STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING

CONTACT SHEET

This form is intended to document contacts concerning the facility identified below. Such contacts may include notification of corrections by the facility. Limit information to public information. File on the top right side of the facility folder. Enter t/c (telephone call) or o/v (other visit) and the contact date in the first column. Under Summary of Contacts enter relevant information including action taken and follow up. Enter initial and last name after each entry.

FACILITY NAME	FACILITY NUMBER
TYPE CONTACT/ DATE (t / c, o / v)	SUMMARY OF CONTACTS
DATE (Cro, Or V)	- COMMOTO