



County of Los Angeles Fire Department

Form 484 Emergency Business Information

Fire Station: 060 2300 27TH ST SIGNAL HILL, CA 90755

Phone: 562-595-1620 Fax: 562-988-3624

Occupant/Facility Information

* Location Name: COLE VOCATIONAL SERVICES

DBA: ADULT DAY CARE FACILITY

#Employees: 16

Previous Occ: HARPER AND TWO SALES

#Students: 30

HHMDID:

Phone: 562-912-7340

Ext:

Fax:

Sr. Person Name: LA SONJA PORTER

Title: ADMINISTRATOR

EMail:

Inspection Detail Information

Insp Date:

Year: 2021

Shift/Insp.ID:

Record#: 93763

Insp Type:

Insp Result:

Inspector Name:

Insp Notes /

410 Violations:

Previous Inspection Listing

Date	Insp	Result	Inspection Type	Inspected By
12/10/2021	C	CLOSED	ANNUAL	TASICH

Note:

Property Address

* Street Address: 2798 N JUNIPERO AVE

* City/State/Zip: SIGNAL HILL, CA 90755

Mailing Address

* Street Address: 2798 N JUNIPERO AVE

* City/State/Zip: SIGNAL HILL, CA 90755

Additional Information

Note:

Alarm Company Information

Alarm Co:

Phone:

Property Owner Information

Property Owner:

Phone:

Street Address:

City/State/Zip:

Building Information

* Responsibility: FS060

Sector/Drawer: 2

* Fire Station: 060

* Insp Freq: ANNUAL

* Occ Code: B - BUSINESS; OFFICE

Roof Type:

Knox Box Location:

Hazmat:

SQFT:

* Stories: 1

* Sprinklered: YES

* Basement: NO

5 Yrs Sprinklered/ N/A
Cert Expiration:

* Target Haz: NO

* Fire Permit: NO

* HM Handler: NO

FDC Location:

Property Use Code/Description

* PUC: ADULT DAY CARE - 2541

PUD: ADULT DAY HEALTHCARE - 1320

Emergency Contact Information

	First Name	Last Name	Title	1st Phone	2nd Phone
1st Contact:	LEANOR	RODRIGUEZ	ADMINISTRATOR	714-319-0812	
2nd Contact:					
3rd Contact:					

Attachment B



County of Los Angeles Fire Department

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Occupant/Facility Information

* Location Name: **COURTYARD CARE CENTER**

DBA: #Employees: 18

Previous Occ: #Students:

HHMDID:

Phone: 562-494-5188 Ext:

Fax: 562-494-8758

Sr. Person Name: JONAH BAGSIC

Title: ADMINISTRATOR

Email:

Property Address

* Street Address: 1880 N DAWSON AVE

* City/State/Zip: SIGNAL HILL, CA 90755

Mailing Address

* Street Address: 1880 N DAWSON AVE

* City/State/Zip: SIGNAL HILL, CA 90755

Additional Information

Note: 59 BEDS

Alarm Company Information

Alarm Co: Phone:

Property Owner Information

Property Owner: NORTH AMERICAN HEALTHCARE

Phone: 949-240-2423

Street Address:

City/State/Zip: MISSION VIEJO, CA 92690

Property Use Code/Description

* PUC: NURSING HOME >4 PATIENTS - 3111

PUD:

Emergency Contact Information

	First Name	Last Name	Title	1st Phone	2nd Phone
1st Contact:	JONAH	BAGSIC	ADMINISTRATOR	562-494-5188	562-810-5215
2nd Contact:	MIGUEL	NAVARETTA	MAINT MGR	562-494-5188	562-606-4602
3rd Contact:					

Inspection Detail Information

Insp Date: Year: **2021**

Shift/Insp.ID: Record#: **85536**

Insp Type:

Insp Result:

Inspector Name:

Insp Notes / 410 Violations:

Previous Inspection Listing

Date	Insp	Result	Inspection Type	Inspected By
4/9/2021	C	PASS	ANNUAL	WREN

Note:

Building Information

* Responsibility: SIS Sector/Drawer: 6

* Fire Station: 060 * Insp Freq: ANNUAL

* Occ Code: I21 - AMBULATORY CARE FACILITIES

Roof Type: FLAT; CONVENTIONAL

Knox Box Location: FRONT GATE

Hazmat:

SQFT: 20,000 * Stories: 1

* Sprinklered: YES * Basement: NO

5 Yrs Sprinklered/ Cert Expiration: 12/22

* Target Haz: NO

* Fire Permit: NO * HM Handler: NO

FDC Location: ON 19TH



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Occupant/Facility Information

* Location Name: DUNGARVIN

DBA:

#Employees:

Previous Occ: VACANT

#Students:

HHMDID:

Phone:

Ext:

Fax:

Sr. Person Name:

Title:

EMail:

Property Address

* Street Address: 695 E 27TH ST

* City/State/Zip: SIGNAL HILL, CA 90755

Mailing Address

* Street Address: 695 E 27TH ST

* City/State/Zip: SIGNAL HILL, CA 90755

Additional Information

Note:

Alarm Company Information

Alarm Co:

Phone:

Property Owner Information

Property Owner:

Phone:

Street Address:

City/State/Zip:

Inspection Detail Information

Insp Date:

Year: 2021

Shift/Insp.ID:

Record#: 93040

Insp Type:

Insp Result:

Inspector Name:

Insp Notes /
410 Violations:

Previous Inspection Listing

Date	Insp	Result	Inspection Type	Inspected By
7/1/2021	B	PASS	BIENNIAL	HARDIE

Note:

Building Information

* Responsibility: FS060

Sector/Drawer: 1

* Fire Station: 060

* Insp Freq: BIENNIAL

* Occ Code: B - BUSINESS; OFFICE

Roof Type:

Knox Box
Location:

Hazmat:

SQFT:

* Stories: 1

* Sprinklered: NO

* Basement: NO

5 Yrs Sprinklered/ 0
Cert Expiration:

* Target Haz: NO

* Fire Permit: NO

* HM Handler: NO

FDC Location:

Property Use Code/Description

* PUC: VACANT - 9300

PUD:

Emergency Contact Information

	First Name	Last Name	Title	1st Phone	2nd Phone
1st Contact:	OLLIE	MARTIN	MGR	323-500-3654	
2nd Contact:					
3rd Contact:					



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Occupant/Facility Information

* Location Name: SIGNAL HILL CHILD DEVELOPMENT

DBA: #Employees: 14
Previous Occ: #Students: 81
HHMDID: Ext:
Phone: 562-989-5766
Fax: 562-989-5416

Sr. Person Name: DR. FARAH KHALEGHI
Title: EXECUTIVE DIRECTOR
Email:

Inspection Detail Information

Year: 2021
Record#: 92318
Insp Date:
Shift/Insp.ID:
Insp Type:
Insp Result:
Inspector Name:
Insp Notes /
410 Violations:

Previous Inspection Listing

Date	Insp	Result	Inspection Type	Inspected By
12/6/2021	B	PASS	ANNUAL	HARDIE

Note:

Property Address

* Street Address: 2399 N CALIFORNIA AVE
* City/State/Zip: SIGNAL HILL, CA 90755

Mailing Address

* Street Address: 2399 N CALIFORNIA AVE
* City/State/Zip: SIGNAL HILL, CA 90755

Additional Information

Note:

Alarm Company Information

Alarm Co: Phone:

Property Owner Information

Property Owner: LAS BRIAS COMMUNITY HOUSING
Phone: 562-989-9994
Street Address: 2399 CALIFORNIA AVE SUITE C
City/State/Zip: SIGNAL HILL, CA 90755

Building Information

* Responsibility: FS060 Sector/Drawer: 2
* Fire Station: 060 * Insp Freq: ANNUAL
* Occ Code: E - EDUCATION/DAYCARE USE THROUGH 12TH GRADE
Roof Type: FLAT; CONVENTIONAL
Knox Box Location: YES. AT FRONT OFFICE
Hazmat:
SQFT: * Stories: 1
* Sprinklered: NO * Basement: NO
5 Yrs Sprinklered/ N/A
Cert Expiration:
* Target Haz: NO
* Fire Permit: NO * HM Handler: NO
FDC Location:

Property Use Code/Description

* PUC: SCHOOL: PRIVATE, PRESCHOOL - 2425
PUD:

Emergency Contact Information

	First Name	Last Name	Title	1st Phone	2nd Phone
1st Contact:	LAURA	SIDNEY	MANAGER	213-999-9727	
2nd Contact:	ISABELA	BERMUDEZ		562-896-4191	
3rd Contact:					



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Phone: 562-595-1620

Fax: 562-988-3624

Occupant/Facility Information

* Location Name: UNLIMITED QUEST & CALIFORNIA MENTOR

DBA:

#Employees:

Previous Occ: UNLIMITED QUEST

#Students:

HHMDID:

Phone: 562-424-1859

Ext:

Fax:

Sr. Person Name:

Title:

E-Mail:

Inspection Detail Information

Insp Date:

Year:

2021

Shift/Insp.ID:

Record#:

93903

Insp Type:

Insp Result:

Inspector Name:

Insp Notes /
410 Violations:

Previous Inspection Listing

Date	Insp	Result	Inspection Type	Inspected By
4/19/2021	C	PASS	ANNUAL	WREN

Note:

Property Address

* Street Address: 3350 N OLIVE AVE

* City/State/Zip: SIGNAL HILL, CA 90755

Mailing Address

* Street Address: 3350 N OLIVE AVE

* City/State/Zip: SIGNAL HILL, CA 90755

Additional Information

Note:

Alarm Company Information

Alarm Co: SAFE T

Phone: 866-689-0599

Property Owner Information

Property Owner:

Phone:

Street Address:

City/State/Zip:

Building Information

* Responsibility: FS060

Sector/Drawer: 0

* Fire Station: 060

* Insp Freq: BIENNIAL

* Occ Code: U - UTILITY AND MISCELLANEOUS

Roof Type:

Knox Box
Location:

Hazmat:

SQFT:

* Stories: 1

* Sprinklered: NO

* Basement: NO

5 Yrs Sprinklered/
Cert Expiration:

* Target Haz: NO

* Fire Permit: NO

* HM Handler: NO

FDC Location:

Property Use Code/Description

* PUC: SCHOOL: ADULT - 2410

PUD:

Emergency Contact Information

	First Name	Last Name	Title	1st Phone	2nd Phone
1st Contact:	JOSIE	SANTOS		562-595-0730	
2nd Contact:	MEAGAN	HERNANDEZ		310-359-2103	
3rd Contact:	IRASEMA	SANDOVAL		562-754-4140	