CDSS
KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov

GAVIN NEWSOM
GOVERNOR

December 3, 2019

Josh Bloch
c/o Rachel Hadisurjo
NBC UNIVERSAL
100 Universal City Plaza, Bldg. 1440-34th floor
Universal City, CA 91608

SUBJECT: Final Response with Documents
Public Records Act (PRA) Request Dated October 2, 2019
PRA Request No.: 2019.0960

Dear Josh Bloch:

This letter is in response to the California Public Records Act request we received from you on October 2, 2019, seeking the following documents:

> All documents including emails and other communication related to the private teen rehabilitation program CEDU Running Springs previously located at 3500 Seymour Rd. Running Springs, California

Additionally, on November 26, 2019, the California Department of Social Services (CDSS) received your payment of $174.60 in response to CDSS' cost letter dated November 21, 2019.

Enclosed are 873 pages of documents that are not exempt from disclosure and are responsive to your request.

Certain responsive documents are exempt from disclosure pursuant to Government Code Section 6254(a). Also, certain responsive documents are exempt from disclosure pursuant to Evidence Code section 952 for attorney-client privilege and H&S Code 1536 as incorporated through Government Code Section 6254(k) and 6255.

If you have any questions, please contact the CDSS PRA Coordinator, Kim Tsuchida, at (916) 657-1964 or PRARequest@DSS.ca.gov.

Sincerely,

STEPHANIE HUDAK
Licensing Program Manager
Riverside Children's Residential Program

CEDU High School

February 7, 2003

Department of Social Services
Community Care Licensing
3737 Main Street
Suite 600
Riverside, CA 92501

Attn: Christina Gutierrez

Dear Christina:

Enclosed, please find the corrective action to the annual inspection of the CEDU Campus.

Section 80075(e): Per discussion between charge nurse and Christina Gutierrez, doctor's orders are enclosed for specific items noted.

Section 80087(h): Training with staff has taken place to stress the importance of putting away and locking up chemicals after use and there will not be staff supervision. We have included pictures of the locked cabinets for each dorm.

Section 80087(a): All corrections to the building and grounds are included with a picture of the correction.

Section 80066(b): Copy of TB results are included

Section 80066(a): Copy of the current drivers license is included

Section 80075(i): Copy of the training records for first aid are included for all noted employees with the exception of Aleatha Fick who resigned employment with CEDU on November 28, 2002

Section 80075(i): Copy of the training records for CPR and first aid are included for all noted employees with the exception of Aleatha Fick,(see note above) and Greg Hitchcock who is on a leave of absence

Please note that we were unable to complete your request for information on two employees. Aleatha Fick terminated employment with CEDU on November 28, 2002, and Greg Hitchcock is currently on a leave of absence, due to return in mid March.

We have included updated versions of the LIC 308, LIC 309, LIC 610, LIC 500 and an updated corporate resolution. If you have any question or additional information needed, please do not hesitate to call me.

Sincerely,

Dr. James H. Powell
Clinical Director
CEDU Schools

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. Ste 600
Riverside, CA 92501

FACILITY EVALUATION REPORT

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS		**FACILITY NUMBER:**	368402761
DIRECTOR:	DR. JAMES POWELL		**FACILITY TYPE:**	730
ADDRESS:	3500 SEYMOUR ROAD		**TELEPHONE:**	(909) 867-2722
CITY:	RUNNING SPRINGS	**STATE:** CA	**ZIP CODE:**	92382
CAPACITY:	174	**CENSUS:** 67	**DATE:**	01/09/2003
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	10:15 AM
MET WITH:	DR Powell		**TIME COMPLETED:**	13:45 PM

DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited

CIVIL PENALTY INFORMATION:
Not Applicable

COMMENTS/DEFICIENCIES

LPA s Gretchen Guillen, Christina Gutirrez, Local Unit Manager Florence Manos and Regional Manager Arthur Carter to facility for the purpose of completing annual visit evaluation. LPA Guillen discussed with facility administration the findings and possible solutions to problem areas found during annual review.

The following pages note the deficiencies being cited in accordance with Title 22, Division 6, Chapters 1 & 5.

The following forms are being left at the facility to be updated and returned to licensing by 02-09-03: LIC 308, 309, 500 and 610. Also Group Home regulations November 2000 and General regulations January 2001 are being left. LIC 9098 is being left to be returned with all corrections.

Results of interviews were discussed. This report must be filed in your facility for review. Copies of LIC 809's, 809's-D & 858 were provided. Appeal rights were also provided.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Florence Manos **TELEPHONE:** 909 320-2025

LICENSING EVALUATOR NAME: Gretchen Guillen **TELEPHONE:** 909 320-2058

LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 01/09/2003

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 01/09/2003

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS
FACILITY NUMBER: 366402761
DEFICIENCY INFORMATION FOR THIS PAGE:
VISIT DATE: ~~12/17/2002~~ 09/04/2002

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/24/2002 **Section Cited** 80075(e)Health Related Services	The following medications were not centrally stored and were found in every dorm without prescription labels and names of minors using medications. Monistat,Differin 0.17% topical, (continued below)	
Type A **Section Cited**	Differin gel .1%, Brevoxyl lotion,Benzoyl Peroxide 5%,Clindogel, Erythromycin 2%,Paternal eyedrops, Clindamycin 1%,Triaz 6% cleanser, antibiotic ear solution 10mgs., Benzac Acne wash 10%, Pro Active Solution Ery-Pads, Clearsail, Hydrocortisone 1%, Elocono .1% Retinamicro 0.1%, Clindamycin Phosphate1%.	All medications were removed from facility personnel. Facility will fax copies of correct labels to licensing by 01/19/03.
Type A 09/24/2002 **Section Cited** 80087(h) Building and Grounds	Cleaning Solutions, disinfectants and laundry detergents were found accessible to minors in all dorms. (continued below)	All cleaning solutions/supplies, disinfectants, laundry detergents were removed from all the dorms at time of visit. Facility will ensure that all cleaning agents are properly stored and ensure that (continue below)
Type A 09/24/2002 **Section Cited** 80087(h) Building and Grounds	Items found, Spray 'n' Wash, Shout wash gel, Purex laundry detergent, Arm and Hammer detergent, fabric softer, bleach, Fabric Care, Windex, Tide detergent	proper supervision by staff is in place at all times when minors are using any and all cleaning agents. Facility will submit location of secured any and all cleaning agents used to CCL by the POC date of 01/19/03.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Florence Manos **TELEPHONE:** 909 320-2025

LICENSING EVALUATOR NAME: Gretchen Guillen **TELEPHONE:** 909 320-2058

LICENSING EVALUATOR SIGNATURE: _____ **DATE:** ~~12/17/2002~~ 1/09/03

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 12/17/2002 1/09/03

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. Ste 600
Riverside, CA 92501

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 366402761
VISIT DATE: 09/24/2002

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 10/09/2002 Section Cited 80087(a)Buildings & Grounds	1 2 3 4 5 6 7	Higden House- broken dresser, missing drawer	1 2 3 4 5 6 7	DRESSER REPAIRED AND DRAWER REPLACED
Type B 10/09/2002 Section Cited 80087(a)Buildings & Grounds	1 2 3 4 5 6 7	Alamo Dorm- thermostat missing, exposed wires, no toilet paper in bathroom or available in storage room in dorm.	1 2 3 4 5 6 7	THERMOSTAT REPAIRED PAPER PRODUCTS NOW AVAILABLE TO STUDENTS
Type B 10/09/2002 Section Cited 80087(a)Buildings & Grounds	1 2 3 4 5 6 7	Fluor Dorm- broken dresser drawer, broken cabinet door shower door handle missing	1 2 3 4 5 6 7	DRESSER REPAIRED CABINET DOOR REPAIRED SHOWER DOOR REPAIRED
Type B 10/09/2002 Section Cited 80087(a)Buildings & Grounds	1 2 3 4 5 6 7	North Walden- one toilet out of order, not flushing missing handle, broken dresser	1 2 3 4 5 6 7	TOILET REPAIRED HANDLE REPLACED DRESSER REPAIRED

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Florence Manos **TELEPHONE:** 909 320-2025

LICENSING EVALUATOR NAME: Gretchen Gullen **TELEPHONE:** 909 320-2058

LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 01/09/2003

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 01/09/2003

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. Ste 600
Riverside, CA 92501

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 366402761
VISIT DATE: 09/24/2002

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 10/09/2002 Section Cited 80087(a)Buildings & Grounds	1 2 3 4 5 6 7	South Walden Dorm-Mini blinds is disrepair, needing replacement.	1 2 3 4 5 6 7	
Type B 10/09/2002 Section Cited 80087(a)Buildings & Grounds	1 2 3 4 5 6 7	South Walden Dorm bathrooms contain mildew . South Walden- bathroon vent cover in bathroom #2 is missing.	1 2 3 4 5 6 7	
Type B 10/09/2002 Section Cited 80087(a)Buildings & Grounds	1 2 3 4 5 6 7	South Walden- dresser drawer missing.	1 2 3 4 5 6 7	
Type B 10/09/2002 Section Cited 80087(a)Buildings & Grounds	1 2 3 4 5 6 7	Irvine- Tile dorm electrical outlet missing.	1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Florence Manos **TELEPHONE:** 909 320-2025

LICENSING EVALUATOR NAME: Gretchen Gullen **TELEPHONE:** 909 320-2058

LICENSING EVALUATOR SIGNATURE:_____ **DATE:** 01/09/2003

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

FACILITY REPRESENTATIVE SIGNATURE:_____ **DATE:** 01/09/2003

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

Pacific Inland, 3737 Main St. Ste 600
Riverside, CA 92501

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS — **FACILITY NUMBER:** 366402761

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: ~~12/13/2002~~ 09/24/03

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/09/2002 Section Cited 80066(b)Personnel Requirements	No results of a TB test in file for staff member #16.	WILL FAX PROOF OF CORRECTION
Type B 10/09/2002 Section Cited 80066(a)Personnel Records	Copy of current drivers license not in file for staff #19.	WILL FAX PROOF OF CORRECTION
Type B 10/09/2002 Section Cited 80075(i)Health Related Services	No proof in file of first aid training or certificate for staff #7,11,14, 6, and 9.	WILL FAX PROOF OF CORRECTION
Type B 10/09/2002 Section Cited 80075(i)Health Related Services	The following staff have expired CPR/First Aid card in file #3,4,5, 9,13,17,19,20 &21..	WILL FAX PROOF OF CORRECTION

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Florence Manos — **TELEPHONE:** 909 320-2025

LICENSING EVALUATOR NAME: Gretchen Guillen — **TELEPHONE:** 909 320-2058

LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 01/09/2003

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 01/09/2003

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

PROOF OF CORRECTION(S)

FACILITY NAME	FACILITY NO.	LICENSING EVALATOR
CEDU School – Main Campus	366402761	Gretchen Guillen

This form shall be used in conjunction with the Licensing Report (LIC 809, 9089, 9090, or 9091) and is provided to the facility to verify the correction of deficiency (ies) cited in a licensing visit to your facility on 09/24/02. The use of this form will not prohibit the Licensing Evaluator from conducting follow-up visits to ensure that deficiencies are corrected. (See instructions on back of this form).

DEFICIENCY (IES) SECTION NUMBER	PROOF OF CORRECTION					DATE CORRECTED
	PICTURE	RECEIPT	PHOTOCOPY	*CERTIFICATION	OTHER	
1. 80075(e)					X	
2. 80087(h)	X					
3. 80087(a)	X					
4. 80066(b)			X			
5. 80066(a)			X			
6. 80075(i)			X			
7.						
8.						
9.						

I certify, under penalty of perjury under the laws of the State of California, that the above is true and correct and that I have corrected all deficiencies above on or before the date(s) indicated.

SIGNATURE OF LICENSEE/FACILITY REPRESENTATIVE	DATE

*Certification - this box may be checked if there is no other means to verify that the deficiency has been corrected. By signing this form, the licensee is self-certifying that the corrections have been made. If the certification is related to fingerprints, include the name(s) of the individual(s) for which the fingerprint card was submitted and insert the date submitted to the Department of Justice in the "Date corrected" column.

PLEASE RETURN THIS FORM WITH YOUR PROOF OF CORRECTION(S)

DESIGNATION OF FACILITY RESPONSIBILITY

Licensed facilities are required to have an authorized person continuously present at the facility during operational hours to represent the facility and to accept licensing reports. Licensees shall use this form to delegate the above authority to appropriate staff. Applicants/licensees who are corporations shall attach board resolutions authorizing this delegation.

Facility Name CEDU School - Main Campus Date January 31, 32003

Facility Number 366402761

Facility Address P. O. Box 1176, 3500 Seymour Road Phone 909-867-2722

City Running Springs, California County San Bernardino

In the event of my absence I designate William Shea (NAME). He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

When delegating authority to appropriate staff, Residential Care Facilities for the Elderly shall comply with CCR Title 22, Division 6 Section 87564. Child Care Centers shall comply with CCR Title 22, Division 12 Section 101215.1 and other licensed facilities shall comply with CCR Title 22, Division 6 Section 80064.

I (We) shall notify the licensing agency, in writing, within 10 days of any change in the above authorization.

Signature of applicants/licensees

Clinical Director
Title

P. O. Box 1176
Address

Running Springs, San Bernardino 92382
City County Zip

ADMINISTRATIVE ORGANIZATION

(This side is for corporations and limited liability companies only. See reverse for public agencies, partnerships, and other associations.)

INSTRUCTIONS: *This form must be updated and submitted to the Licensing Agency each time there is a change in partners, officers or changes in the corporation or limited liability company as provided in the California Code of Regulations Title 22, Section 80034(a)(2), or 87235(a)(5), or 101185(a)(2).*

DATE: February 6, 2003
FACILITY NAME: CEDU School - Main Campus
FACILITY ADDRESS: 3500 Seymour Rd., Running Springs, CA
FACILITY NUMBER: 366402761

I. CORPORATION/LIMITED LIABILITY COMPANY (LLC)

1. Name *(as filed with Secretary of State)*: CEDU School, Inc.
2. Chief Executive Officer:
3. Incorporation/Registration Date: January 29, 1988
4. Place of Incorporation/Registration: California
Corporation/Limited Liability Company Number: C1428324
5. Please attach (1) A copy of Articles of Incorporation or organization and any amendments (2) A copy of By-Laws or Operating Agreement and any amendments (3) A copy of Resolution authorizing the filing of this application (for Corporations only).
6. Principal office of business:
Address: P. O. Box 1176 | City: Running Springs, CA | Zip Code: 92382 | County: San Bernardino | Telephone No.: 909-867-2722
Contact Person: Dr. James Powell | Title: Clinical Director | Telephone No.: 909-867-2722
7. Out of state or foreign applicants complete the following:
a. Name of California Representative | Address | Zip Code | Telephone No.
b. Please attach a copy of a foreign corporation's or foreign LLC's registration to do business in California.
8. Names and addresses of all persons who own ten percent (10%) or more interest in corporation or LLC. Attach sheet for additional space.
CEDU School, Inc. is a wholly owned subsidiary of the Brown Schools, Inc.
9. Directors (Corporation)/Managers and Managing Members (LLC)
a. Number of Directors/Managers & Managing Members
1 - Sole Director
b. Term of Office (if applicable)
Until successor elected
c. Frequency of Meetings (if applicable)
N/A
d. Method of Selection (corporations only)
Election
10. Officers: (For LLCs without officers, skip this section and go to Section II)

Office	Name	Principal Business Address & City & Zip Code *(other than facility address)*	Telephone No.	Term Expires
President	Vacant			
Vice-President	Vacant			
Secretary	Darrell Massengale	3322 West End Ave., #550 Nashville, TN 37203	(615) 279-9696	Until succ. elected
Treasurer	Mary Wilkes	P. O. Box 4008 Austin, TX 78765	(512) 464-0200	Until succ. elected

11. List all Directors (Corporations)/Managers and Managing Members (LLC)

Name	Mailing Address & City & Zip Code	Telephone No.	Term Expires
Marguerite Sallee	3322 West End Ave., #550 Nashville, TN 37203	(615) 279-9696	Until succ. elected

(Attach Sheet for additional space)

II. PUBLIC AGENCY

1. Check type of public agency: ☐ Federal ☐ State ☐ County ☐ City ☐ Other, specify below

2. Agency providing services:

Name: _____ Address: _____ CITY/STATE

Mailing Address: _____ CITY/STATE/ZIP CODE

Contact Person: _____ Title: _____ Phone No.: _____

3. District or Area to be served: *(attach map if necessary)*

Specify geographic area: _____

_____

4. Attach copy of Resolution or legal document authorizing this application.

III. PARTNERSHIPS

Attach a copy of partnership agreement (attach additional sheet if necessary)

1st Partner ☐ General Name _____ TELEPHONE NUMBER

☐ Limited Principal Business Address _____ CITY/STATE

2nd Partner ☐ General Name _____ TELEPHONE NUMBER

☐ Limited Principal Business Address _____ CITY/STATE

3rd Partner ☐ General Name _____ TELEPHONE NUMBER

☐ Limited Principal Business Address _____ CITY/STATE

4th Partner ☐ General Name _____ TELEPHONE NUMBER

☐ Limited Principal Business Address _____ CITY/STATE

Contact Person: _____ Title: _____ Telephone No.: _____

IV. OTHER ASSOCIATIONS

Other associations must also provide a similar list of persons legally responsible for the organization, contact person, appropriate legal documents which set forth legal responsibility of the organization and accountability for operating the facility.

Name of Staff	Date of Hire	Job Title	Sample Weekly Schedule
Hitchcock, Greg	07/01/96	Executive Director	Monday to Friday 8:00 am to 5:00 pm
Becker, Tony	02/22/99	School Director-HS	Monday to Friday 8:00 am to 5:00 pm
Elliott, Brandi	09/13/94	School Director-MS	Monday to Friday 8:00 am to 5:00 pm
Cobb, Tauni	11/24/97	Executive Administrative Assistant	Monday to Friday 7:30 am to 4:30 pm
Montoya,Terri	05/31/01	Administrative Assistant	Monday to Friday 8:00 am to 5:00 pm
VomSteeg, Kari	10/28/98	Administrative Assistant	Monday to Friday 8:00 am to 4:30 pm
Hallmark, Beth	04/08/02	Administrative Assistant	Monday to Friday 8:00 am to 5:00 pm
Shea, Bill	04/14/97	Business Manager	Monday to Friday 7:30 am to 4:30 pm
Lincoln, Cheryl	04/30/96	Business Asst. III	Monday to Friday 8:30 am to 5:30 pm
Collins, Rochelle	09/14/01	Support Accounting	Monday to Friday 8:00 am to 5:00 pm
Baldwin, Jill	10/23/02	Receptionist	Monday - Friday 8:00 am to 5:00 pm
Blanchard, Christopher	10/24/95	Information Systems Mgr	Monday to Friday 7:30 am to 4:00 pm
Smarte, Karen	06/01/00	Human Resource Representative	Monday to Friday 7:30 am to 4:00 pm
Powell, James	11/01/88	Clinical Service Director	Monday to Friday 8:00 am to 5:00 pm
Sandoval, Tanya	01/01/98	Needs-In-Service Coor Part time	Monday to Thursday 8:00 am to 12:00 pm
McClintic, Claudia	09/16/94	Nurse Supervisor LVN 139342	Shifts vary 6:00 am to 2:30 pm or 11:00 am to 7:30 pm/Days vary to provide 7 day coverage
Morton, Dolores	03/18/96	LVN 140563	Shifts vary 6:00 am to 2:30 pm or 11:00 am to 7:30 pm/Days vary to provide 7 day coverage
Rhone, Bob	08/09/00	Part time Flex Schedule	Shifts vary 6:00 am to 2:30 pm or 11:00 am to 7:30 pm/Days vary to provide 7 day coverage
Lightfoot, Mary	01/17/00	Part time Flex Schedule	Shifts vary 6:00 am to 2:30 pm or 11:00 am to 7:30 pm/Days vary to provide 7 day coverage
Boyer, Diana	12/28/95	Admissions Director	Monday to Friday 8:00 am to 5:00 pm
Riggs, Paula	03/01/99	Admissions Coordinator III	Monday to Friday 8:00 am to 5:00 pm
Eaton, Joan	09/24/90	Coordinator III	Monday to Friday 8:00 am to 5:00 pm
Fainberg, Robert	04/17/01	Program Manager	Tues - Sat 8:00 am to 5:00 pm
Abell, Pamela	04/04/83	Trainer	Monday to Friday 8:00 am to 5:00 pm
Decker, Russ	10/22/90	Phase Leader	Sat.-Thurs. Hours vary 8:00 am to 5:00 pm or 1:00 pm-9:30 pm
Le Pere, Janine	01/12/98	Support	Monday -Friday part time hours vary
Avial, Abraham	06/30/01	Counselor	Tues - Sat 6:30 am to 3:00 pm or 1:00 pm to 9:30 pm

Name of Staff	Date of Hire	Job Title	Sample Weekly Schedule
Harris, Shrya	04/24/00	Phase Leader	Tues.- Sat. 8:00 am to 4:30 pm or 1:00 pm to 9:30 pm
Houston, Melody	01/04/02	Counselor	Wed - Sun 8:00 am to 5:00 pm or 1:00 pm-9:30 pm
Ornelas, Steve	01/16/97	Phase Leader	Tues. - Sat.6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Brown, Diane	03/09/00	Phase Leader	Thurs - Mon.6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Dewsnap, Richard	07/21/00	Counselor	Thurs - Mon.6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Docstader, Dennis	09/19/97	Counselor	Tues-Thurs-Friday 8 am to 5pm or 1pm to 9:30 pm
Kravchuck, Steven	07/19/99	Counselor	Tues. - Sat.6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Peck, Travis	12/06/00	Counselor	Thurs - Mon.6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Pope, Bobby	01/26/00	Counselor	Thurs - Mon.6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
LePere, David	01/12/98	Wilderness Manager	Monday to Friday 8:00 am to 5:00 pm
Reynolds, Stephen	11/28/01	Counselor	Tues. - Sat.6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Stiansen, Jamie	11/01/00	Counselor	Thurs - Mon.6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Burke, Susan	04/02/02	Counselor	Thurs - Mon.6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Weaver, Joe	08/23/01	Counselor	Wed - Sun 8:00 am to 5:00 pm or 1:00 pm-9:30 pm
Sargent, Michael	05/25/00	Counselor	Tues. - Sat.6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Cooney, Stephanie	01/04/02	Counselor	Wed - Sun 8:00 am to 5:00 pm or 1:00 pm-9:30 pm
Stuart, Gudrun	04/04/88	Dean of Students	Monday to Friday 8:00 am to 5:00 pm
Roulet, Renee'	09/01/95	Team Leader II	Sunday to Thursday 6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Dastrup-Rickter, Kristie	07/24/95	Team Leader I	Tues. - Sat.6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Clark, Troya	07/20/01	Counselor	Mon.- Thursday 6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Crowder, Steve	02/08/02	Counselor	Tues. - Sat.6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Jones, Munir	12/23/98	Counselor	Sun. -Thurs 6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Kemkes, Ben	01/23/03	Counselor	Thurs - Mon.6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Borg, Kenneth	10/01/99	Counselor	Thurs - Mon.6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Reed, Dea	10/02/01	Counselor	Hours vary, scheduled intermittently when needed/available
Furse, Russel	12/23/02	Counselor	Wed -Sun 6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Krech, Scott	05/09/97	Counselor	Saturday-Wednesday 8:00 am to 5:00 pm or 1:00 pm-9:30 pm
Castle, Douglas	09/23/02	Counselor	Wed -Sun 6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Hurlbert, Matthew	11/27/01	Counselor	Wed -Sun 6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Scotti, Michael	05/01/01	Counselor	Wed -Sun 6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Valdez, Shonda	05/05/00	Counselor	Fri -Tues 6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Soares, Paulina	11/16/99	Counselor	Friday to Monday 6:30 am to 3:00 pm or 1:00 pm to 9:30 pm
Sueppel, Cathy	03/01/00	Counselor	Monday and Thursday 6:30 am to 3:00 pm or 1:00 pm to 9:30 pm

Name of Staff	Date of Hire	Job Title	Sample Weekly Schedule
Richardson, Nicole	07/29/02	Counselor	Monday to Friday 8:30 am to 5:00 pm
Russell, Mathew	05/01/00	Team Leader II	Monday to Friday 8:30 am to 5:00 pm
Stiansen, Jonathon	11/01/00	Recreation Counselor	Wednesday to Sunday 8:00 am to 5:00 pm
Kent, Karl	03/19/00	Academic Dean	Monday to Friday 8:00 am to 5:00 pm
Seim, Kathy	08/22/94	Special Ed. Teacher	Monday to Friday 8:00 am to 5:00 pm
Black, Melaine	07/22/99	NPS Coordinator	Monday to Friday 8:00 am to 5:00 pm
Buxton, Kenneth	08/22/94	Teacher	Monday to Friday 8:00 am to 5:00 pm
Farrow, Christine	09/21/00	Teacher	Monday to Friday 8:00 am to 5:00 pm
Johnstone, Roy	08/24/95	Teacher	Monday to Friday 8:00 am to 5:00 pm
Lauer, Patrick	08/01/00	Teacher	Monday to Friday 8:00 am to 5:00 pm
Klein, Karen	07/02/01	Teacher	Monday to Friday 8:00 am to 5:00 pm
Smith, Deborah	06/18/95	Teacher	Monday to Friday 8:00 am to 12 pm
Bazaes, Hector	08/17/01	Teacher	Monday to Friday 8:00 am to 5:00 pm
Keyson, Ron	01/02/96	Sub Teacher	Monday to Friday 8:00 am to 5:00 pm
Mc Greevy, Mark	02/06/01	Teacher	Monday to Friday 8:00 am to 5:00 pm
Tuch, Alfred	07/02/01	Teacher	Monday to Friday 8:00 am to 5:00 pm
O'Neal, Cheryl	12/21/87	Registrar	Monday to Friday 7:30 am to 4:00 pm
Burguan, Linda	09/16/02	Teacher	Monday to Friday 8:00 am to 5:00 pm
Cote, Marlene	09/15/97	Teacher	Monday to Friday 8:00 am to 5:00 pm
Lozoya, Phyliss	03/22/99	Teacher	Monday to Friday 8:00 am to 5:00 pm
Miller, William	02/24/99	Teacher	Monday to Friday 8:00 am to 5:00 pm
DeNigris, Gia	04/15/00	Academic Dean	Monday to Friday 8:00 am to 5:00 pm
Pai, Paul	10/20/97	Teacher	Monday to Friday 8:00 am to 5:00 pm
Shingler, Kathy	02/06/02	Resource Coordinator	Monday to Friday 8:00 am to 5:00 pm - On call as needed
Mc Gee, Janieth	06/17/02	Resource Coordinator	Monday to Friday 8:00 am to 5:00 pm - On call as needed
Mc Laurin, Steve	08/30/02	Resource Coordinator	
Blanchard, Priscilla	04/07/92	Manager Resource Coordinator	Monday to Friday 8:00 am to 5:00 pm - On call as needed
Beer, Susan	10/23/02	Resource Coordinator	Monday to Friday 8:00 am to 5:00 pm - On call as needed
Fussell, Jackie	02/17/97	Lead Resource Coordinator	Monday to Friday 8:00 am to 5:00 pm - On call as needed

Name of Staff	Date of Hire	Job Title	Sample Weekly Schedule
Johnson, Roxanne	10/23/00	Resource Coordinator	Monday to Friday 8:00 am to 5:00 pm - On call as needed
Incandela, Rebecca	05/04/02	Resource Coordinator	Monday to Friday 8:00 am to 5:00 pm - On call as needed
Davis, Jack	12/15/94	Night Staff Supervisor	Variable days 9:00 pm to 7:30 am
Roddick, Lisa	02/25/97	Counselor	Variable days 9:00 pm to 7:30 am
Dyberg, Craig	01/08/01	Counselor	Variable days 9:00 pm to 7:30 am
Williamson, Julie	01/26/03	Counselor	Variable days 9:00 pm to 7:30 am
Smith, Terry	12/18/02	Counselor	Variable days 9:00 pm to 7:30 am
Hudnall, Leslie	03/19/02	Counselor	Variable days 9:00 pm to 7:30 am
Lanning, Mel	03/01/00	Counselor	Variable days 9:00 pm to 7:30 am
Mayo, Sam	07/01/01	Counselor	Variable days 9:00 pm to 7:30 am
Reynolds,Leigh	05/23/02	Counselor	Variable days 9:00 pm to 7:30 am
Quiroz, Linda	04/07/87	Counselor	Variable days 9:00 pm to 7:30 am
Eriksen, Susan	08/23/02	Counselor	Variable days 9:00 pm to 7:30 am
Bera, Carol	03/18/98	Food Services Manager	Tuesday to Saturday 6:00 am to 2:30 pm
Burgos, Marcos	11/02/94	Food Service Worker	Schedule varies 6:00am to 2:30 pm or 11:00 am to 7:30 pm,
Curry, Daina	04/06/99	Food Service Worker	Schedule varies 6:00am to 2:30 pm or 11:00 am to 7:30 pm,
Coute, Donald	09/19/00	Food Service Worker	Schedule varies 6:00am to 2:30 pm or 11:00 am to 7:30 pm,
Watson, Lorie	12/07/01	Food Service Worker	Schedule varies 6:00am to 2:30 pm or 11:00 am to 7:30 pm,
Mullen, Louise	12/27/00	Food Service Worker	Schedule varies 6:00am to 2:30 pm or 11:00 am to 7:30 pm,
Kellner, Edwina	09/15/97	Driver	Monday to Friday 8:00 am to 5:00 pm - On call if needed
Kellner, Floyd	04/18/97	Driver	Monday to Friday 8:00 am to 5:00 pm - On call if needed
Knudsen, Alfred	12/01/01	Driver	Monday to Friday 8:00 am to 5:00 pm - On call if needed
Canton, Sandra	02/27/02	Driver	Monday to Friday 8:00 am to 5:00 pm - On call if needed
Le Roy, Kathryn	08/22/03	Driver	Monday to Friday 8:00 am to 5:00 pm - On call if needed
Grossman, Johnny	08/14/02	Driver	Monday to Friday 8:00 am to 5:00 pm - On call if needed
Ryan, Susan	02/10/00	Driver	Monday to Friday 8:00 am to 5:00 pm - On call if needed
Percival, Marika	11/08/01	Driver	Monday to Friday 8:00 am to 5:00 pm - On call if needed
Schlig, Dolores	01/16/91	Driver	Monday to Friday 8:00 am to 5:00 pm - On call if needed
Schlig, Jerome	01/16/91	Driver	Monday to Friday 8:00 am to 5:00 pm - On call if needed

Name of Staff	Date of Hire	Job Title	Sample Weekly Schedule
Hudnall, Tommy	07/05/91	Maintenance Supervisor	Monday to Friday 7:00 am to 4:00 pm - On call if needed
Crain, William	06/30/99	Maintenance Worker I	Monday to Friday 7:00 am to 4:00 pm - On call if needed
Fogel, Ted	01/09/02	Maintenance Worker I	Monday to Friday 7:00 am to 4:00 pm - On call if needed
Hernandez, Victor	11/25/97	Maintenance Worker I	Monday to Friday 7:00 am to 4:00 pm - On call if needed
Sulser, Jack	07/01/02	Maintenance Worker I	Monday to Friday 7:00 am to 4:00 pm - On call if needed
Sheehan, Dorian	03/23/00	Maintenance Worker II	Monday to Friday 7:00 am to 4:00 pm - On call if needed

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

EMERGENCY DISASTER PLAN FOR RESIDENTIAL CARE FACILITIES FOR THE ELDERLY, COMMUNITY CARE FACILITIES AND CHILD DAYCARE CENTERS

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

INSTRUCTIONS:
Post a copy in a prominent location in facility, near telephone
Return a copy to the licensing office. Licensee is responsible for updating information as required.

NAME OF FACILITY	ADMINISTRATOR OF FACILITY			
CEDU School	Dr. James Powell			
FACILITY ADDRESS (NUMBER, STREET,	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
3500 Seymour Rd.	Running Springs	CA	92382	(909) 867-2722

I. AFFIRMATION STATEMENT

AS ADMINISTRATOR OF THIS FACILITY, I ASSUME RESPONSIBILITY FOR THIS PLAN FOR PROVIDING EMERGENCY SERVICES AS INDICATED BELOW. I SHALL INSTRUCT ALL CLIENTS/RESIDENTS, AGE AND ABILITIES PERMITTING, ANY STAFF AND/OR HOUSEHOLD MEMBERS AS NEEDED IN THEIR DUTIES AND RESPONSIBILITIES UNDER THIS PLAN.

SIGNATURE | DATE

II. ASSIGNMENTS DURING AN EMERGENCY (USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED

NAME OF STAFF	TITLE	ASSIGNMENT
1. Bill Shea	Director of Business Operations	DIRECT EVALUATION AND PERSON COUNT
2. James Powell, Ph.D.	Clinical Director	HANDLE FIRST AID, AS NEEDED
3. Anthony Becker	CEDU High School Director	TELEPHONE EMERGENCY NUMBERS
4. Troy Harris	Transportation Coordinator	TRANSPORTATION, IF NEEDED
5. Brandi Elliott	CEDU Middle School Director	ASSIST AS NEEDED
6. Gudrun Stuart	Dean of Students (CMS)	ASSIST AS NEEDED

III. EMERGENCY NAMES AND TELEPHONE NUMBERS (9-1-1 NOT ACCEPTABLE)

FIRE/PARAMEDICS Running Springs Fire Station	909-867-2630	POLICE OR SHERIFF San Bernardino County Sheriff/Twin Peak Station	909-336-0600
RED CROSS Inland Empire Chapter	909-888-1481	OFFICE OF EMERGENCY SERVICES San Bernardino County Fire Department	909-356-3931
PHYSICIAN(S) Dr. Keith Simpson	909-867-2280	POISON CONTROL State of California Poison Control	1-800-411-8080
HOSPITAL(S) Mountain Community Hosp.	909-336-3651	AMBULANCE Bear Valley Paramedic	909-866-7478
DENTIST(S) Dr. Bialecki	909-337-0705	CRISIS CENTER Suicide Crisis Hotline	909-886-4889
CHILD PROTECTIVE SERVICES Children Services	909-383-2121	OTHER AGENCY/PERSON	

IV. FACILITY EXIT LOCATIONS (USING A COPY OF THE FACILITY SKETCH [LIC 999] INDICATE EXITS BY NUMBER)

1. See Attached.	2.
3.	4.

V. TEMPORARY RELOCATION SITE(S)

NAME	ADDRESS		TELEPHONE NUMBER
Hoffman Elementary School	2851 Running Springs Rd.	Running Springs, CA 92382	(909) 867-2773
NAME	ADDRESS		TELEPHONE NUMBER
Rim of the World High School	27400 Highway 18	Lake Arrowhead, CA 92352	(909) 867-2791

VI. UTILITY SHUT—OFF LOCATIONS (INDICATE LOCATION(S) ON THE FACILITY SKETCH [LIC 999]

ELECTRICITY
Several shut-offs please refer to attached map.

WATER
See attached

GAS
See attached

VI. FIRST AID KIT (IF REQUIRED)

VII. EQUIPMENT

SMOKE DETECTOR LOCATION (IF REQUIRED)
Hallway

FIRE EXTINGUISHER LOCATION (IF REQUIRED)

TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED)

LOCATION OF DEVICE

CEDU MOUNTAIN SCHOOLS

RECEIVED
DEC 7 2004
COMMUNITY CARE LICENSING
ADMINISTRATOR CERTIFICATION SECTION

December 2, 2004

California Department of Social Services
Administrator Certification Section
744 P Street, M.S. 19-47
Sacramento, CA 95814-6413

Community Care Licensing
Inland Empire Office
3737 Main Street, Suite 600
Riverside, CA 92501

Re: Licensee - CEDU School, Inc., Facility No. 366402761

To Whom It May Concern:

Enclosed please find the following:

- Corporate Resolution Designation of Facility Responsibility
- Designation of Facility Responsibility (times 2)

Sincerely,

Tauni Cobb for George Condas, Ph.D., Administrator
CEDU School, Inc.

CEDU SCHOOL, INC.

Written Consent
of the
Sole Director

The undersigned, being the sole director of CEDU SCHOOL, INC., a California corporation (the "Company"), acting without a meeting pursuant to Section 307(c) of the California Corporation Law, hereby consents to the adoption of and hereby adopts the following resolutions:

RESOLVED, that in the event of the absence of George Condas, Ph.D., Vice President of Operations of CEDU Education and Licensed Administrator of Company, David LePere, School Director, and Tauni Cobb, Executive Assistant of Company are hereby designated and authorized to receive any documents, including reports of inspections and consultations, accusations and civil and administrative processes on behalf of the Company.

RESOLVED, that all actions of any kind heretofore taken by the Company or any officer or designated representative of the Company in connection with the foregoing resolutions be, and they hereby are, ratified, confirmed and approved in all respects.

IN WITNESS WHEREOF, the undersigned has executed this Consent effective as of the 2nd of November, 2004, indicating by his signature his consent to the taking of the foregoing action without a meeting and his affirmative vote in favor of all actions so taken.

Robert J. Napier
Sole Director

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

DESIGNATION OF FACILITY RESPONSIBILITY

Licensed facilities are required to have an authorized person continuously present at the facility during operational hours to represent the facility and to accept licensing reports. Licensees shall use this form to delegate the above authority to appropriate staff. Applicants/licensees who are corporations shall attach board resolutions authorizing this delegation.

Facility Name CEDU SCHOOLS Date 11/2/04

Facility Number 366-402-761

Facility Address PO Box 1176 Phone 909-867-2722

City Running Springs County San BERNARDINO

In the event of my absence I designate Tawni Cobb (NAME). He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

When delegating authority to appropriate staff, Residential Care Facilities for the Elderly shall comply with CCR Title 22, Division 6 Section 87564. Child Care Centers shall comply with CCR Title 22, Division 12 Section 101215.1 and other licensed facilities shall comply with CCR Title 22, Division 6 Section 80064.

I (We) shall notify the licensing agency, in writing, within 10 days of any change in the above authorization.

Signature of applicants/licensees

Title VP Operations CEDU Education Administrator CEDU CA

Address PO Box 1176

City Running Springs County San Bernardino Zip

LIC 308 (11/02) (PUBLIC)

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

DESIGNATION OF FACILITY RESPONSIBILITY

Licensed facilities are required to have an authorized person continuously present at the facility during operational hours to represent the facility and to accept licensing reports. Licensees shall use this form to delegate the above authority to appropriate staff. Applicants/licensees who are corporations shall attach board resolutions authorizing this delegation.

Facility Name CEDU SCHOOLS Date 11/2/07

Facility Number 366-402-761

Facility Address PO Box 1176 Phone 909-867-2722

City Running Springs County San BERNARDINO

In the event of my absence I designate DAVID LeFevre (NAME). He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

When delegating authority to appropriate staff, Residential Care Facilities for the Elderly shall comply with CCR Title 22, Division 6 Section 87564. Child Care Centers shall comply with CCR Title 22, Division 12 Section 101215.1 and other licensed facilities shall comply with CCR Title 22, Division 6 Section 80064.

I (We) shall notify the licensing agency, in writing, within 10 days of any change in the above authorization.

Signature of applicants/licensees

Title U.S. OPERATIONS CEDU EDUCATION ADMINISTRATOR CEDU CA

Address PO Box 1176

City Running Springs County San Bernardino Zip

LIC 308 (11/02) (PUBLIC)

CEDU MOUNTAIN SCHOOLS

California Department of Social Services
Community Care Licensing Division

January 27, 2004

Re: Corrected Deficiencies from CCL visit date 01/13/04

Please find the enclosed information packet that contains documentation on CEDU Mountain Schools' corrections of deficiencies sited on the CCL visit to our facility on January 13, 2004.

A Plan of Correction was previously hand delivered to the CCL office on January 16th, 2004, which addressed the corrections made to CEDU's Emergency Intervention Plan.

The additional deficiencies have been corrected. The documentary evidence of corrections is presented as well as the signed Proof of Correction form.

Respectfully submitted,

George Condas, Ph.D.
Executive Director/ Administrator
CEDU Mountain Schools

DELIVERED JAN 2 7 2004

3500 SEYMOUR ROAD . P.O. BOX 1176 . RUNNING SPRINGS . CA 92382 . PHONE 909.867.2722 FAX 909.867.7084
CEDU Family of Services: CEDU High School . Rocky Mountain Academy . CEDU Middle School
Ascent . Boulder Creek Academy . Northwest Academy . CEDU Educational Services

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main Street
Riverside, CA 92501

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS
DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/13/2004

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 01/27/2004 **Section Cited** 80071(a) Responsibility for Providing Care and Supervision	Per review of incident reports, incident report of 12/05/03 involved 2 clients who had various sexual encounters without any staff knowledge. Another incident report of 7/27/03 involved 2 other clients that had sexual encounters on several occasions without staff knowledge. Review of past months incident reports shows a pattern of incidents where clients were involved in physical altercations (08/16/03), boy's breaking in to office (11/16/03) and other incidents that show that staff supervision is inadequate.	Facility will amend their staff supervision ratios to accommodate the needs of the clients in placement.
Type B 01/27/2004 **Section Cited** 80072 (a) Personal Rights	Incident report of 8/7/03 shows client was "threatening to run off campus." Client was placed in a team control position to prevent him from running.	Facility will have staff training on personal rights. Schedule of training and topics discussed will be sent to licensing by due date. Copy of training roster to follow.
Type B 01/27/2004 **Section Cited** 84022(a) Plan of Operation	Incident report of 08/07/03 (same as above) resulted in a sprained shoulder to client as a result of a Team Control Position. Other incident reports show that clients are put in escort or restraints by one staff. Review of CPI shows that these holds are to be considered only on smaller children. Facility has not submitted response to their proposed Emergency Intervention Plan sent by CCL to facility on 6/03.	Facility will not do any restraints until EI Plan is approved. Facility will submit plan of action to be used during the interim that the EI is approved.
Type B 01/27/2004 **Section Cited** 80010(a)Limitations on Capacity and Ambulatory Status	On 11/21/03, CCL received a letter dated 10/20/03 requesting age exception for client #1 who turned 18 on June 2, 2003.	Facility will submit requests for age exceptions with ample time prior to clients needing age exceptions.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Frankie Shelton **TELEPHONE:** 909-782-4207

LICENSING EVALUATOR NAME: Elvia Baris **TELEPHONE:** 909)782-3279

LICENSING EVALUATOR SIGNATURE: E.H. Baris **DATE:** 01/13/2004

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 01/13/2004

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main Street
Riverside, CA 92501

PROOF OF CORRECTION

FACILITY NAME:	FACILITY NUMBER:	LICENSING EVALUATOR:
CEDU SCHOOL-MAIN CAMPUS	366402761	Elvia Baris

This form shall be used in conjunction with the Licensing Report (LIC 809) and is provided to the facility to verify the correction of deficiency(ies) cited in a licensing visit to your facility on **01/13/2004**. The use of this form will not prohibit the Licensing Evaluator from conducting follow-up visits to ensure that deficiencies are corrected. (See instructions on page 2).

PROOF OF CORRECTION

DEFICIENCY(IES) SECTION NUMBER	PICTURE	RECEIPT	PHOTO-COPY	*CERTIFICATION	OTHER	DATE CORRECTED
1. 84022(a)*					E.I. PLAN	1/16/04
2.						
3. (1) 80078(a)					RATIOS	1/27/04
4. (2) 80072(a)			X	STAFF TRAINING ROSTERS		1/27/04
5. (3) 80010					PEP	1/27/04
6.						
7.						
8.						
9.						

I certify, under penalty of perjury under the laws of the State of California, that the above is true and correct and that I have corrected all deficiencies above on or before the date(s) indicated.

SIGNATURE OF LICENSEE/FACILITY REPRESENTATIVE	DATE
[signature]	1/16/04 / 1/27/04

*Certification - this box may be checked if there is no other means to verify that the deficiency has been corrected. By signing this form, the licensee is self-certifying that the corrections have been made. If the certification is related to fingerprints, include the name(s) of the individual(s) for which the fingerprint card was submitted and insert the date submitted to the Department of Justice in the "Data Corrected" column.

PLEASE RETURN THIS FORM WITH YOUR PROOF OF CORRECTION(S)

CEDU MOUNTAIN SCHOOLS

California Department of Social Services
Community Care Licensing Division

January 27, 2004

Re: Staff Supervision Ratios

PLAN OF CORRECTION:
Deficiency Type B
80078 (a) Personal Rights
1/27/04

The Staff Supervision Ratios have been amended at CEDU Mountain Schools to provide care and supervision as necessary to meet the client's needs per 80078 (a) of the General Licensing Requirements for the State of California.

The Staff Supervision Ratios have been increased facility wide, especially on the night floor to a 20:1 ratio during sleeping hours. Increased supervision attention will concentrate on specific campus areas that have proven to be problematic in the past.

George Condas, Ph.D.
Executive Director/ Administrator
CEDU Mountain Schools

CEDU MOUNTAIN SCHOOLS

California Department of Social Services
Community Care Licensing Division

January 27, 2004

Re: Personal Rights Trainings

2004

PLAN OF CORRECTION:
Deficiency Type B
80072 (a) Personal Rights
1/27/04

The following Trainings have taken place with the Subject matter encompassing **Personal Rights** according to the California Code of Regulations; Group Home Regulations; Section 84072 at CEDU Schools:

January 22, 2004
January 26, 2004

Please refer to the accompanying Staff Rosters for those staff members in attendance.

We will be addressing **Personal Rights** in the upcoming Staff Training Sessions:

January 29, 2004
February 4, 2004
February 5, 2004
February 19, 2004

Staff Rosters will be sent to CCL upon completion of each training session.

Personal Rights will be covered in all Employee Orientations for new staff members as a distinct part of the training.

I WILL MAKE SURE THAT ALL PROGRAM STAFF RECEIVE **PERSONAL RIGHTS** TRAININGS AND REVIEWS ON AN ONGOING BASIS.

George Condas, Ph.D.
Executive Director/ Administrator
CEDU Mountain Schools

3500 SEYMOUR ROAD . P.O. BOX 1176 . RUNNING SPRINGS . CA 92382 . PHONE 909.867.2722 FAX 909.867.7084
CEDU Family of Services: CEDU High School . Rocky Mountain Academy . CEDU Middle School
Ascent . Boulder Creek Academy . Northwest Academy . CEDU Educational Services

CEDU FAMILY of SERVICES
Staff Training Record

Date: 1/22/04 **Duration:** 1 hour **Location:** CAS Library

Facilitator(s): Shyra Harris; George Condas Ph.D.

Topic(s) Discussed:

Staff meeting; Review eating disorder treatment & diagnosis information to assist in working w/ students; Review of Student Personal rights

Staff Attending: PRINT NAME	SIGN NAME	Staff Attending: PRINT NAME	SIGN NAME
1. Tawni Cobb	Tawni Cobb	13. Susan Burke	Susan Burke
2. Joe Weaver	Joe Weaver	14. Kathy Shingler	Kathy Shingler
3. Stephen Kravchuk		15. Susan Bees	Susie Bees
4. Shyra Harris		16. Priscilla Blanchard	Priscilla Blanchard
5. Paul Nicora	Paul Nicora	17. Steve McLovern	
6. Diane Brown	Diane Brown	18. David LePine	
7. Michael A. Sargent	Michael A. Sargent	19. Russ Decker	
8. Stacy L. Baron	Stacy Baron	20.	
9. Marcia Pezella		21.	
10. RICHARD DEWSNAP		22.	
11. Danielle Kravchuck	Danielle Kravchuck	23.	
12. Jaime Starsen	Jaime Starsen	24.	

Trainer: Give original/completed form to HR **HR:** 1) Copy; 2) Highlight Names; 3) Copy to Personnel File; 4) Original to Training Notebook

CEDU FAMILY of SERVICES
Staff Training Record

Date: 1.26.04 **Duration:** One Hour **Location:** Sierra

Facilitator(s): G. H. Stuart

Topic(s) Discussed: Personal Rights

Staff Attending: PRINT NAME	SIGN NAME	Staff Attending: PRINT NAME	SIGN NAME
1. Ricky Alvassi		16.	
2. Skip Berry	CMS	17.	
3. Steven Crowder	CMS	18.	
4. Dawn James	CMS	19.	
5. Matt Rissel	CMS	20.	
6. Nicole Richardson	Nicole Richardson CMS	21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	

Trainer: Give original/completed form to HR **HR:** 1) Copy; 2) Highlight Names; 3) Copy to Personnel File; 4) Original to Training Notebook

CEDU MOUNTAIN SCHOOLS

California Department of Social Services
Community Care Licensing Division

January 27, 2004

Re: Limitations on Capacity and Ambulatory Status

PLAN OF CORRECTION:
Deficiency Type B
80010 (a) Limitations on Capacity and Ambulatory Status
1/27/04

CEDU Mountain Schools shall not operate beyond the conditions and limitations specifies on our license, including capacity without written exceptions granted by CCL. CEDU Mountain Schools are currently licensed to serve adolescents between the ages of nine (9) and seventeen (17) with a capacity of one hundred and seventy four (174) beds.

CEDU Mountain Schools will submit requests to CCL for age exceptions with ample time prior to clients needing the age exceptions. Please review the accompanying CEDU Mountain Schools' Policy Number 04120: Age Limitations dated January 24, 2004.

George Condas, Ph.D.
Executive Director/ Administrator
CEDU Mountain Schools

3500 SEYMOUR ROAD . P.O. BOX 1176 . RUNNING SPRINGS . CA 92382 . PHONE 909.867.2722 FAX 909.867.7084
CEDU Family of Services: CEDU High School . Rocky Mountain Academy . CEDU Middle School Ascent . Boulder Creek Academy . Northwest Academy . CEDU Educational Services

CEDU FAMILY OF SERVICES

MANUAL:	OPERATIONS MANUAL	POLICY NUMBER:	04120
CHAPTER:	QUALITY ASSURANCE AND REGULATORY COMPLIANCE	DATE EFFECTIVE:	1/24/04
SECTION:	STATE LICENSURE	SCOPE:	CHS
SUBJECT:	AGE LIMITATIONS	PAGE:	1 of 2

POLICY: No child shall remain at CEDU High School after reaching the age of eighteen (18) without first obtaining a written waiver from the California Department of Social Services Community Care Licensing Department.[1]

PROCEDURE:

1. The request for a waiver to the age limitations of our license must be signed by the child's parents or legal guardian and the Clinical Services Director. The request is then forwarded to the Community Care Licensing Representative.

2. The request for waiver must be received by the Licensing Representative no later than thirty (30) days prior to the child's eighteenth birthday.[2] The following procedures shall be followed to insure this process:
   a) The Family Resources Department shall track children's ages. Sixty (60) days prior to the child's eighteenth birthday, the letter requesting a waiver shall be mailed to the child's parents or legal guardian requesting that they sign the bottom of the letter and return it to the CEDU Family Resources Department,
   b) When the signed letter is received from the child's parents, it is then signed by the Clinical Services Director,
   c) The request for waiver letter, signed by both the child's parents and the Clinical Services Director, is mailed to the Community Care Licensing Representative.

3. In the event there is a problem obtaining a parent's signature in a timely manner, the following process shall be followed:
   a) The Family Resources Department is responsible for tracking the dates that each waiver letter is sent and returned,
   b) If a letter has not been returned from the parent or guardian within fifteen (15) days of being sent, the Family Resources Manager and Director of Clinical Services shall determine a strategy for contacting the parents or guardian of the child,
   c) The parents (or legal guardian) shall be contacted to encourage them to sign and return the letter; additionally, they shall be instructed that their child will be required to leave the program on his/her eighteenth birthday if the signed letter is not received within seven (7) days of this notification.

---

[1] CA General Licensing Requirements, Division Six, Title 22, §80010(a) states that "A licensee shall not operate a facility beyond the conditions and limitations specified on a license, including the capacity limitation." CEDU School is licensed as a facility serving children ages eleven (11) through (17). Due to this limitation, it is outside the conditions of our license to have residents over the age of 18 enrolled in the program. For a resident over the age of 18 to remain in the program, a waiver to the age limitations of our license must be obtained pursuant to this regulation.

[2] CA General Licensing Requirements, Division Six, Title 22, §80024 (c) states that "within 30 days of receipt of an acceptable request for a waiver or an exception, the licensing agency shall notify the applicant or licensee, in writing, whether the request has been approved or denied. " Due to this thirty day decision making period, the waiver request must be received by the licensing representative at least thirty days prior to the child turning 18 years of age. This affords the Licensing Representative the opportunity to approve or deny the request for the waiver prior to the child's eighteenth birthday.

4. Licensing regulations dictate that the Community Care Licensing Division shall either approve or deny the request for waiver in writing within 30 days of receipt. If approved, the waiver extends permission for the student to remain in the program until the age of eighteen years and eleven months. Should the request for a waiver be denied by the Community Care Licensing Division, the child will be required to leave the program on or before his or her eighteenth birthday.

5. A copy of the letter requesting the waiver and the original letter containing the response by the Community Care Licensing unit shall be placed in the child's Family Resource file.

6. If a student remains in the program and it is anticipated the he or she will need to continue after the age of nineteen, a request for another waiver must be submitted utilizing the same process, as detailed in 1 - 6 above. The waiver for a nineteen year old to remain in the program is not granted automatically and requires a detailed justification. This request for waiver must be received by the licensing unit no later than 30 days prior to the expiration of the initial waiver. Documentation to support the request for waiver must include justification for the students need the additional services to assist with the following:
   a) adequate emotional stabilization, including medication management, alleviation of depression, adequate impulse and anger control or any other issues that may be present,
   b) adequate social and relationship skills to function successfully in family, community, educational and vocational settings,
   c) completion of high school education, including information regarding number of credits needed for graduation, and
   d) successful transition back to the home or community, including unfinished family work, home visits, parent seminars, employment, admission to educational or vocational institution, etc.

7. As indicated above, Licensing regulations dictate that the Community Care Licensing Division shall either approve or deny the request for waiver in writing within 30 days of receipt. If approved, the waiver extends permission for the student to remain in the program until the age of nineteen years and eleven months. Should the request for a waiver be denied by the Community Care Licensing Division, the child will be required to leave the program on or before his or her nineteenth birthday.

8. It is unlikely that any additional waivers will be granted beyond the age of 19 years and eleven months. Program planning for the student shall take this into account and anticipate the best way to transition the student out of the program prior to his or her twentieth birthday.

9. The Family Resources Department Administrative Assistant shall keep a log containing the following:
   a) date each letter requesting a waiver is mailed to parents,
   b) date the parents return the signed letter to CEDU School,
   c) date request for waiver is mailed to Community Care Licensing,
   d) date the waiver approval or denial is received from Community Care Licensing, and
   e) date that the waiver expires.

Executive Director

TRANSMISSION VERIFICATION REPORT

TIME : 05/05/2004 13:33
NAME : CEDU MTN
FAX : 9098677084
TEL : 9098677084
SER.# : BROH3J608562

DATE,TIME	05/05 13:33
FAX NO./NAME	7824967
DURATION	00:00:00
PAGE(S)	00
RESULT	BUSY
MODE	STANDARD

BUSY: BUSY/NO RESPONSE

Facsimile

CEDU MOUNTAIN SCHOOLS

Dr. George Condas
EXECUTIVE DIRECTOR

CEDU Mountain Schools, P.O. Box 1176, Running Springs, CA 92382
Admissions Office, Tel: 800-884-2338, 909-867-2722, FAX: 909-867-7084

Date: 5/5/04

To: ELVIA BARIS
CCL

Fax: 782-4967

You should receive 4 page(s), including this cover sheet. If you do not please call 909-867-2722

I am mailing you the hard cover and original.

Facsimile

CEDU MOUNTAIN SCHOOLS

Dr. George Condas
EXECUTIVE DIRECTOR

CEDU Mountain Schools, P.O. Box 1176, Running Springs, CA 92382
Admissions Office, Tel: 800-884-2338, 909-867-2722, FAX: 909-867-7084

Date: 5/5/04

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Fax: 782-4967

You should received page(s), including this cover sheet. If you do not please call 909-867-2722

I Am mailing you the hard cover
And original.

CEDU MOUNTAIN SCHOOLS

May 5, 2004

California Department of Social Services
Community Care Licensing Division

Re: Emergency Intervention Policy and Trainings

PLAN OF CORRECTION:
Deficiency Type A
84801 c (1)
5/3/04

I have been unable to identify the particular incident your office is referring to in the Deficiency referenced in the Facility Evaluation Report of May 3, 2004. We have been training all staff to utilize holds as a last resort and only when danger to self or others per our policy submitted to your agency (Policy # 0573-B) and never restraining minors for verbal refusals.

CEDU Schools will be addressing and reviewing the Emergency Intervention Policy in the upcoming Staff Training Sessions according to the California Code of Regulations; Group Home Regulations; Section 84801 c (1) and CEDU's Emergency Intervention Policy #0573-B:

May 6, 2004
May 10, 2004
May 13, 2004

Staff Rosters will be sent to your upon completion of each training session.

Emergency Intervention is covered in all Employee Orientations for new staff members as a distinct part of the training.

I will ensure that all program staff receives **Emergency Intervention Policy** trainings and reviews on an ongoing basis

Respectfully,

George Condas, Ph.D.
Executive Director/ Administrator
CEDU Mountain Schools

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main Street
Riverside, CA 92501

PROOF OF CORRECTION

FACILITY NAME:	FACILITY NUMBER:	LICENSING EVALUATOR:
CEDU SCHOOL-MAIN CAMPUS	366402761	Elvia Baris

This form shall be used in conjunction with the Licensing Report (LIC 809) and is provided to the facility to verify the correction of deficiency(ies) cited in a licensing visit to your facility on **05/03/2004**. The use of this form will not prohibit the Licensing Evaluator from conducting follow-up visits to ensure that deficiencies are corrected. (See instructions on page 2).

PROOF OF CORRECTION

DEFICIENCY(IES) SECTION NUMBER	PICTURE	RECEIPT	PHOTO-COPY	*CERTIFICATION	OTHER	DATE CORRECTED
1. 84801 (c)(1)						Ongoing training Beginning 5/6/04
2.						Documentation
3.						will be sent TO CCL
4.						
5.						
6.						
7.						
8.						
9.						

I certify, under penalty of perjury under the laws of the State of California, that the above is true and correct and that I have corrected all deficiencies above on or before the date(s) indicated.

SIGNATURE OF LICENSEE/FACILITY REPRESENTATIVE	DATE
[signature]	5/5/04

*Certification - this box may be checked if there is no other means to verify that the deficiency has been corrected. By signing this form, the licensee is self-certifying that the corrections have been made. If the certification is related to fingerprints, include the name(s) of the individual(s) for which the fingerprint card was submitted and insert the date submitted to the Department of Justice in the "Data Corrected" column.

PLEASE RETURN THIS FORM WITH YOUR PROOF OF CORRECTION(S)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Island, 3737 Main St. Ste. 800
Riverside, CA 92501

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS
DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/03/2004

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 05/05/2004 Section Cited 84801(c)(1)	1 2 3 4 5 6 7	Inappropriate use of physical restraint intervention. Minors are being physically restraint for verbal refusal.	1 2 3 4 5 6 7	Review Emergency Intervention Policy and retrain Staff. Documentation will be sent to CCL
Section Cited	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
Section Cited	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
Section Cited	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Frankie Shelton **TELEPHONE:** (909)782-4207

LICENSING EVALUATOR NAME: Naomi Plair-Lopez **TELEPHONE:** (909)320-2103

LICENSING EVALUATOR SIGNATURE: E.H. Perez **DATE:** 05/03/2004

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

FACILITY REPRESENTATIVE SIGNATURE: 5-3-04 **DATE:** 05/03/2004

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 9727 Mais Street
Riverside, CA 92501

PROOF OF CORRECTION

FACILITY NAME:	FACILITY NUMBER:	LICENSING EVALUATOR:
CEDU SCHOOL-MAIN CAMPUS	366402761	Elvia Baris

This form shall be used in conjunction with the Licensing Report (LIC 809) and is provided to the facility to verify the correction of deficiency(ies) cited in a licensing visit to your facility on **01/13/2004**. The use of this form will not prohibit the Licensing Evaluator from conducting follow-up visits to ensure that deficiencies are corrected. (See instructions on page 2).

PROOF OF CORRECTION

DEFICIENCY(IES) SECTION NUMBER	PICTURE	RECEIPT	PHOTO-COPY	*CERTIFICATION	OTHER	DATE CORRECTED
1. 84022(a)*					E.I PLAN	1/16/04
2. *PLAN OF ACTION: TO FOLLOW						
3. CPI TECHNIQUES IN						
4. EMERGENCY SITUATIONS						
5.						
6.						
7.						
8.						
9.						

I certify, under penalty of perjury under the laws of the State of California, that the above is true and correct and that I have corrected all deficiencies above on or before the date(s) indicated.

SIGNATURE OF LICENSEE/FACILITY REPRESENTATIVE	DATE
[signature]	1/16/04

*Certification - this box may be checked if there is no other means to verify that the deficiency has been corrected. By signing this form, the licensee is self-certifying that the corrections have been made. If the certification is related to fingerprints, include the name(s) of the individual(s) for which the fingerprint card was submitted and insert the date submitted to the Department of Justice in the "Data Corrected" column.

PLEASE RETURN THIS FORM WITH YOUR PROOF OF CORRECTION(S)

Facsimile

CEDU MOUNTAIN SCHOOLS

Bill Shea
Director of Business Operation

CEDU Mountain Schools, P.O. Box 1176, Running Springs, CA 92382
Tel: 800-884-2338, 909-867-2722, FAX: 909-867-7084

Date: 5/14/04

To: ELVIA BARRIOS, COMMONWITH CHARTER LICENSING

Fax: 909-782-4967

You should receive 2 page(s), including this cover sheet. If you do not please call 909-867-2722

ELVIA

GEORGE ASKED ME TO FAX TO YOU THIS LETTER

Bill Shea

CEDU MOUNTAIN SCHOOLS

May 14, 2004

Department of Social Services
Community Care Licensing
Inland Empire Office
3737 Main Street, Suite 600
Riverside, CA 92501
Attn: Ms. Elvia Baris

Sent via fax: 909-782-4967

Re: CEDU Mountain Schools, Facility No. 366402761
Deficiency Report Response Extension Request

Dear Ms. Baris:

I am respectfully requesting that CEDU Mountain Schools be given a two week extension to respond to your visit of May 3, 2004.

The reason for this request is that I have been out of town all but one day since your visit. Our corporate attorney, David Wohlgemuth, has been out of the country and just returned to his office today, May 14, 2004. Due to these circumstances, today was the first day we have been able to review your report together. This does not allow for time to formulate our response. I have already responded to the deficiency deadline for May 5, 2004.

If you are in agreement, we will have our response to your office by Friday, May 28, 2004. If you have any questions, please feel free to contact me here at the school.
Thank you for your understanding and consideration.

Sincerely,

Dr. George F. Condas
Vice President
CEDU Mountain Schools

Cc: David Wohlgemuth, Bill Shea

3500 SEYMOUR ROAD . P.O. BOX 1176 . RUNNING SPRINGS . CA 92382 . PHONE 909.867.2722 FAX 909.867.7084

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

APPLICATION FOR A COMMUNITY CARE FACILITY OR RESIDENTIAL CARE FACILITY FOR THE ELDERLY LICENSE *(See Instructions on Back)*

FOR DEPARTMENT USE ONLY

DISTRICT:
COUNTY: FACILITY NUMBER:
DATE: ACTION TYPE:
REVIEWED BY: FACILITY TYPE:

REPLY TO:

1. APPLICANT(S) NAME(S) (PLEASE PRINT)
CEDU School, Inc

2. REQUESTED ACTION (CHECK ONE):
☐ A. INITIAL APPLICATION ☐ D. CHANGE OF FACILITY TYPE
☒ B. CHANGE OF CAPACITY ☐ E. CHANGE OF AMB/NON-AMB STATUS
☐ C. CHANGE OF LOCATION ☒ F. CHANGE WITHIN CORPORATION
☐ G. OTHER (Specify)

3. APPLICANT MAILING ADDRESS: 3500 Seymour Road
CITY: Running Springs
STATE: CA
ZIP CODE: 92382
AREA CODE/TELEPHONE: (909)867-2722

4. APPLICATION FILED BY: ☒ A. INDIVIDUAL ☐ B. PARTNERSHIP ☐ C. NON PROFIT CORP. ☐ G. LIMITED LIABILITY COMPANY ☒ D. PROFIT CORP ☐ E. COUNTY ☐ F. OTHER PUBLIC AGENCY

5. FACILITY OR AGENCY NAME: CEDU School - Main Campus

6. FACILITY STREET ADDRESS: 3500 Seymour Road
CITY: Running Springs
COUNTY: San Bern.
ZIP CODE: 92382
AREA CODE/TELEPHONE: (909)867-2722

7. FACILITY MAILING ADDRESS: 3500 Seymour Road
CITY: Running Springs
STATE: CA
ZIP CODE: 92382

8. ADMINISTRATOR OR PERSON IN CHARGE OF FACILITY: Patricia Doyle
TITLE: Executive Director

9. TYPE OF AGENCY OR FACILITY
☐ ADULT RESIDENTIAL ☐ SOCIAL REHABILITATION
☐ RESIDENTIAL FACILITY-ELDERLY ☐ FOSTER FAMILY AGENCY
☐ RESIDENTIAL FACILITY-CHRONICALLY ILL ☐ ADOPTION AGENCY
☐ ADULT DAY CARE ☐ TRANSITIONAL HOUSING PLACEMENT PROGRAM
☐ ADULT DAY SUPPORT CENTER ☐ OTHER (SPECIFY)
☒ GROUP HOME
☐ SMALL FAMILY HOME

10. TOTAL REQUESTED CAPACITY: 174

10A. NUMBER OF NON-AMBULATORY (IF ANY):
NUMBER OF TRANSFER DEPENDENT AND/OR BEDRIDDEN (IF ANY):

11. FOR CHILDREN'S FACILITIES ONLY:
NUMBER OF:
INFANTS (AGES 0 THROUGH 2):
CHILDREN (AGES 3 THROUGH 17): 174
Children 9-17 = 174

12. DAYS AND HOURS OF OPERATION: 24 hours, 7 days/week

13. PROPERTY OWNERSHIP: ☒ OWN ☐ RENT ☐ OTHER (SPECIFY)

13A. NAME, ADDRESS AND PHONE NUMBER OF PROPERTY OWNER, IF RENTING OR LEASING:

14. WAS FACILITY PREVIOUSLY LICENSED? ☒ YES ☐ NO
IF YES, FACILITY NAME AND NUMBER: CEDU School - Main Campus 366402065
LICENSING AGENCY NAME: CA DSS CCL

15. IS MAJOR CONSTRUCTION REQUIRED? ☒ YES ☐ NO
DATE CONSTRUCTION TO BEGIN: 12/27/1999
DATE TO BE COMPLETED: 9/5/2000

16. SOURCE OF WATER FOR HUMAN CONSUMPTION: ☐ PUBLIC ☒ PRIVATE (well)

17. ENTER THE INFORMATION BELOW FOR ANY COMMUNITY CARE FACILITY OR HEALTH FACILITY PREVIOUSLY OR CURRENTLY OWNED OR OPERATED BY APPLICANTS. REFER TO INSTRUCTIONS.
FACILITY NAME AND NUMBER / LICENSING AGENCY NAME
A. see attached
B.

18. APPLICANT(S)/LICENSEE(S) RESPONSIBILITIES:
A. IN ADDITION TO COMPLYING WITH THE HEALTH AND SAFETY CODES AND REGULATIONS APPLICABLE TO LICENSING AND FIRE SAFETY, I/WE UNDERSTAND THAT THERE MAY BE OTHER STATE, FEDERAL AND/OR LOCAL LAWS, WHICH ARE NOT ENFORCED BY THIS AGENCY, THAT MAY NEED TO BE MET SUCH AS: ZONING, BUILDING, SANITATION AND LABOR REQUIREMENTS.
B. I/WE HAVE READ AND UNDERSTAND THE STATUTES AND REGULATIONS WHICH PERTAIN TO MY/OUR LICENSING CATEGORY PRIOR TO THE ISSUANCE OR RENEWAL OF MY/OUR LICENSE.
C. I/WE SHALL ENSURE THAT AT THE TIME OF EMPLOYMENT OR FIRST DAY IN THE FACILITY ALL PERSONS SUBJECT TO FINGERPRINT REQUIREMENTS SHALL BE FINGERPRINTED AND COMPLETE AN AFFIDAVIT ON PRIOR CRIMINAL RECORD HISTORY. FINGERPRINTS SHALL BE SUBMITTED TO THE DEPARTMENT OF JUSTICE AS REQUIRED.
D. IF I/WE OPERATE A FACILITY WHICH PROVIDES CARE AND SUPERVISION TO CHILDREN, I/WE SHALL ENSURE THAT A CHILD ABUSE INDEX CHECK FORM FOR EACH PERSON SUBJECT TO FINGERPRINT REQUIREMENTS IS SUBMITTED TO THE DEPARTMENT OF JUSTICE AS REQUIRED.
E. I/WE SHALL NOTIFY THE LICENSING AGENCY IMMEDIATELY IF A PERSON, SUBJECT TO FINGERPRINTING REQUIREMENTS, IS CONVICTED OF A CRIME AFTER EMPLOYMENT.
F. I/WE SHALL OBTAIN APPROVAL FROM THE LICENSING AGENCY PRIOR TO MAKING ANY CHANGE(S) THAT AFFECT THE TERMS OF THE LICENSE.

19. I/WE UNDERSTAND THAT I/WE HAVE THE RIGHT TO APPEAL ANY DECISION REGARDING THE DISPOSITION OF THIS APPLICATION.

20. I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS APPLICATION AND ON THE ACCOMPANYING ATTACHMENTS ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

21. I/WE AM/ARE AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE NAMED APPLICANT.

SIGNED Patricia K Doyle TITLE Executive Director COUNTY WHERE SIGNED San Bern. DATE 9/15/00

SIGNED TITLE COUNTY WHERE SIGNED DATE

LIC 300 (5/99)

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

APPLICATION FOR A COMMUNITY CARE FACILITY OR RESIDENTIAL CARE FACILITY FOR THE ELDERLY LICENSE *(See Instructions on Back)*

FOR DEPARTMENT USE ONLY

DV: _____ FACILITY NUMBER: 366402761
DATE: _____ ACTION TYPE: _____
REVIEWED BY: _____ FACILITY TYPE: 730

REPLY TO:

1. APPLICANT(S) NAME(S) (PLEASE PRINT): CEDU School, INC.

2. REQUESTED ACTION *(CHECK ONE)*:
- ☒ A. INITIAL APPLICATION
- ☐ B. CHANGE OF CAPACITY
- ☐ C. CHANGE OF LOCATION
- ☐ D. CHANGE OF FACILITY TYPE
- ☒ E. CHANGE OF OWNERSHIP
- ☐ F. CHANGE WITHIN CORPORATION
- ☐ G. OTHER (Specify) _____

3. APPLICANT MAILING ADDRESS: 3500 Seymour Rd. | CITY: Running Springs | STATE: CA | ZIP CODE: 92382 | AREA CODE/TELEPHONE: (908) 867-2722

4. APPLICATION FILED BY:
- ☐ A. INDIVIDUAL
- ☐ B. PARTNERSHIP
- ☐ C. NON PROFIT CORP.
- ☒ D. PROFIT CORP
- ☐ E. COUNTY
- ☐ F. OTHER PUBLIC AGENCY

5. FACILITY OR AGENCY NAME: CEDU School - MAIN CAMPUS

6. FACILITY STREET ADDRESS: 3500 Seymour Rd. | CITY: Running Springs | COUNTY: San Bern. | ZIP CODE: 92382 | AREA CODE/TELEPHONE: (909) 867-2722

7. FACILITY MAILING ADDRESS: 3500 Seymour Rd. | CITY: Running Springs | STATE: CA. | ZIP CODE: 92382

8. ADMINISTRATOR OR PERSON IN CHARGE OF FACILITY (If Known): Patricia Doyle | TITLE: Executive Director

9. TYPE OF AGENCY OR FACILITY
- ☐ ADULT RESIDENTIAL
- ☐ RESIDENTIAL FACILITY-ELDERLY
- ☐ RESIDENTIAL FACILITY-CHRONICALLY ILL
- ☐ ADULT DAY CARE
- ☐ ADULT DAY SUPPORT CENTER
- ☒ GROUP HOME
- ☐ SMALL FAMILY HOME
- ☐ SOCIAL REHABILITATION
- ☐ FOSTER FAMILY AGENCY
- ☐ OTHER (Specify)

10. TOTAL REQUESTED CAPACITY: 142

10A. NUMBER OF NON-AMBULATORY (IF ANY): N/A
NUMBER OF TRANSFER DEPENDENT AND/OR BEDRIDDEN (IF ANY): N/A.

11. FOR CHILDREN'S FACILITIES ONLY:
NUMBER OF:
INFANTS (AGES 0 THROUGH 2): _____
Children - 9-17 = 14
CHILDREN (AGES 3 THROUGH 17): 142

12. DAYS AND HOURS OF OPERATION: 24 hours, 7 days

13. PROPERTY OWNERSHIP:
- ☒ OWN
- ☐ RENT
- ☐ OTHER (SPECIFY) _____

13A. NAME, ADDRESS AND PHONE NUMBER OF PROPERTY OWNER, IF RENTING OR LEASING:

14. WAS FACILITY PREVIOUSLY LICENSED?
- ☒ YES
- ☐ NO

IF YES, FACILITY NAME AND NUMBER: CEDU School - Main Campus 360911145 | LICENSING AGENCY NAME: CA DSS CCL

15. IS MAJOR CONSTRUCTION REQUIRED?
- ☐ YES
- ☒ NO

DATE CONSTRUCTION TO BEGIN: _____
DATE TO BE COMPLETED: _____

16. SOURCE OF WATER FOR HUMAN CONSUMPTION
- ☐ PUBLIC
- ☐ PRIVATE

17. ENTER THE INFORMATION BELOW FOR ANY COMMUNITY CARE OR HEALTH FACILITY OWNED OR OPERATED BY APPLICANTS. REFER TO INSTRUCTIONS.

	FACILITY NAME AND NUMBER	LICENSING AGENCY NAME
A.	SEE ATTACHED	CA DSS CCL
B.		

18. *APPLICANT(S)/LICENSEE(S) RESPONSIBILITIES:*

A. *I/WE UNDERSTAND THAT IN ADDITION TO COMPLYING WITH THE HEALTH AND SAFETY CODES AND REGULATIONS APPLICABLE TO LICENSING AND FIRE SAFETY, I/WE UNDERSTAND THAT THERE MAY BE OTHER STATE, FEDERAL AND/OR LOCAL LAWS, WHICH ARE NOT ENFORCED BY THIS AGENCY, THAT MAY NEED TO BE MET SUCH AS: ZONING, BUILDING, SANITATION AND LABOR REQUIREMENTS.*

B. *I/WE HAVE READ AND UNDERSTAND THE STATUTES AND REGULATIONS WHICH PERTAIN TO MY/OUR LICENSING CATEGORY PRIOR TO THE ISSUANCE OR RENEWAL OF MY/OUR LICENSE.*

C. *I/WE SHALL ENSURE THAT AT THE TIME OF EMPLOYMENT OR FIRST DAY IN THE FACILITY ALL PERSONS SUBJECT TO FINGERPRINT REQUIREMENTS SHALL BE FINGERPRINTED AND COMPLETE AN AFFIDAVIT ON PRIOR CRIMINAL RECORD HISTORY. FINGERPRINTS SHALL BE SUBMITTED TO THE DEPARTMENT OF JUSTICE AS REQUIRED.*

D. *IF I/WE OPERATE A FACILITY WHICH PROVIDES CARE AND SUPERVISION TO CHILDREN, I/WE SHALL ENSURE THAT A CHILD ABUSE INDEX CHECK FORM FOR EACH PERSON SUBJECT TO FINGERPRINT REQUIREMENTS IS SUBMITTED TO THE DEPARTMENT OF JUSTICE AS REQUIRED.*

E. *I/WE SHALL NOTIFY THE LICENSING AGENCY IMMEDIATELY IF A PERSON, SUBJECT TO FINGERPRINTING REQUIREMENTS, IS CONVICTED OF A CRIME AFTER EMPLOYMENT.*

F. *I/WE SHALL OBTAIN APPROVAL FROM THE LICENSING AGENCY PRIOR TO MAKING ANY CHANGE(S) THAT AFFECT THE TERMS OF THE LICENSE.*

18. *I/WE UNDERSTAND THAT I/WE HAVE THE RIGHT TO APPEAL ANY DECISION REGARDING THE DISPOSITION OF THIS APPLICATION.*

I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS APPLICATION AND ON THE ACCOMPANYING ATTACHMENTS ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

SIGNED: Patricia K. Doyle | TITLE: Executive Director | COUNTY WHERE SIGNED: S.D. | DATE: 10-15-98

SIGNED: _____ | TITLE: _____ | COUNTY WHERE SIGNED: _____ | DATE: _____

LIC 200 (4/93)

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

APPLICATION FOR A COMMUNITY CARE FACILITY OR RESIDENTIAL CARE FACILITY FOR THE ELDERLY LICENSE *(See Instructions on Back)*

FOR DEPARTMENT USE ONLY

FA: _____
COUNTY: _____ FACILITY NUMBER: 366401028
TE: _____ ACTION TYPE: _____
VIEWED BY: _____ FACILITY TYPE: _____

REPLY TO:

APPLICANT(S) NAME(S) (PLEASE PRINT)
GEDU SCHOOL
William Valentine

2. REQUESTED ACTION (CHECK ONE):
- [ ] D. CHANGE OF FACILITY TYPE
- [X] A. INITIAL APPLICATION
- [ ] E. CHANGE OF OWNERSHIP
- [ ] B. CHANGE OF CAPACITY
- [ ] F. CHANGE WITHIN CORPORATION
- [ ] C. CHANGE OF LOCATION
- [ ] G. OTHER (Specify) _____

APPLICANT MAILING ADDRESS	CITY	STATE	ZIP CODE	AREA CODE/TELEPHONE
P.O. Box 1176	Running Springs	CA	92382	(909)867-2722

APPLICATION FILED BY: [ ] A. INDIVIDUAL [ ] B. PARTNERSHIP [ ] C. NON PROFIT CORP. [XX] D. PROFIT CORP [ ] E. COUNTY [ ] F. OTHER PUBLIC AGENCY

FACILITY OR AGENCY NAME
CEDU SCHOOL - Hillhouse #1

FACILITY STREET ADDRESS	CITY	COUNTY	ZIP CODE	AREA CODE/TELEPHONE
31172 Outer Highway 18 North	Running Springs	San Bern.	92382	(909)867-7054
FACILITY MAILING ADDRESS	**CITY**		**STATE**	**ZIP CODE**
P.O. Box 1176	Running Springs		CA	92382

ADMINISTRATOR OR PERSON IN CHARGE OF FACILITY (If Known): John Bradshaw
TITLE: Administrator

TYPE OF AGENCY OR FACILITY
- [ ] ADULT RESIDENTIAL
- [ ] RESIDENTIAL FACILITY-ELDERLY
- [ ] RESIDENTIAL FACILITY-CHRONICALLY ILL
- [ ] ADULT DAY CARE
- [ ] ADULT DAY SUPPORT CENTER
- [XX] GROUP HOME
- [ ] SMALL FAMILY HOME
- [ ] SOCIAL REHABILITATION
- [ ] FOSTER FAMILY AGENCY
- [ ] OTHER (Specify)

10. TOTAL REQUESTED CAPACITY: 5

10A. NUMBER OF NON-AMBULATORY (IF ANY): 0

NUMBER OF TRANSFER DEPENDENT AND/OR BEDRIDDEN (IF ANY): 0

11. FOR CHILDREN'S FACILITIES ONLY:
NUMBER OF:
INFANTS (AGES 0 THROUGH 2): 0
CHILDREN (AGES 3 THROUGH 17): 5

DAYS AND HOURS OF OPERATION: 24 hrs/ 7 days per week

13. PROPERTY OWNERSHIP: [XX] OWN [ ] RENT [ ] OTHER (SPECIFY) _____

NAME, ADDRESS AND PHONE NUMBER OF PROPERTY OWNER, IF RENTING OR LEASING: n/a

WAS FACILITY PREVIOUSLY LICENSED? [ ] YES [XX] NO
IF YES, FACILITY NAME AND NUMBER: n/a
LICENSING AGENCY NAME: n/a

IS MAJOR CONSTRUCTION REQUIRED? [ ] YES [XX] NO
DATE CONSTRUCTION TO BEGIN: _____
DATE TO BE COMPLETED: n/a

16. SOURCE OF WATER FOR HUMAN CONSUMPTION: [XX] PUBLIC [ ] PRIVATE

ENTER THE INFORMATION BELOW FOR ANY COMMUNITY CARE OR HEALTH FACILITY OWNED OR OPERATED BY APPLICANTS. REFER TO INSTRUCTIONS.

FACILITY NAME AND NUMBER	LICENSING AGENCY NAME
CEDU School 360911145	Community Care Licensing, Riverside

APPLICANT(S)/LICENSEE(S) RESPONSIBILITIES:

A. *IN ADDITION TO COMPLYING WITH THE HEALTH AND SAFETY CODES AND REGULATIONS APPLICABLE TO LICENSING AND FIRE SAFETY, I/WE UNDERSTAND THAT THERE MAY BE OTHER STATE, FEDERAL AND/OR LOCAL LAWS, WHICH ARE NOT ENFORCED BY THIS AGENCY, THAT MAY NEED TO BE MET SUCH AS: ZONING, BUILDING, SANITATION AND LABOR REQUIREMENTS.*
B. *I/WE HAVE READ AND UNDERSTAND THE STATUTES AND REGULATIONS WHICH PERTAIN TO MY/OUR LICENSING CATEGORY PRIOR TO THE ISSUANCE OR RENEWAL OF MY/OUR LICENSE.*
C. *I/WE SHALL ENSURE THAT AT THE TIME OF EMPLOYMENT OR FIRST DAY IN THE FACILITY ALL PERSONS SUBJECT TO FINGERPRINT REQUIREMENTS SHALL BE FINGERPRINTED AND COMPLETE AN AFFIDAVIT ON PRIOR CRIMINAL RECORD HISTORY. FINGERPRINTS SHALL BE SUBMITTED TO THE DEPARTMENT OF JUSTICE AS REQUIRED.*
D. *IF I/WE OPERATE A FACILITY WHICH PROVIDES CARE AND SUPERVISION TO CHILDREN, I/WE SHALL ENSURE THAT A CHILD ABUSE INDEX CHECK FORM FOR EACH PERSON SUBJECT TO FINGERPRINT REQUIREMENTS IS SUBMITTED TO THE DEPARTMENT OF JUSTICE AS REQUIRED.*
E. *I/WE SHALL NOTIFY THE LICENSING AGENCY IMMEDIATELY IF A PERSON, SUBJECT TO FINGERPRINTING REQUIREMENTS, IS CONVICTED OF A CRIME AFTER EMPLOYMENT.*
F. *I/WE SHALL OBTAIN APPROVAL FROM THE LICENSING AGENCY PRIOR TO MAKING ANY CHANGE(S) THAT AFFECT THE TERMS OF THE LICENSE.*

I/WE UNDERSTAND THAT I/WE HAVE THE RIGHT TO APPEAL ANY DECISION REGARDING THE DISPOSITION OF THIS APPLICATION.

I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS APPLICATION AND ON THE ACCOMPANYING ATTACHMENTS ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

William L Valentine TITLE Licensee COUNTY WHERE SIGNED San Bernardino DATE 12/1/95

_____ TITLE _____ COUNTY WHERE SIGNED _____ DATE _____

(4/93)

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

APPLICATION FOR A COMMUNITY CARE FACILITY OR RESIDENTIAL CARE FACILITY FOR THE ELDERLY LICENSE *(See Instructions on Back)*

FOR DEPARTMENT USE ONLY

COUNTY: _____ FACILITY NUMBER: 366401030
ITE: _____ ACTION TYPE: _____
VIEWED BY: _____ FACILITY TYPE: _____

REPLY TO:

APPLICANT(S) NAME(S) (PLEASE PRINT)
CEDU SCHOOL
William Valentine

2. REQUESTED ACTION *(CHECK ONE)*:
- [X] A. INITIAL APPLICATION
- [ ] B. CHANGE OF CAPACITY
- [ ] C. CHANGE OF LOCATION
- [ ] D. CHANGE OF FACILITY TYPE
- [ ] E. CHANGE OF OWNERSHIP
- [ ] F. CHANGE WITHIN CORPORATION
- [ ] G. OTHER (Specify) _____

APPLICANT MAILING ADDRESS	CITY	STATE	ZIP CODE	AREA CODE/TELEPHONE
P.O. Box 1176	Running Springs	CA	92382	(909) 867-2722

APPLICATION FILED BY: [X] A. INDIVIDUAL [ ] B. PARTNERSHIP [ ] C. NON PROFIT CORP. [X] D. PROFIT CORP [ ] E. COUNTY [ ] F. OTHER PUBLIC AGENCY

FACILITY OR AGENCY NAME
CEDU - Quoxte

FACILITY STREET ADDRESS	CITY	COUNTY	ZIP CODE	AREA CODE/TELEPHONE
31143 Outer Highway 18	Running Springs	San.Ber.	92382	909 867-7054

FACILITY MAILING ADDRESS	CITY	STATE	ZIP CODE
P.O. Box 1176	Running Springs	CA	92382

ADMINISTRATOR OR PERSON IN CHARGE OF FACILITY (If Known): John Bradshaw
TITLE: Administrator

TYPE OF AGENCY OR FACILITY
- [ ] ADULT RESIDENTIAL
- [ ] RESIDENTIAL FACILITY-ELDERLY
- [ ] RESIDENTIAL FACILITY-CHRONICALLY ILL
- [ ] ADULT DAY CARE
- [ ] ADULT DAY SUPPORT CENTER
- [ ] GROUP HOME
- [ ] SMALL FAMILY HOME
- [ ] SOCIAL REHABILITATION
- [ ] FOSTER FAMILY AGENCY
- [ ] OTHER (Specify)

10. TOTAL REQUESTED CAPACITY: 6

10A. NUMBER OF NON-AMBULATORY (IF ANY): 0
NUMBER OF TRANSFER DEPENDENT AND/OR BEDRIDDEN (IF ANY): 0

11. FOR CHILDREN'S FACILITIES ONLY:
NUMBER OF:
INFANTS (AGES 0 THROUGH 2): 0
CHILDREN (AGES 3 THROUGH 17): 6

DAYS AND HOURS OF OPERATION: 4 hrs/7 days per week

13. PROPERTY OWNERSHIP: [X] OWN [ ] RENT [ ] OTHER (SPECIFY) _____

NAME, ADDRESS AND PHONE NUMBER OF PROPERTY OWNER, IF RENTING OR LEASING:
n/a

WAS FACILITY PREVIOUSLY LICENSED? [ ] YES [X] NO
IF YES, FACILITY NAME AND NUMBER: n/a
LICENSING AGENCY NAME: n/a

IS MAJOR CONSTRUCTION REQUIRED? [ ] YES [X] NO
DATE CONSTRUCTION TO BEGIN: _____
DATE TO BE COMPLETED: n/a

16. SOURCE OF WATER FOR HUMAN CONSUMPTION: [X] PUBLIC [ ] PRIVATE

ENTER THE INFORMATION BELOW FOR ANY COMMUNITY CARE OR HEALTH FACILITY OWNED OR OPERATED BY APPLICANTS. REFER TO INSTRUCTIONS.

FACILITY NAME AND NUMBER		LICENSING AGENCY NAME
CEDU School	36091145	Community Care Licensing, Riverside

APPLICANT(S)/LICENSEE(S) RESPONSIBILITIES:

4. *IN ADDITION TO COMPLYING WITH THE HEALTH AND SAFETY CODES AND REGULATIONS APPLICABLE TO LICENSING AND FIRE SAFETY, I/WE UNDERSTAND THAT THERE MAY BE OTHER STATE, FEDERAL AND/OR LOCAL LAWS, WHICH ARE NOT ENFORCED BY THIS AGENCY, THAT MAY NEED TO BE MET SUCH AS: ZONING, BUILDING, SANITATION AND LABOR REQUIREMENTS.*
8. *I/WE HAVE READ AND UNDERSTAND THE STATUTES AND REGULATIONS WHICH PERTAIN TO MY/OUR LICENSING CATEGORY PRIOR TO THE ISSUANCE OR RENEWAL OF MY/OUR LICENSE.*
2. *I/WE SHALL ENSURE THAT AT THE TIME OF EMPLOYMENT OR FIRST DAY IN THE FACILITY ALL PERSONS SUBJECT TO FINGERPRINT REQUIREMENTS SHALL BE FINGERPRINTED AND COMPLETE AN AFFIDAVIT ON PRIOR CRIMINAL RECORD HISTORY. FINGERPRINTS SHALL BE SUBMITTED TO THE DEPARTMENT OF JUSTICE AS REQUIRED.*
3. *IF I/WE OPERATE A FACILITY WHICH PROVIDES CARE AND SUPERVISION TO CHILDREN, I/WE SHALL ENSURE THAT A CHILD ABUSE INDEX CHECK FORM FOR EACH PERSON SUBJECT TO FINGERPRINT REQUIREMENTS IS SUBMITTED TO THE DEPARTMENT OF JUSTICE AS REQUIRED.*
5. *I/WE SHALL NOTIFY THE LICENSING AGENCY IMMEDIATELY IF A PERSON, SUBJECT TO FINGERPRINTING REQUIREMENTS, IS CONVICTED OF A CRIME AFTER EMPLOYMENT.*
6. *I/WE SHALL OBTAIN APPROVAL FROM THE LICENSING AGENCY PRIOR TO MAKING ANY CHANGE(S) THAT AFFECT THE TERMS OF THE LICENSE.*

I/WE UNDERSTAND THAT I/WE HAVE THE RIGHT TO APPEAL ANY DECISION REGARDING THE DISPOSITION OF THIS APPLICATION.

I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS APPLICATION AND ON THE ACCOMPANYING ATTACHMENTS ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

William T. Valentine TITLE Licensee COUNTY WHERE SIGNED San. Bernardino DATE 12-1-95

_____ TITLE _____ COUNTY WHERE SIGNED _____ DATE _____

(4/93)

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

APPLICATION FOR A COMMUNITY CARE FACILITY OR RESIDENTIAL CARE FACILITY FOR THE ELDERLY LICENSE *(See Instructions on Back)*

FOR DEPARTMENT USE ONLY

COUNTY: _____ FACILITY NUMBER: 366401029
STS: _____ ACTION TYPE: _____
REVIEWED BY: _____ FACILITY TYPE: _____

REPLY TO:

APPLICANT(S) NAME(S) (PLEASE PRINT)
CEDU SCHOOL
William Valentine

2. REQUESTED ACTION *(CHECK ONE)*:
- [X] A. INITIAL APPLICATION
- [ ] B. CHANGE OF CAPACITY
- [ ] C. CHANGE OF LOCATION
- [ ] D. CHANGE OF FACILITY TYPE
- [ ] E. CHANGE OF OWNERSHIP
- [ ] F. CHANGE WITHIN CORPORATION
- [ ] G. OTHER (Specify) _____

APPLICANT MAILING ADDRESS	CITY	STATE	ZIP CODE	AREA CODE/TELEPHONE
P.O. Box 1176	Running Springs	CA	92382	(909) 867-2722

APPLICATION FILED BY: [X] A. INDIVIDUAL [ ] B. PARTNERSHIP [ ] C. NON PROFIT CORP. [X] D. PROFIT CORP [ ] E. COUNTY [ ] F. OTHER PUBLIC AGENCY

FACILITY OR AGENCY NAME
CEDU SCHOOL- La Mancha

FACILITY STREET ADDRESS	CITY	COUNTY	ZIP CODE	AREA CODE/TELEPHONE
31225 Outer Highway 18 South	Running Springs	San Bern.	92382	(909) 867-7054

FACILITY MAILING ADDRESS	CITY	STATE	ZIP CODE
P.O. Box 1176	Running Springs	CA	92382

ADMINISTRATOR OR PERSON IN CHARGE OF FACILITY (If Known): John Bradshaw
TITLE: Administrator

TYPE OF AGENCY OR FACILITY
- ADULT RESIDENTIAL
- RESIDENTIAL FACILITY-ELDERLY
- RESIDENTIAL FACILITY-CHRONICALLY ILL
- ADULT DAY CARE
- ADULT DAY SUPPORT CENTER
- [X] GROUP HOME
- [ ] SMALL FAMILY HOME
- [ ] SOCIAL REHABILITATION
- [ ] FOSTER FAMILY AGENCY
- [ ] OTHER (Specify)

10. TOTAL REQUESTED CAPACITY: 11

10A. NUMBER OF NON-AMBULATORY (IF ANY): 0

NUMBER OF TRANSFER DEPENDENT AND/OR BEDRIDDEN (IF ANY): 0

11. FOR CHILDREN'S FACILITIES ONLY:
NUMBER OF:
INFANTS (AGES 0 THROUGH 2): 0
CHILDREN (AGES 3 THROUGH 17): 11

DAYS AND HOURS OF OPERATION: 4 hrs/7 days per week

13. PROPERTY OWNERSHIP: [X] OWN [ ] RENT [ ] OTHER (SPECIFY) _____

NAME, ADDRESS AND PHONE NUMBER OF PROPERTY OWNER, IF RENTING OR LEASING:
N/A

WAS FACILITY PREVIOUSLY LICENSED? [ ] YES [X] NO
IF YES, FACILITY NAME AND NUMBER: n/a
LICENSING AGENCY NAME: n/a

IS MAJOR CONSTRUCTION REQUIRED? [ ] YES [X] NO
DATE CONSTRUCTION TO BEGIN: _____
DATE TO BE COMPLETED: n/a

15. SOURCE OF WATER FOR HUMAN CONSUMPTION: [X] PUBLIC [ ] PRIVATE

ENTER THE INFORMATION BELOW FOR ANY COMMUNITY CARE OR HEALTH FACILITY OWNED OR OPERATED BY APPLICANTS. REFER TO INSTRUCTIONS.

FACILITY NAME AND NUMBER		LICENSING AGENCY NAME
CEDU School	360911145	Community Care Licensing, Riverside

APPLICANT(S)/LICENSEE(S) RESPONSIBILITIES:

A. *IN ADDITION TO COMPLYING WITH THE HEALTH AND SAFETY CODES AND REGULATIONS APPLICABLE TO LICENSING AND FIRE SAFETY, WE UNDERSTAND THAT THERE MAY BE OTHER STATE, FEDERAL AND/OR LOCAL LAWS, WHICH ARE NOT ENFORCED BY THIS AGENCY, THAT MAY NEED TO BE MET SUCH AS: ZONING, BUILDING, SANITATION AND LABOR REQUIREMENTS.*
B. *WE HAVE READ AND UNDERSTAND THE STATUTES AND REGULATIONS WHICH PERTAIN TO MY/OUR LICENSING CATEGORY PRIOR TO THE ISSUANCE OR RENEWAL OF MY/OUR LICENSE.*
2. *WE SHALL ENSURE THAT AT THE TIME OF EMPLOYMENT OR FIRST DAY IN THE FACILITY ALL PERSONS SUBJECT TO FINGERPRINT REQUIREMENTS SHALL BE FINGERPRINTED AND COMPLETE AN AFFIDAVIT ON PRIOR CRIMINAL RECORD HISTORY. FINGERPRINTS SHALL BE SUBMITTED TO THE DEPARTMENT OF JUSTICE AS REQUIRED.*
3. *IF WE OPERATE A FACILITY WHICH PROVIDES CARE AND SUPERVISION TO CHILDREN, WE SHALL ENSURE THAT A CHILD ABUSE INDEX CHECK FORM FOR EACH PERSON SUBJECT TO FINGERPRINT REQUIREMENTS IS SUBMITTED TO THE DEPARTMENT OF JUSTICE AS REQUIRED.*
I. *WE SHALL NOTIFY THE LICENSING AGENCY IMMEDIATELY IF A PERSON, SUBJECT TO FINGERPRINTING REQUIREMENTS, IS CONVICTED OF A CRIME AFTER EMPLOYMENT.*
I *WE SHALL OBTAIN APPROVAL FROM THE LICENSING AGENCY PRIOR TO MAKING ANY CHANGE(S) THAT AFFECT THE TERMS OF THE LICENSE.*

WE UNDERSTAND THAT WE HAVE THE RIGHT TO APPEAL ANY DECISION REGARDING THE DISPOSITION OF THIS APPLICATION.

WE DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS APPLICATION AND ON THE ACCOMPANYING ATTACHMENTS ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

[signature] TITLE Licensee COUNTY WHERE SIGNED San. Bernardino DATE 12/1/95

_____ TITLE _____ COUNTY WHERE SIGNED _____ DATE _____

4/93)

State of California

Department of Social Services

Facility Number: 366402761
Effective Date: 03/10/99 Total Capacity: 174

In accordance with applicable provisions of the Health and Safety Code of California, and its rules and regulations; the Department of Social Services, hereby issues

CAPACITY INCREASE EFFECTIVE DATE: 12/04/00

this License to

CEDU SCHOOL, INC.

to operate and maintain a GROUP HOME

Name of Facility

CEDU SCHOOL-MAIN CAMPUS
3500 SEYMOUR ROAD
RUNNING SPRINGS CA 92382

This License is not transferable and is granted solely upon the following:
LICENSEE PREFERS TO SERVE CHILDREN MALE AND FEMALE, AGES 9-17 YEARS OF AGE, AMBULATORY ONLY...LICENSEE MUST COMPLY WITH WAIVER LETTER DATED 3-3-99 WHICH ALLOWS MORE THAN 2 CLIENTS TO A ROOM.

Client Groups Served: CHILDREN
Complaints regarding services provided in this facility should be directed to:

INLAND EMPIRE RES. DISTRICT OFFICE (909) 782-4207

MARTHA LOPEZ
Deputy Director,
Community Care Licensing Division

Authorized Representative
of Licensing Agency

LIC 203A (3/93)

POST IN A PROMINENT PLACE

State of California

Department of Social Services

Facility Number: 366402761
Effective Date: 03/10/99 Total Capacity: 142

In accordance with applicable provisions of the Health and Safety Code of California, and its rules and regulations; the Department of Social Services, hereby issues

this License to

CEDU SCHOOL, INC.

to operate and maintain a GROUP HOME

Name of Facility

CEDU SCHOOL-MAIN CAMPUS
3500 SEYMOUR ROAD
RUNNING SPRINGS CA 92382

This License is not transferable and is granted solely upon the following:
LICENSEE PREFERS TO SERVE CHILDREN MALE AND FEMALE, AGES 9-17 YEARS OF AGE, AMBULATORY ONLY...LICENSEE MUST COMPLY WITH WAIVER LETTER DATED 3-3-99 WHICH ALLOWS MORE THAN 2 CLIENTS TO A ROOM.

Client Groups Served: CHILDREN
Complaints regarding services provided in this facility should be directed to:

INLAND EMPIRE RES. DISTRICT OFFICE (909) 782-4207

MARTHA LOPEZ
Deputy Director,
Community Care Licensing Division

Authorized Representative
of Licensing Agency

LIC 203A (3/92)

POST IN A PROMINENT PLACE

State of California

Department of Social Services

Facility Number: 360911145
Effective Date: 03/15/93 Total Capacity: 142

In accordance with applicable provisions of the Health and Safety Code of California, and its rules and regulations; the Department of Social Services, hereby issues

CAPACITY INCREASE EFFECTIVE DATE: 06/28/95

this License to

CFDU SCHOOL, INC.

to operate and maintain a GROUP HOME

Name of Facility

CFDU SCHOOL
3500 SEYMOUR ROAD
RUNNING SPRINGS CA 92382

This License is not transferable and is granted solely upon the following:

LICENSEE PREFERS TO SERVE CHILDREN MALE AND FEMALE AGES 9-17 YEARS OF AGE AMBULATORY ONLY. LICENSEE MUST COMPLY WITH WAIVER LETTER DATED 3-25-99 WHICH ALLOWS MORE THEN 2 CLIENTS TO A ROOM.

Client Groups Served: CHILDREN
Complaints regarding services provided in this facility should be directed to:

RIVERSIDE-RFS. DISTRICT OFFICE (909) 782-4200

MARTHA LOPEZ
Deputy Director,
Community Care Licensing Division

Authorized Representative
of Licensing Agency

LIC 200A (3/93)

POST IN A PROMINENT PLACE

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
GRAY DAVIS, Governor
DEPARTMENT OF SOCIAL SERVICES
3737 Main Street, Suite 600, Riverside, CA 92501

March 3, 1999

CEDU School
3500 Seymour Road
Running Springs, CA 92382
Facility #: 366402761

Dear Licensee:

This is in reply to your request for a waiver for the above named facility.

California Code of Regulations, Title 22, Division 6, provides that a licensee/applicant may request a waiver from a specific regulation. Section 84087(6) requires that no more than two children shall share a bedroom.

SPECIFIC REQUEST

To allow 4 children to share a bedroom, with the exception of Upper Higdon Dorm, 6 children to a room, and Lower Higdon Dorm, 12 children to the lower level, 4 children to each section.

After giving serious consideration to your request;

_X_ We are granting this waiver request under the following conditions:

1. There are treatment advantages to the shared bedroom arrangement and the needs of the children who share bedrooms are compatible.
2. All bedrooms are large enough to accommodate all children, their furniture, and their belongings with enough additional space for easy access throughout the rooms.
3. All placement agencies or authorized representatives have approved the situation and continue to support the shared living arrangement.
4. Individual needs and services plans for each child shall be kept current and shall indicate whether the child continues to benefit from the shared living arrangement.

This waiver: _X_ Is subject to review at the discretion of the licensing agency.

This document must be available for review at the facility premises. If you have any questions about this waiver, call Jeanine Holmes, Licensing Program Supervisor, at (909) 782-4946.

ROBERT GONZALEZ
Manager
Inland Empire Office

SM/cl

FILE COPY

CEDU SCHOOL

COMMUNITY CARE LICENSE

REQUEST FOR WAIVER OF ARTICLE 7, SECTION 84087 (b)(1)

OF TITLE 22, DIVISION 6, CHAPTER 5,

GROUP HOMES

CEDU
SCHOOL
Post Office Box 1176
Running Springs, CA 92382
Telephone: 714-867-2722
Facsimile: 714-867-9483

July 23, 1992

Mr. Glen Smith
Department of Social Services
Community Care Licensing
3600 Lime Street, Suite 625
Riverside, California 92501

Re: CEDU School

Dear Mr. Smith:

CEDU School hereby requests a waiver of Section 84087 of Title 22, specifically requesting a waiver to allow CEDU to house four adolescents in those rooms hereby designated in the attached schematic.

CEDU is a co-educational, year-round boarding school established to serve adolescents ages nine through eighteen years with special needs. The educational philosophy at CEDU is defined as "experiential education" in its broadest and most encompassing sense. True education involves and stimulates the total child. The keystone of an excellent education is a deep knowledge and acceptance of one's self. It facilitates the developed ability to respond anew to all situations and phases of life.

CEDU education must engage the students physically, mentally and emotionally. Education must be personal and release the expression of the individual with the end goal to build self reliance. This philosophy, while based on a self-help concept, does rely also on a community of concerned people working together to help themselves and each other. The majority of the activities at the school take place with the students working together in group activities as well as that time which is personal to the individual. Whether these activities are educational, recreational or peer oriented, it requires that togetherness which is conducive to the conduct of our philosophy.

Because of the school emphasis on our philosophies and the importance of the group, as well as the peer concept, the program will be more effective if we can carry those concepts into the living arrangements as well.

In making this request, all relevant factors listed as guidelines for a waiver in the Residential Care Evaluator's Manual will be addressed.

The Evaluator's Manual defines a "short-term placement" as one which is 18 months or less in duration and not intended to be permanent. CEDU, being primarily an educational facility, has a program which extends past the 18-month period, but for not more than 24 months. We define our program not necessarily as a long-term program, but one which leads to the successful completion of the educational program. There are circumstances in which the length of stay is shorter.

The waiver must be consistent with the program's philosophy:

CEDU education is based on the knowledge of "relationship," ecology and interrelatedness. CEDU's classes must be integrated and demonstrate the various curriculum and subject matter's interrelatedness. The "Emotional Growth Curriculum," "Academic Curriculum" and "Work Ethic/Leadership/Service Curriculum" must be integrated, with each part relating to the whole. The philosophy of education within CEDU is about assisting the child in releasing, liberating and expressing their total self -- creatively, intellectually, physically, emotionally, socially and spiritually.

As students progress through the program, they are expected to demonstrate behaviors and attitudes that exert a positive influence over other students in residence. The successful implementation of this concept requires that a focus be both on the individual and on the individual within the group.

The above is a small elaboration as to the importance of both the individual and the group concept and their interaction to the successful implementation of CEDU's philosophy. There are distinct advantages to having more than two students/residents to a room in this setting. The positive peer pressure which is taught and encouraged provides a number of checks and balances among the students/residents. The expectation is that they will support each other, both educationally as well as philosophically, and not engage in negative behaviors without letting others know. Having four to a room makes for less chances of negative actions occurring. The group dynamic has a better opportunity to work when there are more than two residents to a room. CEDU has been in existence for 25 years and has utilized living arrangements of four to a room, which has clearly proven to be effective in upholding the CEDU philosophy.

The sleeping areas must be large enough:

The bedrooms designated for four to a room (see attached) are each with adequate space for four roommates. The beds are "captain's bed style" with ample storage space available for each student. There is also adequate dining space, school study space and activity space available within the facility.

The waiver must be appropriate for the program's specific client group:

As stated above, group strategies (as well as individual strategies) are most effective within this modality within the educational field. CEDU believes that extending the group philosophy into the sleeping quarters will be more effective in assisting with better behaviors, school disciplines and the extension of the CEDU philosophy.

The facility must make adequate provisions for privacy:

The need for privacy, personal hygiene and study has been taken into account. There is a minimum of one bathroom for each six students and ample facilities are available, such as sinks, showers, toilets, etc. There are also other study areas available within the facility.

CEDU believes that having four residents to a room fits into our philosophy and enhances the supervision and care of the student/residents. CEDU believes that this living arrangement will assist all of our students/residents in becoming involved with our program, assist in their educational endeavors and in their personal lives. Precedent for this type of arrangement has been set in California as like waivers have been granted for similar facilities such as Walden House of San Francisco and Phoenix House of California.

Thank you for your attention to this request. A timely response will be most appreciated.

Sincerely,

Ronald Cook
President

RC:jkb

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES

HEALTH AND WELFARE AGENCY
COMMUNITY CARE LICENSING

March 15, 1993

Community Care Licensing
2010 Iowa Ave., Suite 102
Riverside Ca, 92507

FACILITY NAME: CEDU SCHOOLS
FACILITY NUMBER: 360911145

CEDU Schools
3500 Seymour Rd.
Running Springs, Ca 92382

Dear Licensee:

This is in reply to your request for a waiver for your facility.

California Code of Regulations, Title 22, Division 6, Section 84087(b) or requires that no more than two children shall share a bedroom. You have asked for a waiver from the above requirement to allow 4 children to share a bedroom, with the exception of upper Higdon Dorm 6 children to a room, and lower Higdon Dorm 12 children to the lower level 4 children to each section.

In accordance with section 80024(b), we are granting the waiver. The waiver is valid for the term of the license and is subject to review at the discretion of the licensing agency.

We are granting the waiver under the following conditions:

1. There are treatment advantages to the shared bedroom arrangement and the needs of the children who share bedrooms are compatible.

2. All bedrooms are large enough to accommodate all children, their furniture, and their belongings with enough additional space for easy access throughout the rooms.

3. All placement agencies or authorized representatives have approved the situation and continue to support the shared living arrangement.

4. Individual needs and services plans for each child shall be kept current and shall indicate whether the child continues to benefit from the shared living arrangement.

Failure to comply with the conditions may result in termination of the waiver. If you have any question on this waiver, please feel free to call 782-4200.

ROBERT GONZALES
Licensing Program Supervisor
Riverside District Office

GS/dtb

CEDU MOUNTAIN SCHOOLS

December 2, 2004

California Department of Social Services
Administrator Certification Section
744 P Street, M.S. 19-47
Sacramento, CA 95814-6413

Community Care Licensing
Inland Empire Office
3737 Main Street, Suite 600
Riverside, CA 92501

Re: Licensee - CEDU School, Inc., Facility No. 366402761

To Whom It May Concern:

Enclosed please find the following:

- Corporate Resolution Designation of Facility Responsibility
- Designation of Facility Responsibility (times 2)

Sincerely,

Tauni Cobb for George Condas, Ph.D., Administrator
CEDU School, Inc.

CEDU SCHOOL, INC.

Written Consent
of the
Sole Director

The undersigned, being the sole director of CEDU SCHOOL, INC., a California corporation (the "Company"), acting without a meeting pursuant to Section 307(c) of the California Corporation Law, hereby consents to the adoption of and hereby adopts the following resolutions:

RESOLVED, that in the event of the absence of George Condas, Ph.D., Vice President of Operations of CEDU Education and Licensed Administrator of Company, David LePere, School Director, and Tauni Cobb, Executive Assistant of Company are hereby designated and authorized to receive any documents, including reports of inspections and consultations, accusations and civil and administrative processes on behalf of the Company.

RESOLVED, that all actions of any kind heretofore taken by the Company or any officer or designated representative of the Company in connection with the foregoing resolutions be, and they hereby are, ratified, confirmed and approved in all respects.

IN WITNESS WHEREOF, the undersigned has executed this Consent effective as of the 2nd of November, 2004, indicating by his signature his consent to the taking of the foregoing action without a meeting and his affirmative vote in favor of all actions so taken.

Robert J. Naples
Sole Director

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

DESIGNATION OF FACILITY RESPONSIBILITY

Licensed facilities are required to have an authorized person continuously present at the facility during operational hours to represent the facility and to accept licensing reports. Licensees shall use this form to delegate the above authority to appropriate staff. Applicants/licensees who are corporations shall attach board resolutions authorizing this delegation.

Facility Name CEDU SCHOOLS Date 11/2/04

Facility Number 366-402-761

Facility Address PO Box 1176 Phone 909-867-2722

City Running Springs County San BERNARDINO

In the event of my absence I designate Tawni Cobb (NAME). He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

When delegating authority to appropriate staff, Residential Care Facilities for the Elderly shall comply with CCR Title 22, Division 6 Section 87564. Child Care Centers shall comply with CCR Title 22, Division 12 Section 101215.1 and other licensed facilities shall comply with CCR Title 22, Division 6 Section 80064.

I (We) shall notify the licensing agency, in writing, within 10 days of any change in the above authorization.

Signature of applicants/licensees

VP Operations CEDU Education Administrator CEDU CA
Title

PO Box 1176
Address

Running Springs San Bernardino
City County Zip

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

DESIGNATION OF FACILITY RESPONSIBILITY

Licensed facilities are required to have an authorized person continuously present at the facility during operational hours to represent the facility and to accept licensing reports. Licensees shall use this form to delegate the above authority to appropriate staff. Applicants/licensees who are corporations shall attach board resolutions authorizing this delegation.

Facility Name CEDU SCHOOLS Date 11/2/04

Facility Number 366-402-761

Facility Address PO Box 1176 Phone 909-867-2722

City Running Springs County San BERNARDINO

In the event of my absence I designate David LeFevre (NAME). He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

When delegating authority to appropriate staff, Residential Care Facilities for the Elderly shall comply with CCR Title 22, Division 6 Section 87564. Child Care Centers shall comply with CCR Title 22, Division 12 Section 101215.1 and other licensed facilities shall comply with CCR Title 22, Division 6 Section 80064.

I (We) shall notify the licensing agency, in writing, within 10 days of any change in the above authorization.

Signature of applicants/licensees

Title U.S. OPERATIONS CEDU EDUCATION ADMINISTRATOR CEDU CA

Address PO Box 1176

City Running Springs County San Bernardino Zip

LIC 308 (11/02) (PUBLIC)

CEDU SCHOOL, INC.

Written Consent
of the
Sole Director

The undersigned, being the sole director of CEDU SCHOOL, INC., a California corporation (the "Company"), acting without a meeting pursuant to Section 307(c) of the California Corporation Law, hereby consents to the adoption of and hereby adopts the following resolutions:

WHEREAS, the Department of Social Services Community Care Licensing for the State of California ("State of California") requires the preparation, implementation and execution of an Emergency Intervention Plan for CEDU Mountain Schools ("Emergency Intervention Plan");

NOW, THEREFORE, after due and careful consideration, the director of the Company hereby adopts the following resolutions:

RESOLVED, that the Emergency Intervention Plan, attached heretofore as Exhibit A, is hereby authorized, adopted and ratified, and George Condas, Ph.D., Executive Director and licensed Administrator of Company, and/or his designee, is hereby authorized and empowered to do or cause to be done all such acts or things necessary to implement, amend, execute and file the Emergency Intervention Plan with the State of California in the name of and on behalf of the Company.

RESOLVED, that George Condas, Ph.D., and/or his designee, hereby be authorized, empowered and directed, in the name and on behalf of the Company, to execute, certify, file and record such additional notices, documents, certificates and instruments and to take such additional action as may be or become necessary, appropriate or convenient to carry out and put into effect the purposes of the foregoing resolutions, the authority for the execution, certification, delivery and filing of such notices, documents, certificates and instruments and the taking of such action to be conclusively evidenced thereby; and it is further

RESOLVED, that all actions of any kind heretofore taken by the Company in connection with the foregoing resolution be, and they hereby are, ratified, confirmed and approved in all respects.

IN WITNESS WHEREOF, the undersigned has executed this Consent effective as of January 15, 2004, indicating by his signature his consent to the taking of the foregoing action without a meeting and his affirmative vote in favor of all actions so taken.

Robert J. Naples
Sole Director

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

DESIGNATION OF FACILITY RESPONSIBILITY

Licensed facilities are required to have an authorized person continuously present at the facility during operational hours to represent the facility and to accept licensing reports. Licensees shall use this form to delegate the above authority to appropriate staff. Applicants/licensees who are corporations shall attach board resolutions authorizing this delegation.

Facility Name CEDU Schools Inc. Date November 19, 2003

Facility Number 366402761

Facility Address 3500 Seymour Road Phone 909-867-2722

City Running Springs, CA 92382 County San Bernardino

In the event of my absence I designate William T. Shea (NAME). He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

When delegating authority to appropriate staff, Residential Care Facilities for the Elderly shall comply with CCR Title 22, Division 6 Section 87564. Child Care Centers shall comply with CCR Title 22, Division 12 Section 101215.1 and other licensed facilities shall comply with CCR Title 22, Division 6 Section 80064.

I (We) shall notify the licensing agency, in writing, within 10 days of any change in the above authorization.

Signature of applicants/licensees

Executive Director
Title

3500 Seymour Road
Address

Running Springs, San Bernardino 92382
City County Zip

LIC 308 (11/92) (PUBLIC)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

ADMINISTRATIVE ORGANIZATION

(This side is for corporations and limited liability companies only. See reverse for public agencies, partnerships, and other associations.)

INSTRUCTIONS: *This form must be updated and submitted to the Licensing Agency each time there is a change in partners, officers or changes in the corporation or limited liability company as provided in the California Code of Regulations Title 22, Section 80034(a)(2), or 87235(a)(5), or 101168(a)(2).*

DATE

FACILITY NAME

FACILITY ADDRESS

FACILITY NUMBER

I. CORPORATION/LIMITED LIABILITY COMPANY (LLC)

1. Name (as filed with Secretary of State)
Cedu Schools Inc.

2. Chief Executive Officer
Executive Director- Dr. George P. Condas

3. Incorporation/Registration Date
January 29, 1988

4. Place of Incorporation/Registration
California

Corporation/Limited Liability Company Number
C1328324

5. Please attach (1) A copy of Articles of Incorporation or organization and any amendments (2) A copy of By-Laws or Operating Agreement and any amendments (3) A copy of Resolution authorizing the filing of this application (for Corporations only).

6. Principal office of business:

Address	City	Zip Code	County	Telephone No.
3500 Seymour Road	Running Springs	92382	San Bernardino	909-867-2722

Contact Person: Dr. George P Condas Title: Executive Director Telephone No.: 909-867-2722

7. Out of state or foreign applicants complete the following:

a. Name of California Representative	Address	Zip Code	Telephone No.
N/A			

b. Please attach a copy of a foreign corporation's or foreign LLC's registration to do business in California.

8. Names and addresses of all persons who own ten percent (10%) or more interest in corporation or LLC. Attach sheet for additional space.
Cedu Schools Inc. is a wholly owned subsidary of The Brown Schools Inc.

9. Directors (Corporation)/Managers and Managing Members (LLC)

a. Number of Directors/Managers & Managing Member
1 Sole Director

b. Term of Office (if applicable)
Until Successor Elected

c. Frequency of Meetings (if applicable)

d. Method of Selection (corporations only)
Election

10. Officers: (For LLCs without officers, skip this section and go to Section II)

Office	Name	Principal Business Address & City & Zip Code (other than facility address)	Telephone No.	Term Expires
President	Robert J. Naples	P.O. Box 4008 Austin, TX 78765	512-464-0212	until successor elected
Vice-President				
Secretary	Rod Young	P.O. Box 4008 Austin, TX 78765	512-464-0212	until successor elected
Treasurer				

LIC 309 (8/97) (PUBLIC)

11. List all Directors (Corporations)/Managers and Managing Members (LLC)

Name	Mailing Address & City & Zip Code	Telephone No.	Term Expires
Robert J. Naples	P.O. 4008 Austin, TX 78765	512-464-0212	until successor elected

(Attach Sheet for additional space)

II. PUBLIC AGENCY

1. Check type of public agency: ☐ Federal ☐ State ☐ County ☐ City ☐ Other, specify below

2. Agency providing services:

Name: N/A Address: ______ CITY/STATE

Mailing Address: ______ CITY/STATE/ZIP CODE

Contact Person: ______ Title: ______ Phone No.: ______

3. District or Area to be served: *(attach map if necessary)*

Specify geographic area:

4. Attach copy of Resolution or legal document authorizing this application.

III. PARTNERSHIPS

Attach a copy of partnership agreement (attach additional sheet if necessary)

1st Partner ☐ General Name N/A TELEPHONE NUMBER
☐ Limited Principal Business Address CITY/STATE

2nd Partner ☐ General Name TELEPHONE NUMBER
☐ Limited Principal Business Address CITY/STATE

3rd Partner ☐ General Name TELEPHONE NUMBER
☐ Limited Principal Business Address CITY/STATE

4th Partner ☐ General Name TELEPHONE NUMBER
☐ Limited Principal Business Address CITY/STATE

Contact Person: ______ Title: ______ Telephone No.: ______

IV. OTHER ASSOCIATIONS

Other associations must also provide a similar list of persons legally responsible for the organization, contact person, appropriate legal documents which set forth legal responsibility of the organization and accountability for operating the facility.

CEDU SCHOOL, INC.

Written Consent
of the
Sole Director

The undersigned, being the sole director of CEDU SCHOOL, INC., a California corporation (the "Company"), acting without a meeting pursuant to Section 307(c) of the California Corporation Law, hereby consents to the adoption of and hereby adopts the following resolutions:

RESOLVED, that George Condas, Executive Director and licensed Administrator of Company is hereby authorized to prepare, amend, execute and file licensing applications with the Department of Social Services Community Care Licensing for the State for California ("State of California"), and to the extent required, correspond with the State of California regarding licensing matters on behalf of the Company on terms and conditions that he may deem advisable.

RESOLVED, that all actions of any kind heretofore taken by the Company or any officer or designated representative of the Company in connection with the foregoing resolutions be, and they hereby are, ratified, confirmed and approved in all respects.

IN WITNESS WHEREOF, the undersigned has executed this Consent effective as of October 2, 2003, indicating by his signature his consent to the taking of the foregoing action without a meeting and his affirmative vote in favor of all actions so taken.

Robert J. Naples
Sole Director

CEDU SCHOOL, INC.

Written Consent
of the
Sole Director

The undersigned, being the sole director of CEDU SCHOOL, INC., a California corporation (the "Company"), acting without a meeting pursuant to Section 307(c) of the California Corporation Law, hereby consents to the adoption of and hereby adopts the following resolutions:

WHEREAS, the Company is licensed by the Department of Social Services Community Care Licensing for the State for California ("State of California");

NOW, THEREFORE, after due and careful consideration, the director of the Company hereby adopts the following resolutions:

RESOLVED, that William T. Shea, Director of Business Operations is hereby authorized to prepare, amend, execute and file licensing applications with the State of California, and to the extent required, correspond with the State of California regarding licensing matters on behalf of the Company on terms and conditions that he may deem advisable.

RESOLVED, that all actions of any kind heretofore taken by the Company or any officer or designated representative of the Company in connection with the foregoing resolutions be, and they hereby are, ratified, confirmed and approved in all respects.

IN WITNESS WHEREOF, the undersigned has executed this Consent effective as of August 29, 2003, indicating by his signature his consent to the taking of the foregoing action without a meeting and his affirmative vote in favor of all actions so taken.

Robert J. Naples
Sole Director

California Business Portal

Secretary of State Kevin Shelley

SECRETARY OF STATE | ELECTIONS & VOTER INFO | POLITICAL REFORM | CA BUSINESS PORTAL | ARCHIVES & CA HISTORY | SPECIAL PROGRAMS

Business Portal

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Business Search Corporations

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  - Certificates
  - Copies
  - Status Printouts
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Corporations

The information displayed here is current as of "JAN 02, 2004" and is updated weel is not a complete or certified record of the Corporation.

For information about certification of corporate records or for additional corporate information, please refer to **Corporate Records**. If you are unable to locate a corpo record, you may submit a request to this office for a more extensive search. Fees a instructions for requesting this search are included on the **Corporate Records Ord Form**.

Results of search for " **cedu** "

Click on the name of the corporation for additional information.

Corp Number	Date Filed	Status	Corporation Name	Agent for Service o Process
C0861603	3/3/1978	suspended	CEDU DEVELOPMENT ASSOCIATES, INC.	
C1445161	9/12/1988	active	CEDU EDUCATIONAL SERVICES, INC.	BRIGITTE WASSERMA
C2116962	8/10/1998	active	CEDU FAMILY OF SERVICES, INC.	C T CORPORA SYSTEM
C0546917	6/5/1968	suspended	CEDU FOUNDATION, INC.	DAVID M. WOHLGEMU
C0780474	3/15/1976	suspended	CEDU SCHOOL, INC.	
C1428324	1/29/1988	active	CEDU SCHOOL, INC.	C T CORPORA SYSTEM
C2129196	12/30/1998	active	CEDU, INC.	MEREDITH JC

California Business Portal

Secretary of State Kevin Shelley

Business Portal

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Business Search Corporations

- New Search
- Corporations Main Page
- FAQS
- Search Tips
- Field Definitions
- Status Definitions
- Corporate Records
- Corporate Records Order Form
  - Certificates
  - Copies
  - Status Printouts

Corporations

The information displayed here is current as of "JAN 02, 2004" and is updated weekly. It is not a complete or certified record of the Corporation.

Corporation		
CEDU SCHOOL, INC.		
Number: C1428324	**Date Filed:** 1/29/1988	**Status:** active
Jurisdiction: California		
Mailing Address		
PO BOX 4008		
AUTIN, TX 78765		
Agent for Service of Process		
C T CORPORATION SYSTEM		
818 WEST SEVENTH STREET		
LOS ANGELES, CA 90017		

Printer Friendly

New Search

- For information about certification of corporate records or for additional corporate information, please refer to **Corporate Records**.
- Blank fields indicate the information is not contained in the computer file.
- If the status of the corporation is "Surrender", the agent for service of process is automatically revoked. Please refer to California Corporations Code **Section 2114** for information relating to service upon corporations that have surrendered.

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

DESIGNATION OF FACILITY RESPONSIBILITY

Licensed facilities are required to have an authorized person continuously present at the facility during operational hours to represent the facility and to accept licensing reports. Licensees shall use this form to delegate the above authority to appropriate staff. Applicants/licensees who are corporations shall attach board resolutions authorizing this delegation.

Facility Name CEDU Schools Inc. Date November 19, 2003

Facility Number 366402761

Facility Address 3500 Seymour Road Phone 909-867-2722

City Running Springs, CA 92382 County San Bernardino

In the event of my absence I designate William T. Shea (NAME). He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

When delegating authority to appropriate staff, Residential Care Facilities for the Elderly shall comply with CCR Title 22, Division 6 Section 87564. Child Care Centers shall comply with CCR Title 22, Division 12 Section 101215.1 and other licensed facilities shall comply with CCR Title 22, Division 6 Section 80064.

I (We) shall notify the licensing agency, in writing, within 10 days of any change in the above authorization.

Signature of applicants/licensees

Executive Director
Title

3500 Seymour Road
Address

Running Springs, San Bernardino 92382
City County Zip

NOV 21 '03 PM 2:21

LIC 308 (11/02) (PUBLIC)

CEDU SCHOOL, INC.

Written Consent
of the
Sole Director

The undersigned, being the sole director of CEDU SCHOOL, INC., a California corporation (the "Company"), acting without a meeting pursuant to Section 307(c) of the California Corporation Law, hereby consents to the adoption of and hereby adopts the following resolutions:

> **RESOLVED,** that George Condas, Executive Director and licensed Administrator of Company is hereby authorized to prepare, amend, execute and file licensing applications with the Department of Social Services Community Care Licensing for the State for California ("State of California"), and to the extent required, correspond with the State of California regarding licensing matters on behalf of the Company on terms and conditions that he may deem advisable.
>
> **RESOLVED,** that all actions of any kind heretofore taken by the Company or any officer or designated representative of the Company in connection with the foregoing resolutions be, and they hereby are, ratified, confirmed and approved in all respects.

IN WITNESS WHEREOF, the undersigned has executed this Consent effective as of October 2, 2003, indicating by his signature his consent to the taking of the foregoing action without a meeting and his affirmative vote in favor of all actions so taken.

Robert J. Naples
Sole Director

NOV 21 03 02:22

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

ADMINISTRATIVE ORGANIZATION

(This side is for corporations and limited liability companies only. See reverse for public agencies, partnerships, and other associations.)

INSTRUCTIONS: *This form must be updated and submitted to the Licensing Agency each time there is a change in partners, officers or changes in the corporation or limited liability company as provided in the California Code of Regulations Title 22, Section 80034(a)(2), or 87235(a)(5), or 101165(a)(2).*

DATE: December 10, 2001
FACILITY NAME: CEDU School, Inc.
FACILITY ADDRESS: 3500 Seymour Rd, Running Springs, CA
FACILITY NUMBER: 366402761

I. CORPORATION/LIMITED LIABILITY COMPANY (LLC)

1. Name *(as filed with Secretary of State)*: CEDU School, Inc.
2. Chief Executive Officer: Vacant
3. Incorporation/Registration Date: January 29, 1988
4. Place of Incorporation/Registration: Los Angeles, CA
   Corporation/Limited Liability Company Number: D1428324
5. Please attach (1) A copy of Articles of Incorporation or organization and any amendments (2) A copy of By-Laws or Operating Agreement and any amendments (3) A copy of Resolution authorizing the filing of this application (for Corporations only). Currently on File
6. Principal office of business:
   Address: 3500 Seymour Road
   City: Running Springs
   Zip Code: 92382
   County: San Bernardino
   Telephone No.: 909-867-2722
   Contact Person: James Powell
   Title: Clinical Director
   Telephone No.: 909-336-5468
7. Out of state or foreign applicants complete the following:
   a. Name of California Representative: N/A
      Address:
      Zip Code:
      Telephone No.:
   b. Please attach a copy of a foreign corporation's or foreign LLC's registration to do business in California.
8. Names and addresses of all persons who own ten percent (10%) or more interest in corporation or LLC. Attach sheet for additional space.
   The Brown Schools, 1407 W. Stassney Lane, Austin, TX, 78745
9. Directors (Corporation)/Managers and Managing Members (LLC)
   Sherry Thornton, President, CEDU Inc.
   a. Number of Directors/Managers & Managing Members
   Until Successor is elected
   b. Term of Office (if applicable)
   Quarterly
   c. Frequency of Meetings (if applicable)
   By election of existing members
   d. Method of Selection (corporations only)

10. Officers: (For LLCs without officers, skip this section and go to Section II)

Office	Name	Principal Business Address & City & Zip Code (other than facility address)	Telephone No.	Term Expires
President	Sherry Thornton	6263 Poplar Ave, #540 Memphis, TN 38119	901 312-7940	when successor is elected
Vice-President	N/A			
Secretary	Darrell Massengale	3322 West End Ave., #550 Nashville, TN 37203	615 279-9696	when successor is elected
Treasurer	Darrell Massengale	3322 West End Ave, #550 Nashville, TN 37203	615 279-9696	when successor is elected

11. List all Directors (Corporations)/Managers and Managing Members (LLC)

Name	Mailing Address & City & Zip Code	Telephone No.	Term Expires
Sherry Thornton	1766 Chapel Court Cove Cordova, TN 38018	901 753-6823	When Successor is elected

(Attach Sheet for additional space)

II. PUBLIC AGENCY

1. Check type of public agency: ☐ Federal ☐ State ☐ County ☐ City ☐ Other, specify below

2. Agency providing services:

Name: _____ Address: _____ CITY/STATE

Mailing Address: _____ CITY/STATE/ZIP CODE

Contact Person: _____ Title: _____ Phone No.: _____

3. District or Area to be served: *(attach map if necessary)*

Specify geographic area:

_____

_____

4. Attach copy of Resolution or legal document authorizing this application.

III. PARTNERSHIPS

Attach a copy of partnership agreement (attach additional sheet if necessary)

1st Partner ☐ General ☐ Limited Name _____ TELEPHONE NUMBER

Principal Business Address _____ CITY/STATE

2nd Partner ☐ General ☐ Limited Name _____ TELEPHONE NUMBER

Principal Business Address _____ CITY/STATE

3rd Partner ☐ General ☐ Limited Name _____ TELEPHONE NUMBER

Principal Business Address _____ CITY/STATE

4th Partner ☐ General ☐ Limited Name _____ TELEPHONE NUMBER

Principal Business Address _____ CITY/STATE

Contact Person: _____ Title: _____ Telephone No.: _____

IV. OTHER ASSOCIATIONS

Other associations must also provide a similar list of persons legally responsible for the organization, contact person, appropriate legal documents which set forth legal responsibility of the organization and accountability for operating the facility.

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

DESIGNATION OF FACILITY RESPONSIBILITY

Licensed facilities are required to have an authorized person continuously present at the facility during operational hours to represent the facility and to accept licensing reports. Licensees shall use this form to delegate the above authority to appropriate staff. Applicants/licensees who are corporations shall attach board resolutions authorizing this delegation.

Facility Name Cedu Schools Inc. Date August 29,2003

Facility Number 366402761

Facility Address 3500 Seymour Road Phone 909-867-2722

City Running Springs County San Bernardino

In the event of my absence I designate Dr. George P. Condas (NAME). He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

When delegating authority to appropriate staff, Residential Care Facilities for the Elderly shall comply with CCR Title 22, Division 6 Section 87564. Child Care Centers shall comply with CCR Title 22, Division 12 Section 101215.1 and other licensed facilities shall comply with CCR Title 22, Division 6 Section 80064.

I (We) shall notify the licensing agency, in writing, within 10 days of any change in the above authorization.

5538107730
Signature of applicants/licensees

Director Business Operatons
Title

3500 Seymour Road
Address

Running Springs, San Bernardino 92382
City County Zip

LIC 308 (11/02) (PUBLIC)

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

DESIGNATION OF FACILITY RESPONSIBILITY

Licensed facilities are required to have an authorized person continuously present at the facility during operational hours to represent the facility and to accept licensing reports. Licensees shall use this form to delegate the above authority to appropriate staff. Applicants/licensees who are corporations shall attach board resolutions authorizing this delegation.

Facility Name CEDU School Inc. Date 12/10/01

Facility Number 366402761

Facility Address P. O. Box 1176, 3500 Seymour Rd. Running Springs, CA 92382 Phone (909) 867-2722

City Running Springs County San Bernardino

In the event of my absence I designate William Shea (NAME). He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

When delegating authority to appropriate staff, Residential Care Facilities for the Elderly shall comply with CCR Title 22, Division 6 Section 87563. Child Care Centers shall comply with CCR Title 22, Division 12 Section 101215.1 and other licensed facilities shall comply with CCR Title 22, Division 6 Section 80064.

I (We) shall notify the licensing agency, in writing, within 10 days of any change in the above authorization.

Signature of applicants/licensees

Clinical Director
Title

3500 Seymour Rd.
Address

Running Springs
San Bernardino, 92382
City County Zip

UNANIMOUS WRITTEN CONSENT OF DIRECTORS TO CORPORATE ACTION

I, Sherry Thornton, President of the Board of Directors of CEDU School, Inc. a California corporation, and by this writing approve the following resolution and consent to its adoption:

RESOLVED: That James Powell, Director of Clinical Services, are authorized in the name of the corporation to prepare and file an application for licensure as a group home with the state of California, Department of Social Services.

Dated: 12-10-01

Sherry Thornton

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

ADMINISTRATIVE ORGANIZATION

(This side is for corporations and limited liability companies only. See reverse for public agencies, partnerships, and other associations.)

INSTRUCTIONS: *This form must be updated and submitted to the Licensing Agency each time there is a change in partners, officers or changes in the corporation or limited liability company as provided in regulation Section 80034(a)(2), or 87225(a)(3), or 101185(a)(2).*

DATE: 9/12/2000
FACILITY NAME: CEDU School - Main Campus
FACILITY ADDRESS: 3500 Seymour Rd Running Springs, CA
FACILITY NUMBER: 366002065

I. CORPORATION/LIMITED LIABILITY COMPANY (LLC)

1. Name (as filed with Secretary of State): CEDU School, Inc.
2. Chief Executive Officer: Patricia Doyle
3. Incorporation/Registration Date: 1/29/88
4. Place of Incorporation/Registration: Los Angeles, CA
   Corporation/Limited Liability Company Number: D1428324
5. Please attach (1) A copy of Articles of Incorporation or organization and any amendments (2) A copy of By-Laws or Operating Agreement and any amendments (3) A copy of Resolution authorizing the filing of this application (for Corporations only).
6. Principal office of business:
   Address: 3500 Seymour Rd. City: Running Springs Zip Code: 92382 County: San Bernadino Telephone No.
   Contact Person: Patricia Doyle Title: Executive Director Telephone No.: (909) 867-2722
7. Out of state or foreign applicants complete the following:
   a. Name of California Representative: Not Applicable Address: Zip Code: Telephone No.
   b. Please attach a copy of a foreign corporation's or foreign LLC's registration to do business in California.
8. Names and addresses of all persons who own ten percent (10%) or more interest in corporation or LLC. Attach sheet for additional space.
   The Brown Schools, Inc.
   1407 West Stassney Lane
   Austin, Texas 78745
9. Directors (Corporation)/Managers and Managing Members (LLC)
   Three
   a. Number of Directors/Managers & Managing Members: One
   b. Term of Office (if applicable): One year or until successor elected
   c. Frequency of Meetings (if applicable): Annually
   d. Method of Selection (corporations only): Shareholder Election
10. Officers: (For LLCs without officers, skip this section and go to Section II)

Office	Name	Principal Business Address & City & Zip Code (other than facility address)	Telephone No.	Term Expires
President	See Attached	1407 W. Stassney Lane Austin, TX 78745	(512) 464-0200	When Successor Elected
Vice-President	See Attached	" "	"	"
Secretary	See Attached	" "	"	"
Treasurer	See Attached	" "	"	"

09

Rocky Mountain Academy, Inc.
Northwest Academy, Inc.
CEDU School, Inc.

Sole Director:
Tom Riley
1407 W. Stassney Lane
Austin, Texas 78745
(512) 464-0200

Officers:

Paul Dudley Hart	President
Gregg C. Waddill III	Vice President and Secretary
Peter Mair	Vice President and Treasurer

Tom Riley
3 Long Ridge Lane
Ipswich, MA 01938
(978) 356-8789

Paul Dudley Hart
2517 NE. 11th Avenue
Portland, Oregon 97212
(503) 287-9235

Peter Mair
2902 SW Orchard Hill Place
Lake Oswego, Oregon 97035
(503) 768-4913

Gregg C. Waddill III
1601 Ben Crenshaw Way
Austin, Texas 78746
(512) 329-8580

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICE
COMMUNITY CARE LICENSING

DESIGNATION OF FACILITY RESPONSIBILITY

Licensed facilities are required to have an authorized person continuously present at the facility during operational hours to represent the facility and to accept licensing reports. Licensees shall use this form to delegate the above authority to appropriate staff. Applicants/licensees who are corporations shall attach board resolutions authorizing this delegation.

Facility Name CEDU School Date 12/28/00

Facility Number 366402761

Facility Address P.O. Box 1176, 3500 Seymour Road Phone (909) 867-2722

City Running Springs County San Bernardino

In the event of my absence I designate James Powell, Ph.D. (NAME). He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

When delegating authority to appropriate staff, Residential Care Facilities for the Elderly shall comply with CCR Title 22, Division 6 Section 87563. Child Care Centers shall comply with CCR Title 22, Division 12 Section 101215.1 and other licensed facilities shall comply with CCR Title 22, Division 6 Section 80064.

I (We) shall notify the licensing agency, in writing, within 10 days of any change in the above authorization.

Patricia K. Doyle
Signature of applicants/licensees

Executive Director
Title

P.O. Box 1176, 3500 Seymour Road
Address

Running Springs, San Bernardino 92382
City County Zip

LIC 308 (11/98) (PUBLIC)

ADMINISTRATIVE ORGANIZATION (Supplement)

Complete for the following: executive director(s), officer(s), member(s) of board of directors. Include all past and present association with CCLD licensed facilities, including: licensee, employee, executive director, officer, board of directors.

NAME	POSITION	FACILITY NAME AND ADDRESS	FACILITY NUMBER
Tom Riley	Sole Director	CEDU High School CEDU Middle School P.O. Box 1176, 3500 Seymour Rd. Running Springs, CA 92382	366403761
Bud Dudley Hart	President	Same	Same
Gregg C. Waddell III	V. Pres & Secretary	Same	Same
Peter Muir	V. Pres & Treasurer	Same	Same

LIC 309A

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

ADMINISTRATIVE ORGANIZATION

(This side is for corporations and limited liability companies only. See reverse for public agencies, partnerships, and other associations.)

INSTRUCTIONS: *This form must be updated and submitted to the Licensing Agency each time there is a change in partners, officers or changes in the corporation or limited liability company as provided in regulation Section 80034(a)(2), or 87235(a)(5), or 101185(a)(2).*

DATE: 9/12/2000
FACILITY NAME: CEDU School - Main Campus
FACILITY ADDRESS: 3500 Seymour Rd Running Springs, CA
FACILITY NUMBER: 366002065

I. CORPORATION/LIMITED LIABILITY COMPANY (LLC)

1. Name (as filed with Secretary of State): CEDU School, Inc.
2. Chief Executive Officer: Patricia Doyle
3. Incorporation/Registration Date: 1/29/88
4. Place of Incorporation/Registration: Los Angeles, CA
   Corporation/Limited Liability Company Number: D1428324
5. Please attach (1) A copy of Articles of Incorporation or organization and any amendments (2) A copy of By-Laws or Operating Agreement and any amendments (3) A copy of Resolution authorizing the filing of this application (for Corporations only).
6. Principal office of business:
   Address: 3500 Seymour Rd. City: Running Spring Zip Code: 92382 County: San Bernadino Telephone No.
   Contact Person: Patricia Doyle Title: Executive Director Telephone No.: (909) 867-2722
7. Out of state or foreign applicants complete the following:
   a. Name of California Representative: Not Applicable Address: Zip Code: Telephone No.
   b. Please attach a copy of a foreign corporation's or foreign LLC's registration to do business in California.
8. Names and addresses of all persons who own ten percent (10%) or more interest in corporation or LLC. Attach sheet for additional space.
   The Brown Schools, Inc.
   1407 West Stassney Lane
   Austin, Texas 78745
9. Directors (Corporation)/Managers and Managing Members (LLC)
   a. Number of Directors/Managers & Managing Members: Three
   b. Term of Office (if applicable): One
   c. Frequency of Meetings (if applicable): One year or until successor elected
   d. Method of Selection (corporations only): Annually
10. Officers: (For LLCs without officers, skip this section and go to Section II) Shareholder Election

Office	Name	Principal Business Address & City & Zip Code (other than facility address)	Telephone No.	Term Expires
President	See Attached	1407 W. Stassney Lane Austin, TX 78745	(512) 464-0200	When Successor Elected
Vice-President	See Attached	" "	"	"
Secretary	See Attached	" "	"	"
Treasurer	See Attached	" "	"	"

Rocky Mountain Academy, Inc.
Northwest Academy, Inc.
CEDU School, Inc.

Sole Director:
Tom Riley
1407 W. Stassney Lane
Austin, Texas 78745
(512) 464-0200

Officers:

Paul Dudley Hart	President
Gregg C. Waddill III	Vice President and Secretary
Peter Mair	Vice President and Treasurer

Tom Riley
3 Long Ridge Lane
Ipswich, MA 01938
(978) 356-8789

Paul Dudley Hart
2517 NE. 11th Avenue
Portland, Oregon 97212
(503) 287-9235

Peter Mair
2902 SW Orchard Hill Place
Lake Oswego, Oregon 97035
(503) 768-4913

Gregg C. Waddill III
1601 Ben Crenshaw Way
Austin, Texas 78746
(512) 329-8580

CEDU SCHOOL, INC.

Unanimous Written Consent
of the
Board of Directors

The undersigned, being the sole director of CEDU School, Inc. (the "Corporation"), does hereby consent to the taking of action without a meeting pursuant to §307(c) of the California General Corporation Law. The following actions are hereby approved and the following resolutions are hereby adopted by the Corporation.

WHEREAS, CEDU School, Inc. desires to expand its bed capacity from 142 beds to 174 beds; and

WHEREAS, CEDU Schools, Inc. will construct or renovate the space commonly known as Shea Dorm to increase said bed capacity.

NOW THEREFORE, it is

RESOLVED, that the construction or renovation of Shea Dorm to increase the bed space capacity and construction or renovation of other necessary facilities in conjunction with said expansion of the Corporation by thirty two beds is hereby approved.

RESOLVED, that all actions of any kind heretofore taken by the Corporation in connection with the foregoing resolution be and they hereby are ratified, confirmed and approved in all respects.

IN WITNESS WHEREOF, the undersigned have executed this Consent as of the 4 day of August, 2000.

Thomas P. Riley
Sole Director

G:Cedu\Property Transactions\Shea Dorm Expansion

Name	Mailing Address & City & Zip Code	Telephone No.	Term Expire
John P. Harcourt, Jr.	1407 W. Stassney Lane Austin, Texas 78745	512 464-0200	When successo elected
See ATTACHMENTS			

(Attach Sheet for additional space) See ATTACHED.

L PUBLIC AGENCY

. Check type of public agency: ☐ Federal ☐ State ☐ County ☐ City ☐ Other, specify below

. Agency providing services:

Name: _____ Address: _____ CITY/STATE

Mailing Address: _____ CITY/STATE/ZIP CODE

Contact Person: _____ Title: _____ Phone No.: _____

District or Area to be served: *(attach map if necessary)*

Specify geographic area:

_____

Attach copy of Resolution or legal document authorizing this application.

PARTNERSHIPS

h a copy of partnership agreement

srtner ☐ General Name _____ TELEPHONE NUMBER

☐ Limited Principal Business Address _____ CITY/STATE

srtner ☐ General Name _____ TELEPHONE NUMBER

☐ Limited Principal Business Address _____ CITY/STATE

tner ☐ General Name _____ TELEPHONE NUMBER

☐ Limited Principal Business Address _____ CITY/STATE

ner ☐ General Name _____ TELEPHONE NUMBER

☐ Limited Principal Business Address _____ CITY/STATE

Contact Person: _____ Title: _____ Telephone No.: _____

HER ASSOCIATIONS

ociations must also provide a similar list of persons legally responsible for the organization, contact person, appropriate legal documents which set forth onsibility of the organization and accountability for operating the facility.

ADMINISTRATIVE ORGANIZATION

(This side is for corporations only. See reverse for public agencies, partnerships, and other associations.)

COMMUNITY CARE

DATE: 8/14/98
FACILITY NAME: CEDU School - Main Campu
FACILITY ADDRESS: 3500 Seymour Rd.
Running Springs, CA 9238
FACILITY NUMBER: 360911145 PP

INSTRUCTIONS: *This form must be updated and submitted to the Licensing Agency each time there is a change in partners, officers or changes in the corporation as provided in regulation Section 80034(a)(2), or 87235(a)(5), or 101185(a)(2).*

I. CORPORATION

1. Name *(as filed with Secretary of State)*: CEDU School, Inc.
2. Chief Executive Officer: Patricia Doyle
3. Incorporation Date: 1/29/88
4. Place of Incorporation: Los Angeles
   Corporation Number: D1428324
5. Please attach (1) A copy of Articles of Incorporation and any amendments (2) A copy of By-Laws and any amendments (3) A copy of Resolu authorizing the filing of this application.
6. Principal office of business:
   Address: 3500 Seymour Rd. City: Running Springs Zip Code: 92382 County: San Bernadino Telephone No.
   Contact Person: Title: Telephone No.:
7. Out of state or foreign applicants complete the following:
   a. Name of California Representative: Not applicable Address: Zip Code: Telephone No.
   b. Please attach a copy of authorization of a foreign corporation to do business in California.
8. Names and addresses of all persons who own ten percent (10%) or more of stock in corporation. Attach sheet for additional space.
   The Brown Schools, Inc.
   1407 West Stassney Lane
   Austin, Texas 78745
9. Governing Board of Directors:
   a. Number of Board Officers/Members: One
   b. Term of Office: One year or until successor elected
   c. Frequency of Meetings: Annually
   d. Method of Selection: Shareholder Election

Board Officers:

Office	Name	Principal Business Address & City & Zip Code	Telephone No.	Term Expires
President	See Attached	1407 W. Stassney Lane, Austin TX 78745	512 464-0200	When Success Elected
Vice-President	See Attached	"	" "	" "
Secretary	See Attached	"	" "	" "
Treasurer	See Attached	"	" "	" "

II (PUBLIC)

UNANIMOUS WRITTEN CONSENT OF DIRECTORS
TO CORPORATE ACTION

I, John Harcourt, Jr. Sole director of the Board of Directors of CEDU School, Inc., a California corporation, and by this writing approve the following resolution and consent to its adoption:

RESOLVED: That Patricia Doyle, Executive Director, and David M. Wohlgemuth are authorized in the name of the corporation to prepare and file an application for licensure as a group home with the State of California, Department of Social Services.

8-21-98
Date

John R. Harcourt, Jr.