pss school id:	00082163
Pss inst:	PENINSULA HERITAGE SCHOOL
Lograde:	PK
Higrade:	5
Pss address:	26944 ROLLING HILLS RD
Pss city:	ROLLING HILLS ESTATES
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90274
Pss phone:	3105414795
Pss sch days:	170
Pss stu day hrs:	7.17
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	84
Pss enroll k:	22
Pss enroll 1:	18
Pss enroll 2:	15
Pss enroll 3:	18
Pss enroll 4:	22
Pss enroll 5:	22
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:	201
Pss enroll tk12:	117
Pss race ai:	0
Pss race as:	7
Pss race h:	6
Pss race b:	15
Pss race w:	89
Pss fte teach:	7
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:	5.98
Pss hisp pct:	5.13
Pss black pct:	12.82
Pss white pct:	76.07
Pss stdtch rt:	16.71
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

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:	SRPR20051022207	
JT1526			SRHO20070151762
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31018	Owner date:	Not Reported	
Higher	City:	INGLEWOOD	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	NURSING CARE OF AMERICA	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990730	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0963496	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4670 WEST IMPERIAL HIGHWAY SUITE B	
	Phone num:	3103379020	
	Termination reason:	08	
	Term Date:	20050729	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90304	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070151762	
JF1527			SRDCCA200747049
SE	EDR ID:	SRDCCA200747049	Daycare
4-6 mi	Facility number:	197407183	
31025			
Higher			

Facility name:	SEIAI YOCHIEN
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	25506 NARBONNE AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	25506 NARBONNE AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	"FUJIMURA AMERICA, INC. "
Licensee type:	D
License effective date:	991203
License expiration date:	Not Reported
License issue date:	991203
Program type:	FACILITY IS TO SERVE PRESHOOL CHILDREN AGE 2 TO 6 YEARS OLD.
Original app. received date:	990903
Facility closed date:	Not Reported
Mailing address:	25506 NARBONNE AVENUE
Mailing city:	LOMITA
Mailing state:	CA
Mailing zip:	90717
Contact person:	"FUJIMURA, TOSHITSUGU "
Facility capacity:	43
Type of clients served:	950
Facility phone:	3105300049

JP1528 SRDCCA200704490
NE Daycare
4-6 mi
31027
Higher

EDR ID:	SRDCCA200704490
Facility number:	191607708
Facility name:	BROUSSARD FAMILY DAY CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13233 WILKIE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	13233 WILKIE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"BROUSSARD, BARBARA "
Licensee type:	A
License effective date:	920717
License expiration date:	Not Reported
License issue date:	920717
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:	920218
Facility closed date:	Not Reported
Mailing address:	13233 WILKIE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"BROUSSARD, BARBARA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3107152171

JH1529 SRPU20071011770
ENE Public Schools
4-6 mi
31037
Higher

Ncessch:	062271003242
Schname05:	ONE HUNDRED FIFTY-THIRD STREET
Mstreet05:	1605 WEST 153RD ST.
Mcity05:	GARDENA
Mstate05:	CA
Mzip05:	90247
Mzip405:	3135
Member05:	580
Phone05:	(310) 323-1029
Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071011770

JP1530 SRDCCA200720113
NE Daycare
4-6 mi
31045
Higher

EDR ID:	SRDCCA200720113
Facility number:	197409431
Facility name:	MITCHEM FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13228 WILKIE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	13228 WILKIE AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"MITCHEM, IRENE, JOHN H. & JOHN "
Licensee type:	A
License effective date:	30701
License expiration date:	Not Reported
License issue date:	030701
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 12 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWN/LANDLORD CONSENT IS REQUIRED "

Original app. received date:	021017
Facility closed date:	Not Reported
Mailing address:	13228 WILKIE AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	MITCHEM
Facility capacity:	14
Type of clients served:	960
Facility phone:	3107152038

JU1531 SRHO20070150456
SSE AHA Hospitals
4-6 mi
31047
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	ROLLING HILLS ESTATES
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:	19970722
Medicare/Medicaid:	1
Facility name:	THOMAS LERNER, MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19960126
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0911149
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	927 DEEP VALLEY DRIVE, SUITE 165
Phone num:	3105402126
Termination reason:	08
Term Date:	20000408
Purpose of action:	2
Provider control:	04
Zip:	90274
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150456

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JU1532			SRHO20070139780
SSE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31047	Owner date:	Not Reported	
Higher	City:	ROLLING HILLS ESTATES	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	STEVEN L MERRILL MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930310	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0719731	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	927 DEEP VALLEY DRIVE	
	Phone num:	3103771528	
	Termination reason:	17	
	Term Date:	19940831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90274	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070139780	

JU1533			SRHO20070145352
SSE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31047	Owner date:	Not Reported	
Higher	City:	ROLLING HILLS ESTATES	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 INSTITUTE OF LITTLE COMPANY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950509
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0900854
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	927 DEEP VALLEY DRIVE NO 170
Phone num:	3103777828
Termination reason:	12
Term Date:	19961231
Purpose of action:	Not Reported
Provider control:	04
Zip:	90274
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145352

JU1534 SRHO20070144883
SSE AHA Hospitals
4-6 mi
31047
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	ROLLING HILLS ESTATES
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 INTERNAL MEDICAL ASSOCIATES INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940830
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0891059
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	927 DEEP VALLEY DRIVE #100
Phone num:	3103771528
Termination reason:	01
Term Date:	19970225
Purpose of action:	Not Reported
Provider control:	04
Zip:	90274
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144883

JU1535			SRHO20070143860
SSE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31047	Owner date:	Not Reported	
Higher	City:	ROLLING HILLS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	05D0900854	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	JOHN A SPALDING MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930318	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0864763	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	927 S DEEP VALLEY DR	
	Phone num:	3103777828	
	Termination reason:	16	
	Term Date:	19960524	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90274	
	Fips state:	06	

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:	SRHO20070143860	
JU1536			SRHO20070151183
SSE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31047	Owner date:	Not Reported	
Higher	City:	ROLLING HILLS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PALOS VERDES INTERNAL MEDICINE CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990318	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0958414	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	927 DEEP VALLEY DRIVE STE 170	
	Phone num:	3103777828	
	Termination reason:	12	
	Term Date:	20010116	
	Purpose of action:	Not Reported	
	Provider control:	01	
	Zip:	90274	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070151183	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JU1537			SRHO20070148838
SSE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31047	Owner date:	Not Reported	
Higher	City:	ROLLING HILLS ESTATES	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	JANE HUNTER, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19951011	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0907251	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	927 DEEP VALLEY DRIVE, #165	
	Phone num:	3105402126	
	Termination reason:	12	
	Term Date:	19970228	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90274	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070148838	

JU1538			SRHO20070154801
SSE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31055	Owner date:	Not Reported	
Higher	City:	ROLLING HILLS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	HAROLD ISENBERG MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980121
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0939160
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	944 DEEP VALLEY DRIVE, SUITE 225
Phone num:	3103784050
Termination reason:	00
Term Date:	20080120
Purpose of action:	Not Reported
Provider control:	02
Zip:	90274
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154801

JT1539 SRHO20070137196
NNE AHA Hospitals
4-6 mi
31076
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	INGLEWOOD
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 HAWTHORNE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930223
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0642557
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4649 W IMPERIAL HWY
Phone num:	3109704190
Termination reason:	12
Term Date:	19950331
Purpose of action:	Not Reported
Provider control:	04
Zip:	90304
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137196

JP1540 SRDCCA200723659
NE Daycare
4-6 mi
31082
Higher

EDR ID:	SRDCCA200723659
Facility number:	197410647
Facility name:	TIMBO FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13212 S. WILKIE AVE.
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	13212 S. WILKIE AVE.
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"TIMBO, FATIMA "
Licensee type:	A
License effective date:	30908
License expiration date:	Not Reported
License issue date:	030908
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:	030808
Facility closed date:	Not Reported
Mailing address:	13212 S. WILKIE AVE.
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"TIMBO, FATIMA "

Facility capacity:	8
Type of clients served:	960
Facility phone:	3103524804

JE1541			SRDCCA200739317
ENE	EDR ID:	SRDCCA200739317	Daycare
4-6 mi	Facility number:	197414273	
31088	Facility name:	SADEK FAMILY CHILD CARE	
Higher	Facility eval. code:	6040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	15714 HALLDALE AVENUE # B	
	City:	GARDENA	
	State:	CA	
	Zip:	90247	
	Alt. address:	15714 HALLDALE AVENUE # B	
	City:	GARDENA	
	State:	CA	
	Zip:	90247	
	Facility investor:	"SADEK, REHAM "	
	Licensee type:	A	
	License effective date:	70413	
	License expiration date:	Not Reported	
	License issue date:	070413	
	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:	15714 HALLDALE AVENUE # B	
	Mailing city:	GARDENA	
	Mailing state:	CA	
	Mailing zip:	90247	
	Contact person:	"SADEK, REHAM "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3106305810	

1542			SRDCCA200703623
SE	EDR ID:	SRDCCA200703623	Daycare
4-6 mi	Facility number:	191609249	
31089	Facility name:	RAINWATER FAMILY DAY CARE	
Higher	Facility eval. code:	4040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	1808 W. 245TH ST.	
	City:	TORRANCE	
	State:	CA	
	Zip:	90501	

Alt. address:	1808 W. 245TH STREET
City:	TORRANCE
State:	CA
Zip:	90501
Facility investor:	"RAINWATER, RONALD & BETTY "
Licensee type:	A
License effective date:	950820
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:	811209
Facility closed date:	Not Reported
Mailing address:	1808 W. 245TH ST.
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90501
Contact person:	"RAINWATER, BETTY "
Facility capacity:	6
Type of clients served:	960
Facility phone:	3103257523

JF1543 SRDCCA200756375
SE Daycare
4-6 mi
31110
Higher

EDR ID:	SRDCCA200756375
Facility number:	197411780
Facility name:	DISCOVERY WORLD PRESCHOOL
Facility eval. code:	6050
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	25533 NARBONNE AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Alt. address:	25533 NARBONNE AVENUE
City:	LOMITA
State:	CA
Zip:	90717
Facility investor:	JOHN AND SHERYL ASSOCIATES
Licensee type:	D
License effective date:	50112
License expiration date:	Not Reported
License issue date:	050112
Program type:	"MAXIMUM CAPACITY: 56 PRESCHOOL CHILDREN AGES 2 THROUGH ENTRY INTO FIRST GRADE. (X) 197411782 INFANT, 32 CAPACITY. "
Original app. received date:	040715
Facility closed date:	Not Reported
Mailing address:	6417 VIA BARON
Mailing city:	RANCHO PALOS VERDES
Mailing state:	CA
Mailing zip:	90275
Contact person:	"AUSTIN, SHERYL "

Facility capacity:	74
Type of clients served:	950
Facility phone:	3103256650

JF1544			SRPR20051024137
SE	Pss school id:	A9100501	Private Schools
4-6 mi	Pss inst:	ADVANCED EDUCATION SCHOOL	
31110	Lograde:	PK	
Higher	Higrade:	5	
	Pss address:	25533 NARBONNE AVENUE	
	Pss city:	LOMITA	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90717	
	Pss phone:	3105390315	
	Pss sch days:	192	
	Pss stu day hrs:	6.5	
	Pss library:	No	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	35	
	Pss enroll k:	13	
	Pss enroll 1:	9	
	Pss enroll 2:	8	
	Pss enroll 3:	4	
	Pss enroll 4:	Not Reported	
	Pss enroll 5:	3	
	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:	72	
	Pss enroll tk12:	37	
	Pss race ai:	0	
	Pss race as:	4	
	Pss race h:	6	
	Pss race b:	7	
	Pss race w:	20	
	Pss fte teach:	4.4	
	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:	10.81	
	Pss hisp pct:	16.22	
	Pss black pct:	18.92	
	Pss white pct:	54.05	
	Pss stdtch rt:	8.41	

Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	National Association of Private Schools for Exceptional Children (NAPSEC)
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:	SRPR20051024137

JP1545 SRDCCA200721646
NE Daycare
4-6 mi
31184
Higher

EDR ID:	SRDCCA200721646
Facility number:	197410152
Facility name:	YARBROUGH FAMILY CHILD CARE
Facility eval. code:	6040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2936 W. 130TH STREET
City:	GARDENA
State:	CA
Zip:	90247
Alt. address:	2936 W. 130TH STREET
City:	GARDENA
State:	CA
Zip:	90247
Facility investor:	"YARBROUGH, TALON "
Licensee type:	A
License effective date:	30401
License expiration date:	Not Reported
License issue date:	030401
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. (INFANT MEANS A CHILD UNDER 2 YEARS OLD.)
Original app. received date:	030319
Facility closed date:	Not Reported
Mailing address:	2936 W. 130TH STREET
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90247
Contact person:	"YARBROUGH, TALON "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3102107568

1546 SRDCCA200722103
NE Daycare
4-6 mi
31198
Higher

EDR ID:	SRDCCA200722103
Facility number:	197410036
Facility name:	ELLIS FAMILY CHILD CARE
Facility eval. code:	4060

Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1827 W. 145TH STREET #107
City: GARDENA
State: CA
Zip: 90249
Alt. address: 1827 W. 145TH STREET #107
City: GARDENA
State: CA
Zip: 90249
Facility investor: "ELLIS, DORIS "
Licensee type: A
License effective date: 40113
License expiration date: Not Reported
License issue date: 040113
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: 030714
Facility closed date: Not Reported
Mailing address: 1827 W. 145TH STREET #107
Mailing city: GARDENA
Mailing state: CA
Mailing zip: 90249
Contact person: "ELLIS, DORIS "
Facility capacity: 8
Type of clients served: 960
Facility phone: 3103240506

1547 East 4-6 mi 31213 Higher

SRDCCA200725104
Daycare

EDR ID: SRDCCA200725104
Facility number: 197411198
Facility name: MATSUNAGA FAMILY CHILD CARE
Facility eval. code: 4040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 20919 NEW HAMPSHIRE AVENUE
City: TORRANCE
State: CA
Zip: 90502
Alt. address: 20919 NEW HAMPSHIRE AVENUE
City: TORRANCE
State: CA
Zip: 90502
Facility investor: "MATSUNAGA, OLISE (LISE) "
Licensee type: A
License effective date: 40519
License expiration date: Not Reported
License issue date: 040519
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:	040107
Facility closed date:	Not Reported
Mailing address:	20919 NEW HAMPSHIRE AVENUE
Mailing city:	TORRANCE
Mailing state:	CA
Mailing zip:	90502
Contact person:	"MATSUNAGA, OLISE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3103287116

JQ1548 SRHO20070007468
ESE AHA Hospitals
4-6 mi
31217
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	20000320
Medicare/Medicaid:	1
Facility name:	J'S PORTABLE XRAY SERVICES
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	20000602
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05X0009999
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	21615 SOUTH BERENDO AVENUE SUITE 5
Phone num:	3232557740
Termination reason:	01
Term Date:	20020430
Purpose of action:	2
Provider control:	01
Zip:	90502
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070007468

JP1549 SRDCCA200739309
NE Daycare
4-6 mi
31270
Higher

EDR ID:	SRDCCA200739309
Facility number:	197414271
Facility name:	KING FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13205 CASIMIR AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	13205 CASIMIR AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"KING, TINA "
Licensee type:	A
License effective date:	70319
License expiration date:	Not Reported
License issue date:	070319
Program type:	"MAXIMUM CAPACITY: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAPACITY 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	070201
Facility closed date:	Not Reported
Mailing address:	13205 CASIMIR AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"KING, TINA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105159820

1550 SRDCCA200712484
NNE Daycare
4-6 mi
31277
Higher

EDR ID:	SRDCCA200712484
Facility number:	192004982
Facility name:	BRUMSEY-PINKNEY FAMILY CHILD CARE
Facility eval. code:	7010
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3819 WEST 119TH PLACE
City:	HAWTHORNE
State:	CA
Zip:	90250
Alt. address:	3819 WEST 119TH PLACE
City:	HAWTHORNE
State:	CA
Zip:	90250
Facility investor:	BRUMSEY-PINKNEY KYWAKI/MELISSA

Licensee type:	A
License effective date:	1120
License expiration date:	Not Reported
License issue date:	001120
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. LICENSEE IS REQUESTING INACTIVE STATUS BEGINNING 2-1-07.
Original app. received date:	000920
Facility closed date:	Not Reported
Mailing address:	3819 WEST 119TH PLACE
Mailing city:	HAWTHORNE
Mailing state:	CA
Mailing zip:	90250
Contact person:	BRUMSEY-PINKNEY KYW/MEL
Facility capacity:	8
Type of clients served:	960
Facility phone:	3106446012

JC1551 SRHO20070139921
NNE AHA Hospitals
4-6 mi
31282
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWTHORNE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	AXMINSTER MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940416
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0726735
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11539 HAWTHORNE BLVD
Phone num:	3102197300
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139921

JP1552 SRDCCA200705781
NE Daycare
4-6 mi
31288
Higher

EDR ID:	SRDCCA200705781
Facility number:	197401594
Facility name:	"HUGHES, FAMILY DAY CARE "
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13200 CASIMIR AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	13200 CASIMIR AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"HUGHES, ERNEST & EDNA "
Licensee type:	A
License effective date:	950803
License expiration date:	Not Reported
License issue date:	950803
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:	950710
Facility closed date:	Not Reported
Mailing address:	13200 CASIMIR AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"HUGHES, EDNA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3102171528

JP1553 SRDCCA200714055
NE Daycare
4-6 mi
31302
Higher

EDR ID:	SRDCCA200714055
Facility number:	192007376
Facility name:	PICKENS FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13024 ARDATH AVENUE

City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	13024 ARDATH AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"PICKENS, GWENDOLYN MARIE "
Licensee type:	A
License effective date:	10613
License expiration date:	Not Reported
License issue date:	010613
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:	010418
Facility closed date:	Not Reported
Mailing address:	13024 ARDATH AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	"PICKENS, GWENDOLYN "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105160578

JK1554 — SRPU20071015003
NNE — Public Schools
4-6 mi
31306
Higher

Ncessch:	061668002099
Schname05:	YORK
Mstreet05:	11838 SOUTH YORK AVE.
Mcity05:	HAWTHORNE
Mstate05:	CA
Mzip05:	90250
Mzip405:	3125
Member05:	777
Phone05:	(310) 675-1189
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071015003

JN1555 — SRPR20051022854
NE — Private Schools
4-6 mi
31333
Higher

Pss school id:	00070646
Pss inst:	MARIA REGINA SCHOOL
Lograde:	K
Higrade:	8
Pss address:	13510 S VAN NESS AVE
Pss city:	GARDENA
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA

Pss fips:	06
Pss zip5:	90249
Pss phone:	3103279133
Pss sch days:	Not Reported
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	27
Pss enroll 1:	30
Pss enroll 2:	31
Pss enroll 3:	31
Pss enroll 4:	31
Pss enroll 5:	35
Pss enroll 6:	57
Pss enroll 7:	34
Pss enroll 8:	37
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	313
Pss enroll tk12:	313
Pss race ai:	0
Pss race as:	0
Pss race h:	23
Pss race b:	290
Pss race w:	0
Pss fte teach:	10
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	0
Pss hisp pct:	7.35
Pss black pct:	92.65
Pss white pct:	0
Pss stdtch rt:	31.3
Pss orient:	1
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:	SRPR20051022854

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JI1556			SRPU20071011550
ESE	Ncessch:	062271003209	Public Schools
4-6 mi	Schname05:	NATHANIEL NARBONNE SENIOR HIGH	
31353	Mstreet05:	24300 WESTERN AVE.	
Higher	Mcity05:	HARBOR CITY	
	Mstate05:	CA	
	Mzip05:	90710	
	Mzip405:	1742	
	Member05:	3565	
	Phone05:	(310) 326-0920	
	Locale05:	1	
	Type05:	1	
	Level05:	3	
	Gslo05:	09	
	Gshi05:	12	
	Edr id:	SRPU20071011550	

JR1557			SRDCCA200709122
ESE	EDR ID:	SRDCCA200709122	Daycare
4-6 mi	Facility number:	197405536	
31401	Facility name:	SPEARS FAMILY CHILD CARE	
Higher	Facility eval. code:	4040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	22058 MEYLER STREET	
	City:	TORRANCE	
	State:	CA	
	Zip:	90502	
	Alt. address:	22058 MEYLER STREET	
	City:	TORRANCE	
	State:	CA	
	Zip:	90502	
	Facility investor:	SPEARS GAYLE	
	Licensee type:	A	
	License effective date:	981114	
	License expiration date:	Not Reported	
	License issue date:	981114	
	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:	981113	
	Facility closed date:	Not Reported	
	Mailing address:	22058 MEYLER STREET	
	Mailing city:	TORRANCE	
	Mailing state:	CA	
	Mailing zip:	90502	
	Contact person:	GAYLE SPEARS	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	3103200075	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JC1558			SRHO20070154032
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31408	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	BETHESDA MEDICAL GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20010222	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0983454	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11502 HAWTHORNE BLVD	
	Phone num:	3109700413	
	Termination reason:	08	
	Term Date:	20050221	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90250	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070154032	

JC1559			SRHO20070147947
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31408	Owner date:	Not Reported	
Higher	City:	HAWTHORNE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	RAMON C SISON, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970506
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0928016
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11502 HAWTHORNE
Phone num:	3109700413
Termination reason:	08
Term Date:	19990505
Purpose of action:	Not Reported
Provider control:	04
Zip:	90250
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147947

JL1560 SRDCCA200721138
ENE Daycare
4-6 mi
31424
Higher

EDR ID:	SRDCCA200721138
Facility number:	197410462
Facility name:	STEWART-LIDDIE FAMILY CHILD CARE
Facility eval. code:	6040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1304 W. 162ND STREET
City:	GARDENA
State:	CA
Zip:	90247
Alt. address:	1304 W. 162ND STREET
City:	GARDENA
State:	CA
Zip:	90247
Facility investor:	"STEWART-LIDDIE, NEDRA "
Licensee type:	A
License effective date:	30715
License expiration date:	Not Reported
License issue date:	030715

Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NOMORE 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:	030707
Facility closed date:	Not Reported
Mailing address:	1304 W. 162ND STREET
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90247
Contact person:	"STEWART-LIDDIE, N. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	3107696629

JV1561 SRHO20070144793
East AHA Hospitals
4-6 mi
31434
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ADVANTAGE CARE MEDICAL GRP/TORRANCE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950726
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0903669
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	19410 S VERMONT AVENUE, BLDG L
Phone num:	3103245777
Termination reason:	00
Term Date:	20070725
Purpose of action:	Not Reported
Provider control:	04
Zip:	90502
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000

	Num cert beds:	0000
	Source:	US_HOSPITAL_POSCLIA
	Edr id:	SRHO20070144793

1562			SRCL20051004237
East	Unitid:	378406	Colleges
4-6 mi	Instnm:	ITT TECHNICAL INSTITUTE	
31437	Addr:	20050 S. VERMONT AVE	
Higher	City:	TORRANCE	
	Stabbr:	CA	
	Zip:	90502	
	Zip4:	Not Reported	
	Unk:	Not Reported	
	Fips:	090502	
	Oberge:	8	
	Chfnm:	ANNEMARIE KOERIN	
	Chftitle:	DIRECTOR	
	Gentele:	3103801555	
	Fintele:	3103801559	
	Admtele:	3103801555	
	Ein:	362061311	
	Duns:	363811100	
	Opeid:	3087400	
	Opeflag:	1	
	Webaddr:	WWW.ITT-TECH.EDU	
	Sector:	3	
	Iclevel:	1	
	Control:	3	
	Hloffer:	5	
	Ugoffer:	1	
	Groffer:	2	
	Fpoffer:	2	
	Hdegoffer:	30	
	Deggrant:	1	
	Hbcu:	2	
	Hospital:	2	
	Medical:	2	
	Tribal:	2	
	Carnegie:	40	
	Locale:	3	
	Openpubl:	1	
	Act:	A	
	Newid:	-2	
	Deathyr:	-2	
	Closedat:	-2	
	Cyactive:	1	
	Postsec:	1	
	Pseflag:	1	
	Pset4flg:	1	
	Rptmth:	1	
	Fte:	673	
	Enrtot:	815	
	Edr id:	SRCL20051004237	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
1563 ENE 4-6 mi 31438 Higher			SRDCCA200703619 Daycare
	EDR ID:	SRDCCA200703619	
	Facility number:	191608776	
	Facility name:	"MYERS, DAVID FAMILY DAY CARE "	
	Facility eval. code:	6040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	14704 HARVARD BLVD.	
	City:	GARDENA	
	State:	CA	
	Zip:	90247	
	Alt. address:	14704 HARVARD BLVD.	
	City:	GARDENA	
	State:	CA	
	Zip:	90247	
	Facility investor:	"MYERS, DAVID AND SHERRI "	
	Licensee type:	A	
	License effective date:	950602	
	License expiration date:	Not Reported	
	License issue date:	890602	
	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:	811201	
	Facility closed date:	Not Reported	
	Mailing address:	14704 HARVARD BLVD.	
	Mailing city:	GARDENA	
	Mailing state:	CA	
	Mailing zip:	90247	
	Contact person:	"MYERS, SHERRI "	
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	3103297195	
JV1564 East 4-6 mi 31447 Higher			SRHO20070165753 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	COLLABORATIVE NEURO SCIENCE NETWORK	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20061020	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1060332	

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:	M1	
	street address:	19401 SOUTH VERMONT AVE STE J-101	
	Phone num:	3105234200	
	Termination reason:	00	
	Term Date:	20081019	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90502	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070165753	
JV1565			SRHO20070150813
East	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31447	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	JEFFREY R LIGHT MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19991129	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0967952	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	19401 SOUTH VERMONT AVENUE, SUITE B200	
	Phone num:	3103278198	
	Termination reason:	05	
	Term Date:	20030617	
	Purpose of action:	Not Reported	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Provider control:	02
Zip:	90502
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150813

JV1566			SRHO20070148419
East	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31447	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	HALE E DOUGHERTY MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19951010	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0907198	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	19401 S VERMONT	
	Phone num:	3103245777	
	Termination reason:	12	
	Term Date:	19971009	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90502	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070148419	
JR1567			SRPU20071011525
ESE	Ncessch:	062271003182	Public Schools
4-6 mi	Schname05:	MEYLER STREET ELEMENTARY	
31448	Mstreet05:	1123 WEST 223RD ST.	
Higher	Mcity05:	TORRANCE	
	Mstate05:	CA	
	Mzip05:	90502	
	Mzip405:	2250	
	Member05:	981	
	Phone05:	(310) 328-3910	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071011525	
JQ1568			SRHO20070138795
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31459	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MD LABORATORIES	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921216	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0676844	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1001 WEST CARSON ST	
	Phone num:	3106188873	
	Termination reason:	17	
	Term Date:	19940831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90502	
	Fips state:	06	
	Fips cnty:	037	

SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138795

JQ1569			SRHO20070006274
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31459	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	19850208	
	Medicare/Medicaid:	1	
	Facility name:	CARSON RADIOLOGY GROUP	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19850208	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05X0009943	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	1001 W CARSON ST, STE D	
	Phone num:	2136180187	
	Termination reason:	01	
	Term Date:	19860501	
	Purpose of action:	1	
	Provider control:	01	
	Zip:	90502	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	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:	SRHO20070006274	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JQ1570			SRHO20070160844
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31459	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	UNIVERSAL CARE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20030219	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1009598	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1001 WEST CARSON STREET SUITE H	
	Phone num:	3102221281	
	Termination reason:	00	
	Term Date:	20070218	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90502	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070160844	

JQ1571			SRHO20070142569
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31462	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	LA COUNTY HARBOR-UCLA MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930128
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0858501
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1000 W CARSON STREET - BOX 12
Phone num:	3102222201
Termination reason:	00
Term Date:	20070227
Purpose of action:	Not Reported
Provider control:	06
Zip:	90509
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142569

JQ1572			SRHO20070139953
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31462	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	19941114	
	Medicare/Medicaid:	1	
	Facility name:	DEPT OF OB GYN HARBOR UCLA MED CNTR	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0705438	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1000 W CARSON BOX 3
Phone num:	3105333561
Termination reason:	10
Term Date:	19951221
Purpose of action:	1
Provider control:	06
Zip:	90502
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139953

JQ1573			SRHO20070143345
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31462	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 UCLA MEDICAL CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19931228	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0880907	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1000 W CARSON ST	
	Phone num:	3102222558	
	Termination reason:	00	
	Term Date:	20071104	
	Purpose of action:	Not Reported	
	Provider control:	06	
	Zip:	90502	
	Fips state:	06	

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143345

JQ1574 SRHO20070008087
ESE AHA Hospitals
4-6 mi
31462
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	19810522
City:	TORRANCE
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:	20041217
Medicare/Medicaid:	1
Facility name:	HARBOR UCLA MEDICAL CENTER
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	19770802
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	052345
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SD
street address:	1000 W CARSON STREET
Phone num:	3102222155
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	90509
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	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:	SRHO20070008087

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JQ1575			SRHO20070006151
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31462	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	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:	20020620	
	Medicare/Medicaid:	1	
	Facility name:	LAC/HARBOR-UCLA MED CENTER	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19660701	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	050376	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	1000 W CARSON ST	
	Phone num:	3102222101	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	5	
	Provider control:	07	
	Zip:	90509	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	20020323	
	Accred expire date:	20050323	
	Accred Org:	1	
	Num beds:	0553	
	Num cert beds:	0553	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070006151	

JQ1576			SRHO20070138622
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31462	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	NUCLEAR MEDICINE OUTPT CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940305
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0706957
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1000 W CARSON ST BLDG N-2
Phone num:	3102222845
Termination reason:	01
Term Date:	19951203
Purpose of action:	Not Reported
Provider control:	06
Zip:	90502
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138622

JQ1577			SRHO20070145853
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31462	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 UCLA CNTR DIV REPRODUCTIVE ENDO	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19941206	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0895303	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1000 WEST CARSON STREET BUILDING D-3
Phone num:	3102223867
Termination reason:	12
Term Date:	19941208
Purpose of action:	Not Reported
Provider control:	06
Zip:	90502
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145853

JQ1578 SRHO20070151675
ESE AHA Hospitals
4-6 mi
31462
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA 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 UCLA OB/GYN DEPARTMENT LAB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980723
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0949037
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1000 WEST CARSON STREET CLINIC-A
Phone num:	3102222919
Termination reason:	00
Term Date:	20080722
Purpose of action:	Not Reported
Provider control:	06
Zip:	90509
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151675

JQ1579 SRHO20070138610
ESE AHA Hospitals
4-6 mi
31462
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
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:	19941121
Medicare/Medicaid:	1
Facility name:	DEPT OF EMERGENCY MEDICINE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0706860
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1000 W CARSON ST D9 HARBOR MED CNTR
Phone num:	3102223508
Termination reason:	12
Term Date:	19960831
Purpose of action:	1
Provider control:	06
Zip:	90502
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138610

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JQ1580			SRHO20070142349
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31462	Owner date:	Not Reported	
Higher	City:	TORRANCE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA 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 UCLA MED CNTR RADIOLOGY DEPT	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930209	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0861391	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1000 W CORSON ST BLDG N-2	
	Phone num:	3102222808	
	Termination reason:	08	
	Term Date:	19960831	
	Purpose of action:	Not Reported	
	Provider control:	06	
	Zip:	90502	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070142349	

JR1581			SRDCCA200718962
ESE	EDR ID:	SRDCCA200718962	Daycare
4-6 mi	Facility number:	197408673	
31467	Facility name:	LEMUS FAMILY CHILD CARE	
Higher	Facility eval. code:	4040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	1120 W. 223RD STREET	
	City:	TORRANCE	

State: CA
Zip: 90501
Alt. address: 1120 W. 223RD STREET
City: TORRANCE
State: CA
Zip: 90501
Facility investor: "LEMUS,SANDRA L "
Licensee type: A
License effective date: 20327
License expiration date: Not Reported
License issue date: 020327
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: 020213
Facility closed date: Not Reported
Mailing address: 1120 W. 223RD STREET
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90501
Contact person: SANDRA L. LEMUS
Facility capacity: 14
Type of clients served: 960
Facility phone: 3107822803

JL1582 SRDCCA200702139
ENE
4-6 mi
31475
Higher
Daycare

EDR ID: SRDCCA200702139
Facility number: 191605228
Facility name: HOWE FAMILY DAY CARE
Facility eval. code: 6040
Facility office number: 30
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1331 W. 162ND STREET
City: GARDENA
State: CA
Zip: 90247
Alt. address: 1331 W. 162ND STREET
City: GARDENA
State: CA
Zip: 90247
Facility investor: "HOWE, RAQUEL "
Licensee type: A
License effective date: 940228
License expiration date: Not Reported
License issue date: 910228
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: 900608
Facility closed date: Not Reported
Mailing address: 1331 W. 162ND STREET
Mailing city: GARDENA
Mailing state: CA

Mailing zip:	90247
Contact person:	"HOWE, RAQUEL "
Facility capacity:	6
Type of clients served:	960
Facility phone:	3103291059

1583 SRHO20070131223
SE AHA Hospitals
4-6 mi
31479
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOMITA
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:	19960619
Medicare/Medicaid:	1
Facility name:	TORRES MEDICAL CENTER
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19930708
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553253
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	25636 NARBONNE AVE
Phone num:	3103263214
Termination reason:	08
Term Date:	19990713
Purpose of action:	2
Provider control:	04
Zip:	90717
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131223

JH1584 SRDCCA200703443
ENE Daycare
4-6 mi
31482
Higher

EDR ID:	SRDCCA200703443
Facility number:	191600368
Facility name:	"YOSHIDA, YOUNG FAMILY DAY CARE "

Facility eval. code:	6040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1526 W. 153RD STREET
City:	GARDENA
State:	CA
Zip:	90247
Alt. address:	1526 W. 153RD STREET
City:	GARDENA
State:	CA
Zip:	90247
Facility investor:	"YOSHIDA, YOUNG "
Licensee type:	A
License effective date:	950616
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:	860423
Facility closed date:	Not Reported
Mailing address:	1526 W. 153RD STREET
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90247
Contact person:	"YOSHIDA, YOUNG SOOK "
Facility capacity:	12
Type of clients served:	960
Facility phone:	3107696640

JO1585 SRHO20070155529
East AHA Hospitals
4-6 mi
31503
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	TORRANCE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HOME CARE ADVANTAGE INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021029
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1005720
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	19191 S VERMONT AVENUE SUITE 410
Phone num:	3103279900
Termination reason:	00
Term Date:	20081028
Purpose of action:	Not Reported
Provider control:	04
Zip:	90502
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155529

1586 SRDCCA200720159
NE
4-6 mi
31555
Higher

Daycare

EDR ID:	SRDCCA200720159
Facility number:	197409403
Facility name:	ALLEN FAMILY CHILD CARE
Facility eval. code:	4060
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	13401 SPINNING AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Alt. address:	13401 SPINNING AVENUE
City:	GARDENA
State:	CA
Zip:	90249
Facility investor:	"ALLEN, ANTOINETTE & LYNETTE "
Licensee type:	A
License effective date:	40420
License expiration date:	Not Reported
License issue date:	040420
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:	021017
Facility closed date:	Not Reported
Mailing address:	13401 SPINNING AVENUE
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90249
Contact person:	ANTOINETTE & LYNETTE

Facility capacity:	8
Type of clients served:	960
Facility phone:	3105169738

JL1587 — SRHO20070156940
ENE — AHA Hospitals
4-6 mi
31568
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDENA
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ANDRES MEDICAL CLINIC, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020529
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0999978
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1249 WEST GARDENA BOULEVARD SUITE #100
Phone num:	3102252699
Termination reason:	01
Term Date:	20030705
Purpose of action:	Not Reported
Provider control:	04
Zip:	90247
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156940

JQ1588 — SRDCCA200742384
ESE — Daycare
4-6 mi
31581
Higher

EDR ID:	SRDCCA200742384
Facility number:	197405592
Facility name:	KINDERCARE LEARNING CENTER
Facility eval. code:	5040
Facility office number:	30

Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	975 W. CARSON ST.
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	975 W. CARSON ST.
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	KNOWLEDGE LEARNING CORPORATION
Licensee type:	D
License effective date:	990318
License expiration date:	Not Reported
License issue date:	990318
Program type:	INFANT CENTER (12) CHILDREN AGES 0-2 YEARS OF AGES.
Original app. received date:	981130
Facility closed date:	Not Reported
Mailing address:	650 NE HOLLADAY ST. #1400
Mailing city:	PORTLAND
Mailing state:	OR
Mailing zip:	97232
Contact person:	"JOHNSON,L/MCDOWELL,M "
Facility capacity:	12
Type of clients served:	955
Facility phone:	3102224274

JQ1589 SRDCCA200744966
ESE Daycare
4-6 mi
31581
Higher

EDR ID:	SRDCCA200744966
Facility number:	197405836
Facility name:	KINDERCARE LEARNING CENTER
Facility eval. code:	5040
Facility office number:	30
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	975 WEST CARSON STREET
City:	TORRANCE
State:	CA
Zip:	90503
Alt. address:	975 WEST CARSON STREET
City:	TORRANCE
State:	CA
Zip:	90503
Facility investor:	KNOWLEDGE LEARNING CORPORATION
Licensee type:	D
License effective date:	990318
License expiration date:	Not Reported
License issue date:	990318
Program type:	PRE-SCHOOL WITH TODDLER OPTION. PRE-SCHOOL (49) AGES 2 THRU 6 YEARS. TODDLER OPTION (12) AGES 18 - 30 MONTHS.
Original app. received date:	990205
Facility closed date:	Not Reported
Mailing address:	650 NE HOLLADAY ST. #1400

Mailing city:	PORTLAND
Mailing state:	OR
Mailing zip:	97232
Contact person:	"JOHNSON,L/MCDOWELL,M "
Facility capacity:	61
Type of clients served:	950
Facility phone:	3102224274

JQ1590 SRPR20051023802
ESE Private Schools
4-6 mi
31581
Higher

Pss school id:	BB945918
Pss inst:	HARBOR UCLA CHILD CARE CTR
Lograde:	PK
Higrade:	K
Pss address:	975 W CARSON ST
Pss city:	TORRANCE
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90502
Pss phone:	3102224274
Pss sch days:	Not Reported
Pss stu day hrs:	Not Reported
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	65
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:	74
Pss enroll tk12:	9
Pss race ai:	0
Pss race as:	2
Pss race h:	2
Pss race b:	3
Pss race w:	2
Pss fte teach:	1
Pss locale:	3
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	22.22

Pss hisp pct:	22.22
Pss black pct:	33.33
Pss white pct:	22.22
Pss stdtch rt:	9
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
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:	SRPR20051023802

JJ1591 SRDCCA200711516
East Daycare
4-6 mi
31607
Higher

EDR ID:	SRDCCA200711516
Facility number:	197406770
Facility name:	WALKER FAMILY CHILD CARE
Facility eval. code:	4040
Facility office number:	30
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1018 FELDER STREET
City:	GARDENA
State:	CA
Zip:	90248
Alt. address:	1018 FELDER STREET
City:	GARDENA
State:	CA
Zip:	90248
Facility investor:	"WALKER, SHANDA D. & KEITH D. "
Licensee type:	A
License effective date:	990716
License expiration date:	Not Reported
License issue date:	990716
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:	990510
Facility closed date:	Not Reported
Mailing address:	1018 FELDER STREET
Mailing city:	GARDENA
Mailing state:	CA
Mailing zip:	90248
Contact person:	"WALKER, SHANDA D. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	3105231817

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
1592 ENE 4-6 mi 31653 Higher			SRDCCA200702832 Daycare
	EDR ID:	SRDCCA200702832	
	Facility number:	191602112	
	Facility name:	ALBARRAN FAMILY DAY CARE	
	Facility eval. code:	6040	
	Facility office number:	30	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	1530 W. MARINE AVE	
	City:	GARDENA	
	State:	CA	
	Zip:	90247	
	Alt. address:	1530 W. MARINE AVE.	
	City:	GARDENA	
	State:	CA	
	Zip:	90247	
	Facility investor:	"ALBARRAN, DEBORAH "	
	Licensee type:	A	
	License effective date:	931208	
	License expiration date:	Not Reported	
	License issue date:	871208	
	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:	871114	
	Facility closed date:	Not Reported	
	Mailing address:	1530 W. MARINE AVE.	
	Mailing city:	GARDENA	
	Mailing state:	CA	
	Mailing zip:	90247	
	Contact person:	"ALBARRAN, DEBORAH "	
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	3103248379	
NA South 6-8 mi 39753 NA			CUSA112474 FED_LAND
	Name:	California Coastal National Monument	
	Feature:	National Monument BLM	
	URL:	http://www.ca.blm.gov/hollister/coastal_monument.html	
	Bureau:	BLM	
	State:	CA	
	Is DOD?:	No	
NA South 6-8 mi 41203 NA			CUSA112474 FED_LAND
	Name:	California Coastal National Monument	
	Feature:	National Monument BLM	
	URL:	http://www.ca.blm.gov/hollister/coastal_monument.html	
	Bureau:	BLM	
	State:	CA	
	Is DOD?:	No	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
NA			CUSA112474
SE	Name:	California Coastal National Monument	FED_LAND
8-10 mi	Feature:	National Monument BLM	
45765	URL:	http://www.ca.blm.gov/hollister/coastal_monument.html	
NA	Bureau:	BLM	
	State:	CA	
	Is DOD?:	No	

RECORDS SEARCHED/DATA CURRENCY TRACKING

Census
Source: U.S. Census Bureau
Telephone: 301-457-4100
2000 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

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