

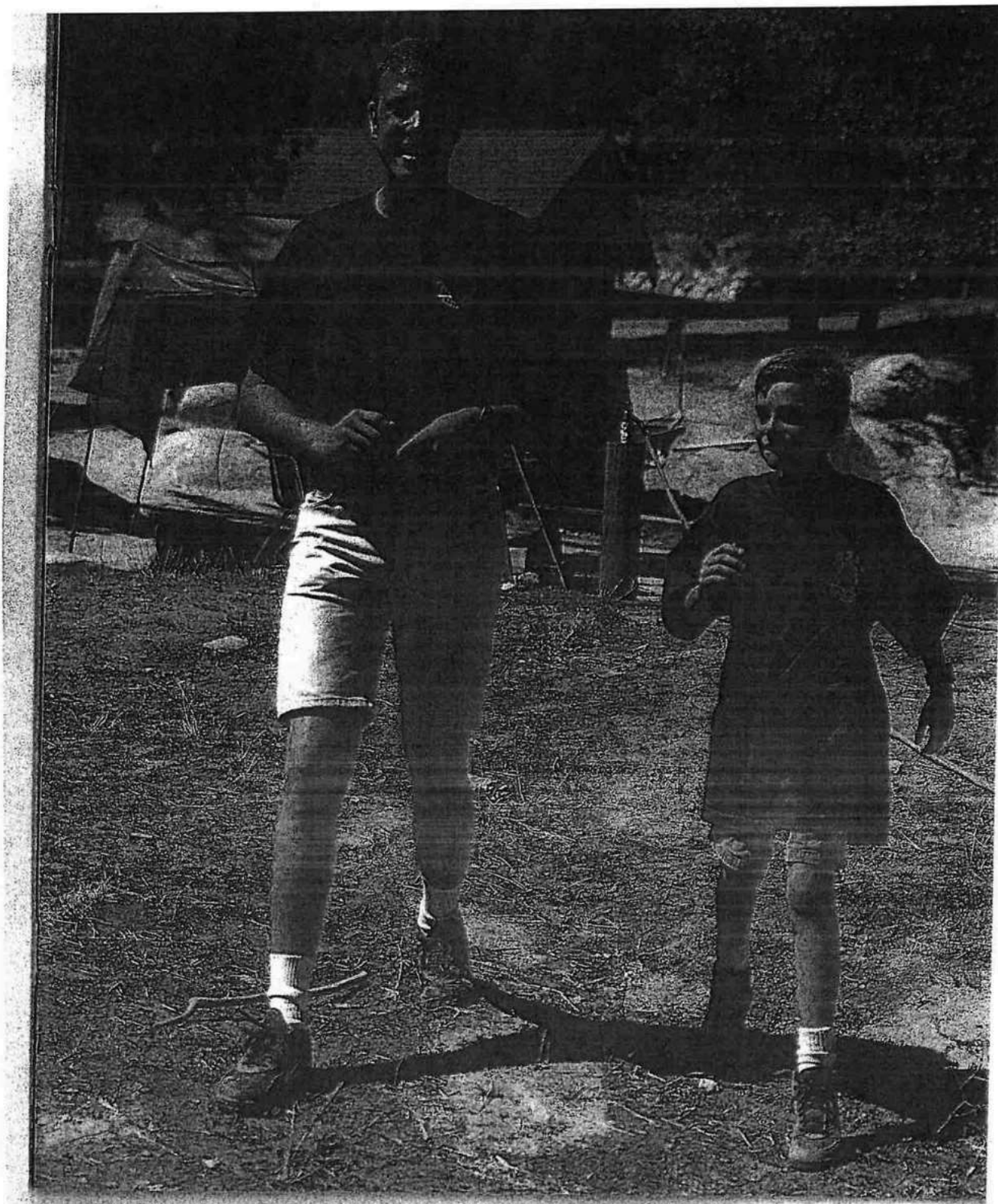


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Ad





COMMITMENT

THE CEDU FAMILY OF SERVICES IS DEDICATED TO HELPING AND HEALING CHILD AND FAMILY. CEDU IS COMMITTED TO BRINGING THE HIGHEST QUALITY RESOURCES TO THE RIGHT CHILD AT THE RIGHT TIME.



CEDU Middle School is one of the CEDU Family of Services programs. Each program has a way of reaching young people. They are inter-woven and inter-dependent, and designed to bring the right service to the right child at the right time.

For nearly three decades, CEDU has been helping families live more healthy, productive and satisfying lives through emotional growth and experiential learning. During this time, thousands of young people have been helped to develop positive self-images, healthy lifestyles, and the confidence and skills they need to reach their full potential.



The CEDU Family of Services recognizes that every journey begins with a single step. Your child's enrollment into a CEDU Family of Services program is progress on the path to success. It is never easy nor predictable. It takes work. It takes time. And it takes a high level of commitment from children, parents and staff alike.

CEDU Admissions Counselors are able to help parents determine which program will best meet their child's needs.



THE NEXT STEP: TAKING CHARGE

Acknowledging a problem is the first step to resolving a family's issues and easing the pain. Doing something about it is the next. The CEDU Middle School admissions office is open week-days, from 8 a.m. to 5 p.m. PST.

Enrollments can be scheduled seven days a week. CEDU Middle School is served by daily flights in and out of the Ontario, California International Airport. Admissions counselors will assist you with applications, assessments and professional referrals, and are available to help you explore funding options.

The CEDU Family of Services knows that separating from a child can be difficult. Therefore, safe, reliable, in-home enrollment and escorts are available for those families who request them.

TO DISCUSS ADMISSION,
CALL THE
CEDU MIDDLE SCHOOL
ADMISSIONS OFFICE TODAY!
1 - 800 - 884 - 2338
OR VISIT OUR WEB SITE AT
<http://www.cedu.com>



Our MISSION

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IN THIS ENDEAVOR, WE ARE MORE THAN THE TEACHER...

WE ARE THE LESSON, EMBODYING WHAT WE TEACH.

We strive to:

- *Identify and nurture the needs of young people;*

- *Bring the highest quality resources to the right
child at the right time;*

- *Safeguard the integrity of the child and family;*

- *Liberate the spirit of the child; and*

- *Create a safe environment for making new
choices and creating positive solutions
to life's challenges.*

We Never Give Up On A Child.



3500 CEDU ROAD . P.O. BOX 1176 . RUNNING SPRINGS . CA 92382 . PHONE 909.867.2722 FAX 909.867.9483

CEDU Family of Services: CEDU High School . Rocky Mountain Academy . CEDU Middle School

Ascent . Boulder Creek Academy . Northwest Academy . CEDU Educational Services

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CEDU High School

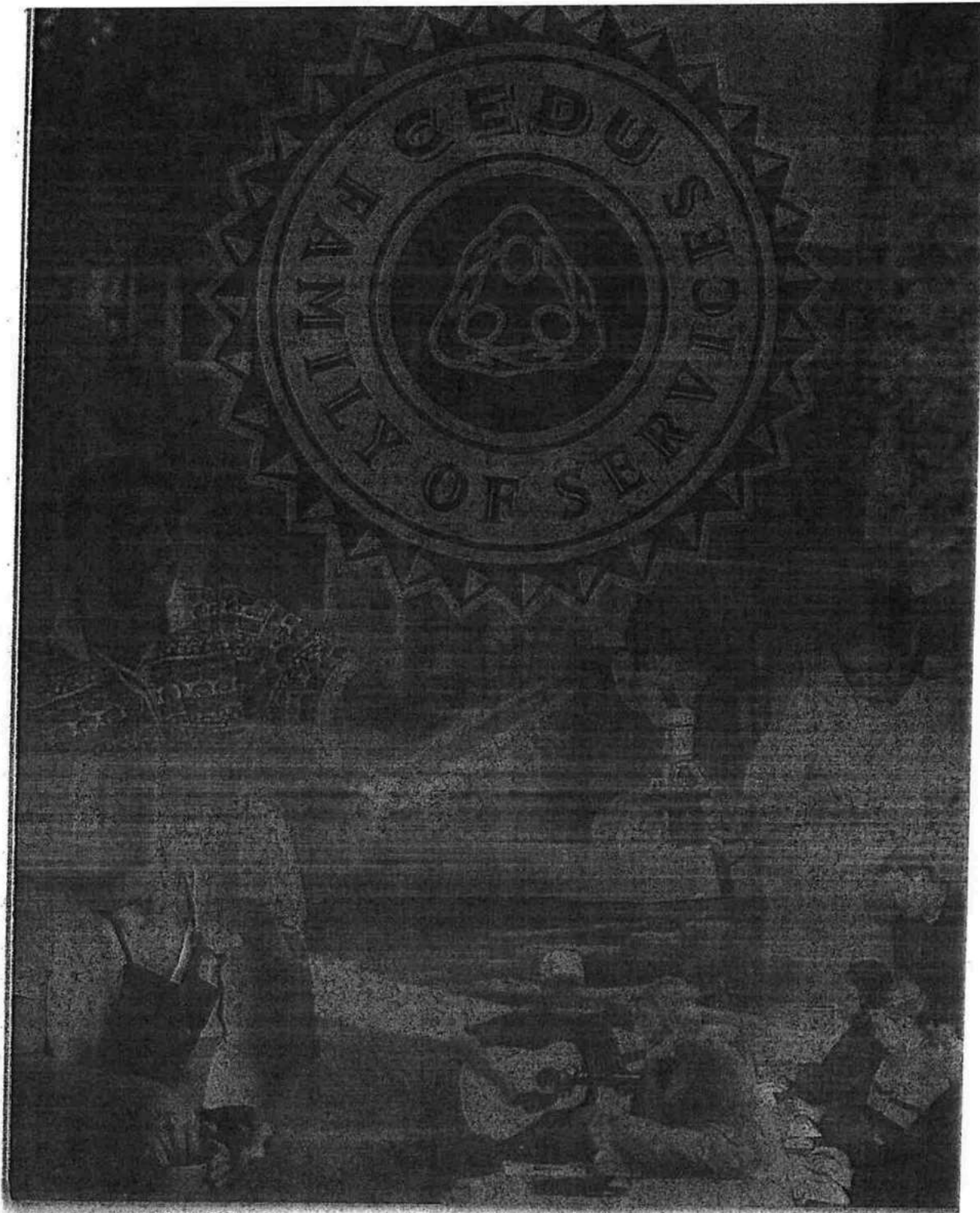


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WELCOME TO CEDU HIGH SCHOOL

CEDU HIGH SCHOOL OFFERS STUDENTS THE OPPORTUNITY TO SLOW DOWN AND FOCUS ON ACADEMIC AND EMOTIONAL ISSUES. SELF-CONFIDENCE GROWS AS YOUNG PEOPLE LEARN TO MAKE HEALTHY DECISIONS.



For the troubled adolescent, CEDU High School is a practical, experience-based learning program that combines rigorous, yet appropriate, academics with an extensive emotional growth curriculum. Since 1967, CEDU High School has served academically oriented boys and girls, ages 14-17, who have experienced academic, social or emotional difficulties at home, school or with peers.

CEDU High School—through its innovative curriculum, staff and facilities—extends the principles of the CEDU Family of Services to a group of teens who might not otherwise have a chance to succeed in school or at home as healthy young adults.

HOW CAN CEDU HIGH SCHOOL HELP YOUR CHILD?

Many of the participants who enroll in CEDU High School have experienced poor academic performance often stemming from low self-esteem, poor choices and emotional difficulties. These problems often build upon each other.

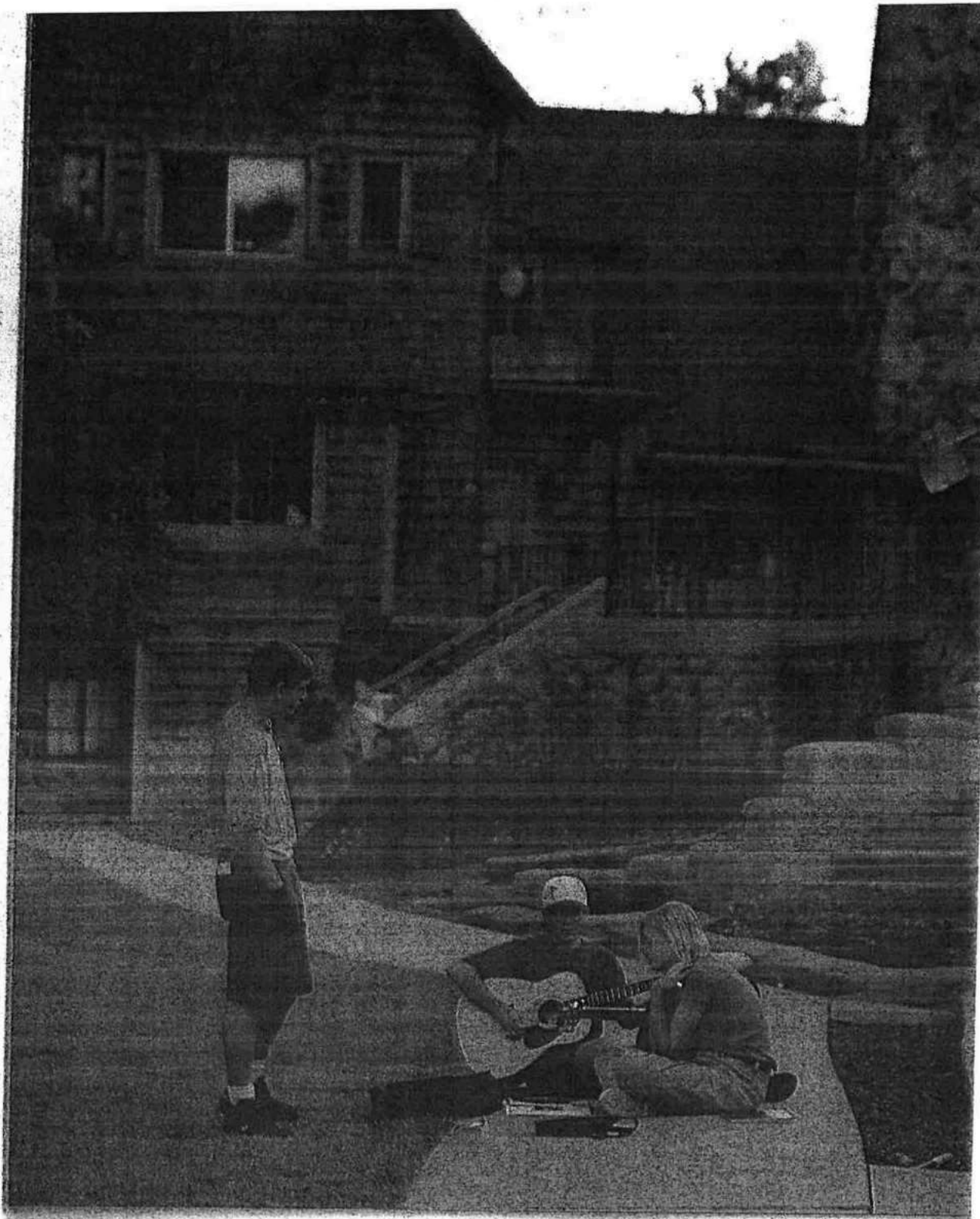
Inappropriate behavior and poor family relations usually follow. The whirling cycle of negativity gains strength with each successive failure.

What started out as an isolated problem can lead to detrimental emotional problems and behavioral patterns.

CEDU High School interrupts negative behavior patterns and examines their causes. Academics and emotional growth work are integrated to give young people the opportunity to realize their full potential. It is, for most, a once-in-a-life-time experience that allows them to resolve past issues, focus on behavior and emotions, and develop practical life skills and healthy ways of living.

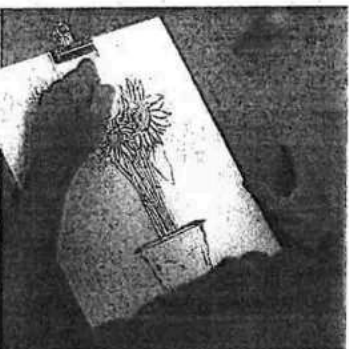
What distinguishes CEDU High School from other schools and programs is a curriculum that balances emotional growth with the tradition of college preparatory academics. Combined with outdoor and leadership curricula, the CEDU High School program addresses the whole child. Assessment, coupled with a comprehensive and flexible response, are key to each participants' success. Self-confidence grows in the nurturing and highly structured environment.





THE CEDU HIGH SCHOOL PHILOSOPHY

CEDU HIGH SCHOOL TEACHES TEENS TO MAKE FUNDAMENTAL CONNECTIONS BETWEEN BEHAVIOR AND CONSEQUENCE, IN A SAFE, PREDICTABLE ENVIRONMENT.



CEDU High School is designed for teens whose emotional, behavioral and academic needs have not been accommodated through traditional education. Located in the mountain resort area of Running Springs in California, CEDU High School is located on a 76-acre wooded campus with an outdoor atmosphere and attractive buildings. This natural setting is an integral part of the therapeutic process and provides a fitting backdrop for healing family relationships. It is a safe, predictable environment that speaks of nurturing, growth and development for young people.

Whether in the indoor or outdoor classroom, academics and emotional growth work teach young people to make fundamental connections between behaviors and consequences. CEDU High School's philosophy is evident in the "learning-by-doing" process.

The integrated curriculum helps young people reach their potential by meeting their emotional, intellectual and physical needs.

OFTEN, THOUGH NOT ALWAYS, THE "TYPICAL" CEDU TEEN...

- is right, but misunderstood
- says "I don't care," but thinks "I care"
- selectively tunes out in the middle of conversations
- is unwilling to try new things
- is highly manipulative
- has poor peer & family relations
- has experienced academic difficulties
- has experimented with drugs or alcohol
- and has a negative attitude

The CEDU High School program challenges minds and stimulates feelings. The emotional growth component of CEDU Education works hand-in-hand with the academic curriculum to help children shift into a more positive mindset. The combination of emotional growth, academics and outdoor experiences offers young people abundant opportunities for success.



THE CEDU PROGRAM

CEDU'S METHODS OF PERSONAL EDUCATION CHALLENGE ONE TO GROW, EMOTIONALLY AND INTELLECTUALLY.

TRADITIONAL, COLLEGE-PREPARATORY ACADEMICS ARE ENHANCED BY A COMPREHENSIVE EMOTIONAL GROWTH CURRICULUM.



CEDU High School participants are academically oriented and need the intellectual challenges of a strong curriculum.

CEDU provides a powerful combination of traditional college preparatory academics and a comprehensive emotional growth program. This innovative method of personal education challenges participants to grow emotionally *and* academically.



Academic courses are taught year-round, with a hands-on, integrated approach in a tactile environment. The curriculum challenges teens to learn about themselves and the world around them. Courses provide real-world associations among topics.

Constructive assessment enables participants to continue on the college track while working to build their self-esteem. Small class sizes and concerned educators give teens the attention they need.



Social studies, sciences, math, performing arts, foreign language, journalism, literature and composition, and electives are all offered at CEDU High School. A broad array of courses

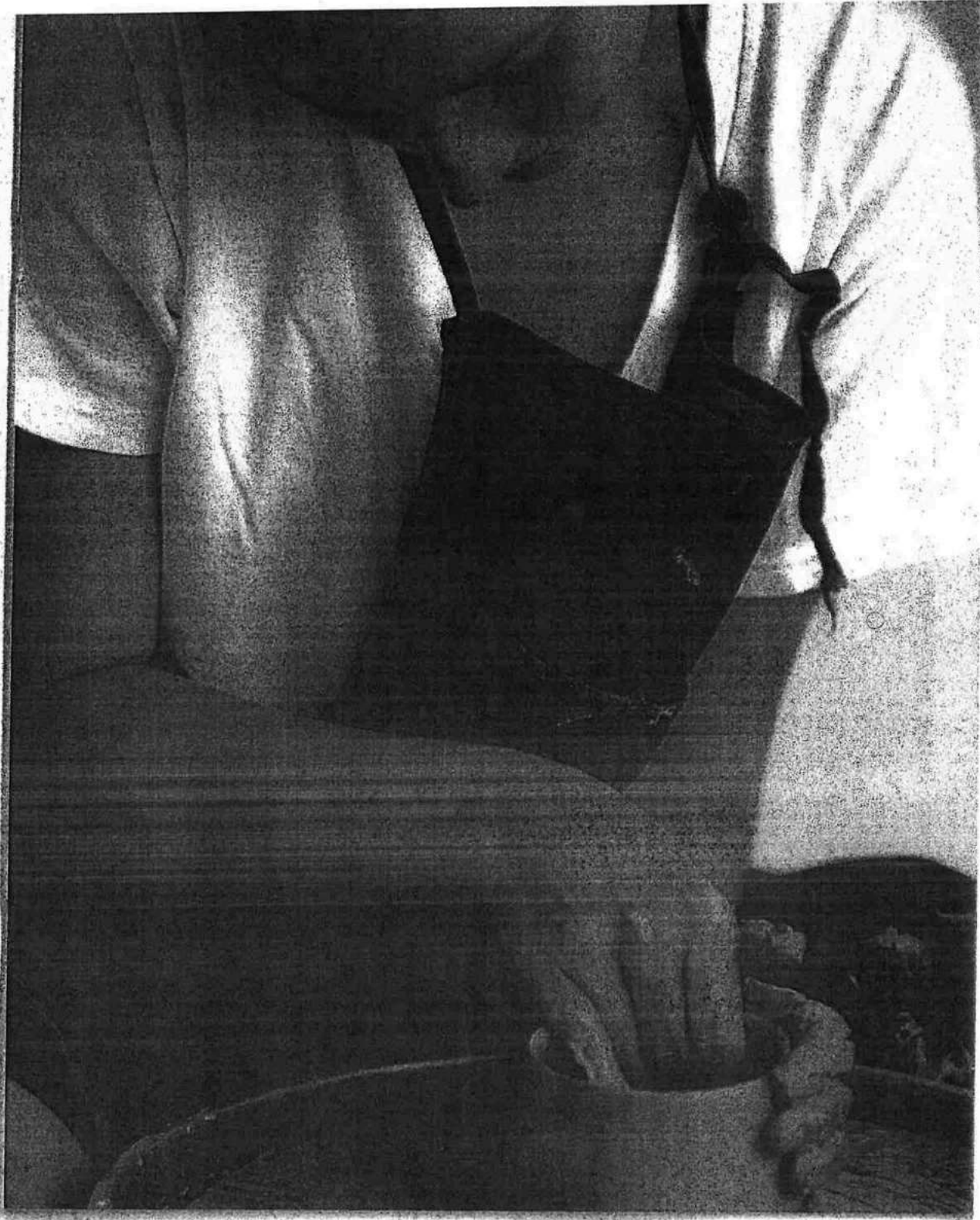
are designed to meet each individual's needs. Emphasis is placed on vocabulary development and reading comprehension. A Visual Arts Center provides for artistic expression and lessons in a variety of media.

Emotional growth work facilitates academic achievement and development of a positive self-image.

Many young people come to CEDU High School with a history of failure and frustration. Their emotional difficulties can seriously undermine relationships with family and peers. Through the CEDU High School program, accountability shifts from "them" to "I," as students begin to take responsibility for their actions and their choices. Then privileges can be earned.

CEDU is fully accredited by the Western Association of Schools and Colleges as a senior high school, is appropriately licensed by the State of California, and is certified as a Non-Public School. The academic program features transferable credits in and out of CEDU High School.

The interrelationship of program, coupled with continuity of care, demonstrates unyielding commitment to the success of every child.



THE LEARNING PROCESS

THE WHOLE CHILD IS EDUCATED AT CEDU HIGH SCHOOL. TEACHERS ADDRESS EMOTIONAL NEEDS IN THE CLASSROOM WHILE COUNSELORS INCORPORATE ACADEMIC LESSONS INTO THEIR EMOTIONAL GROWTH WORK.



At CEDU High School, emotional growth and academics are combined to provide a complete program. CEDU's approach to teaching is multi-modal; that is, many different elements have been considered and are used in teaching students how to learn. Learning is experience-based; participants learn by doing, giving them a lasting understanding of each lesson.



Frequent opportunities for success are created, fostering a positive learning experience both inside and outside the classroom. Developing a strong relationship between one's logical and creative abilities is a primary goal of the faculty.

Learning differences are addressed through a special education component. Specific needs are assessed, and a comprehensive plan is developed to meet these needs.

CEDU HIGH SCHOOL:

- *Builds self-esteem and confidence*
- *Develops positive attitudes*
- *Promotes healthy lifestyles and relationships*
- *Encourages academic achievement in an environment designed for success*



CEDU FACULTY

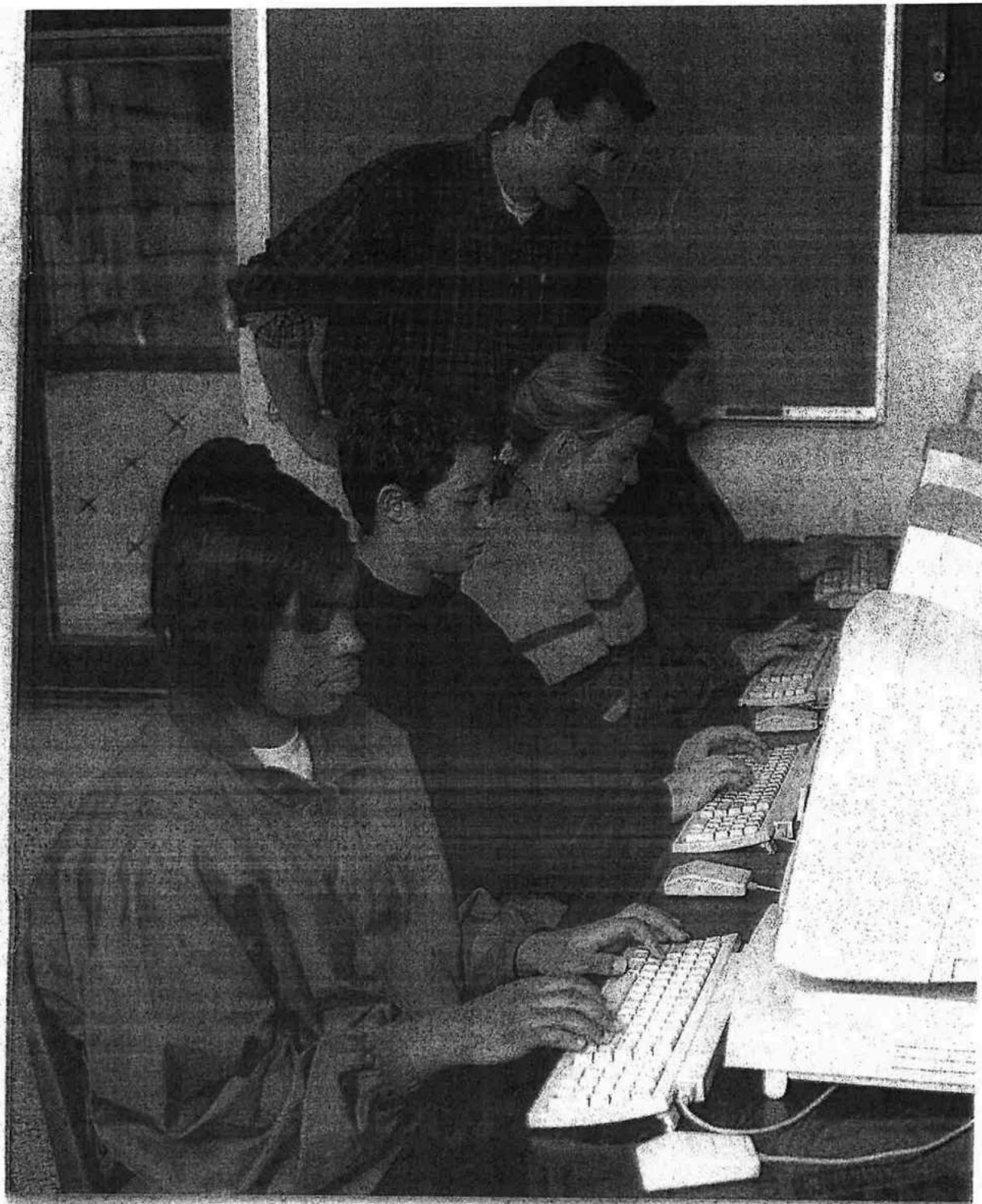
The CEDU High School faculty is a well-blended group of skilled, informed and trained professionals, rich in education and life experience. Many are distinguished by impressive credentials, and all are characterized by a caring attitude and a devotion to young people.

Faculty members are prepared for the needs of CEDU participants.

Incorporating the CEDU philosophy into their methods, teachers skillfully respond to emotional issues that arise in the classroom while counselors incorporate academic lessons into their emotional growth experiences.

Masters at helping young people make intellectual and emotional discoveries, these warm, honest and involved men and women are experts at drawing firm boundaries in a direct, yet caring way. The low child-to-staff ratio provides the opportunity to give the direction and structure teens need to succeed as individuals and members of a working team.

CEDU High School's dedicated group of mentors share a commitment to making a difference in the lives of young people.



CAMPUS LIFE

CEDU IS A FULL-TIME PROGRAM. LEARNING CONTINUES LONG AFTER THE SCHOOL DAY ENDS.



Life on the CEDU High School campus is a combination of classroom study, emotional growth work, outdoor activities and recreation designed to help young people learn from what they experience.

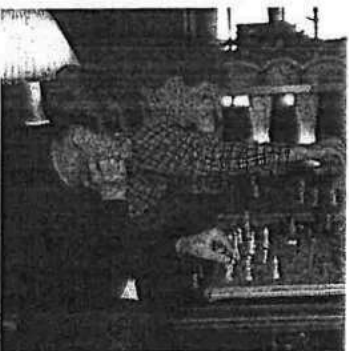
Weekdays begin with a discussion group that helps plan and focus the day's activities. After this meeting, teens attend classes in traditional college-preparatory subjects.

Afternoons are spent on elective courses, group sessions, counseling, trust exercises, work assignments and physical and outdoor training. These activities reinforce the emotional growth curriculum by instilling a healthy ethic, trust in peers and a sense of accomplishment.

Evenings and weekends bring a broad range of structured work and leisure-time activity. Art projects, computer activities, and interaction with peers and faculty is encouraged. CEDU is a full-time program and learning continues long after the school day ends.

ACTIVITIES

Personal fitness is critical to each teen's plan for success, and athletics are an essential component.



CEDU High School students have many physical fitness activities and facilities available to them. Depending on the season, you'll find them swimming in the pool, playing baseball, tennis or basketball, or participating in a variety of other individual and team sports.

The surrounding mountains provide ample opportunity for supervised hiking, camping and other outdoor activities. This activity is conducted under the close supervision of experienced, certified outdoor staff, and only after participants have received proper instruction.

Participants live in dormitories that provide a comfortable, warm and secure "home away from home." They take responsibility for their surroundings and are expected to keep their rooms, personal belongings and common areas clean and orderly.

The 24-hour staff presence offers safety and accountability. Positive peer influences are also instrumental in the growth experience that comes as a result of living, working and learning together.



Advertisement

PARENTAL SUPPORT

THROUGH WORKSHOPS, SEMINARS AND OPEN COMMUNICATION, THE PARENT EDUCATION PROGRAM AT CEDU HIGH SCHOOL IS DESIGNED TO COMPLEMENT THE CHILD'S EDUCATION, AND FACILITATE THE ULTIMATE REBUILDING OF THE FAMILY.



Family support and education is crucial to the success of CEDU High School participants. Concern and care have led to the decision to enroll the child. But good faith alone is not enough.

Faculty, staff and administrators are dedicated to the rebuilding of healthy relationships between teens and their families. An essential part of the growth process is regular participation by parents in both education and communication programs.



Parent Education brings the lessons learned at CEDU High School to the family. Though a young person's problems at home, school or with peers may seem to be isolated, their solutions inevitably involve the parents. Through workshops, seminars and ongoing communication, the Parent Education Program at CEDU High School is designed to complement the child's education and advance the ultimate rebuilding of the family. In turn, the family experiences a heightened level of communication, resolution and satisfaction that affects all aspects of their lives.

Workshops for parents held throughout the year provide insight into the workings of CEDU Family of Services and other

practical advice on how to have better relationships with your children.

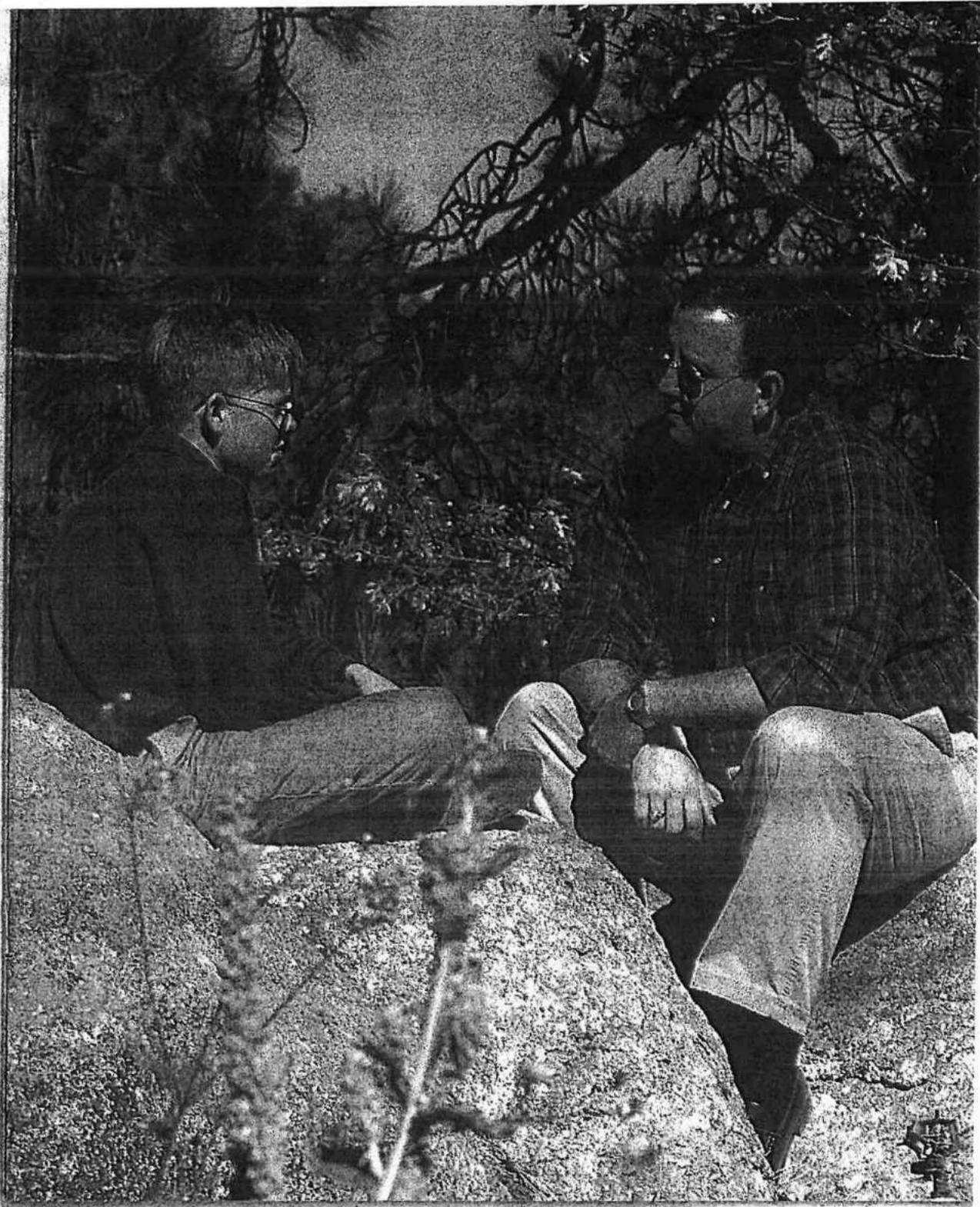
The results of these workshops are lasting, positively impacting personal, family and professional lives.

Complementing these on-going opportunities are several parent support groups around the country.

Regular communication is also very important. Through the coordinated effort of a Family Resource team assigned to each child, parents are kept apprised of specific issues, growth and success. Parents and children keep in touch through regular phone calls and letter-writing assignments that address family issues.

As the participant nears completion of the CEDU program, preparations begin for the next step, whether it be home, college or career. Emphasis is placed on communication for both parent and child, reintegration with the family, cooperative goal-setting, and problem-solving. It is also during this stage that teens and parents begin making joint decisions, strengthening their relationships and planning for the future.





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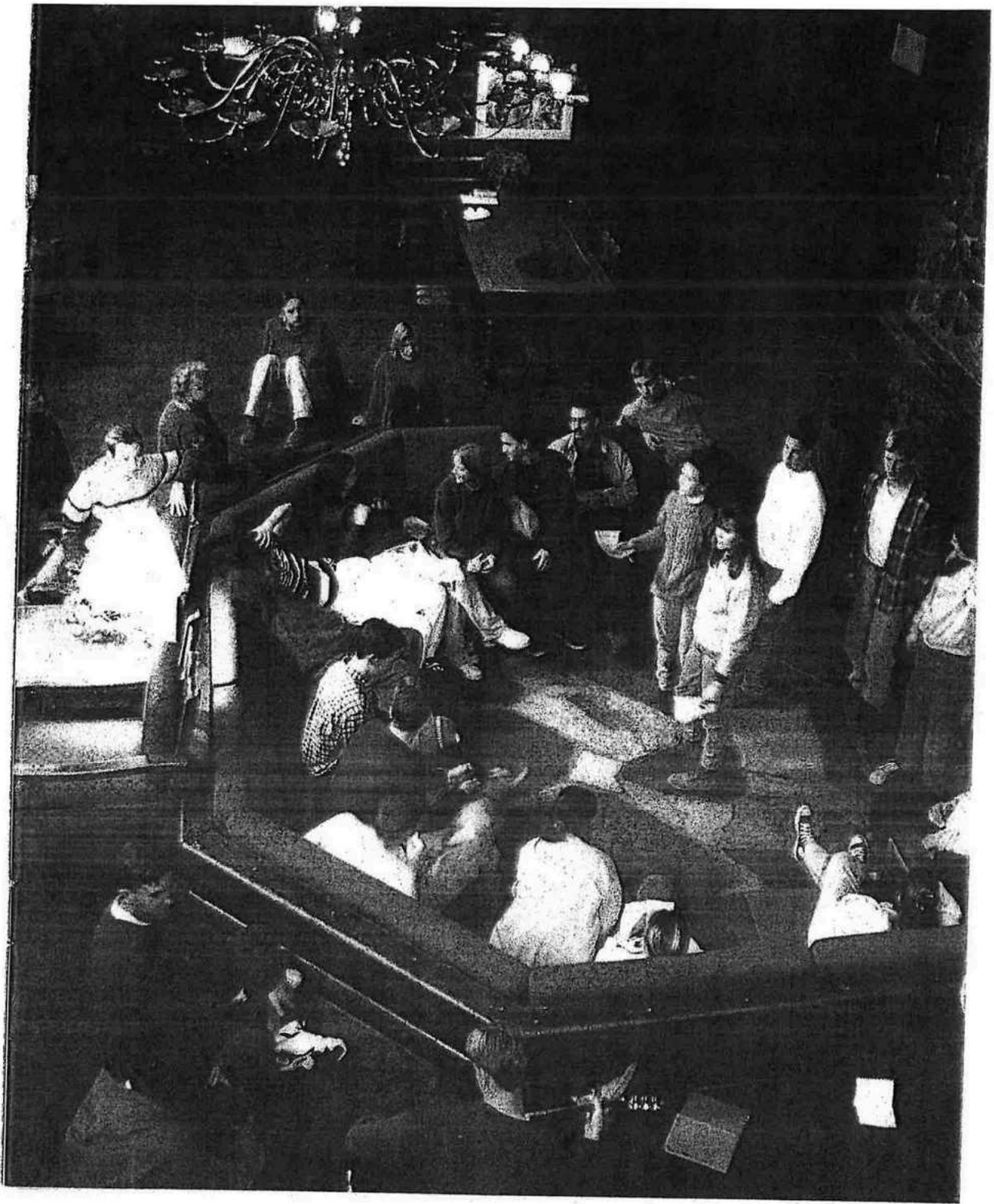
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TODAY:

1 · 800 · 884 · 2338

OR VISIT OUR WEB SITE AT:
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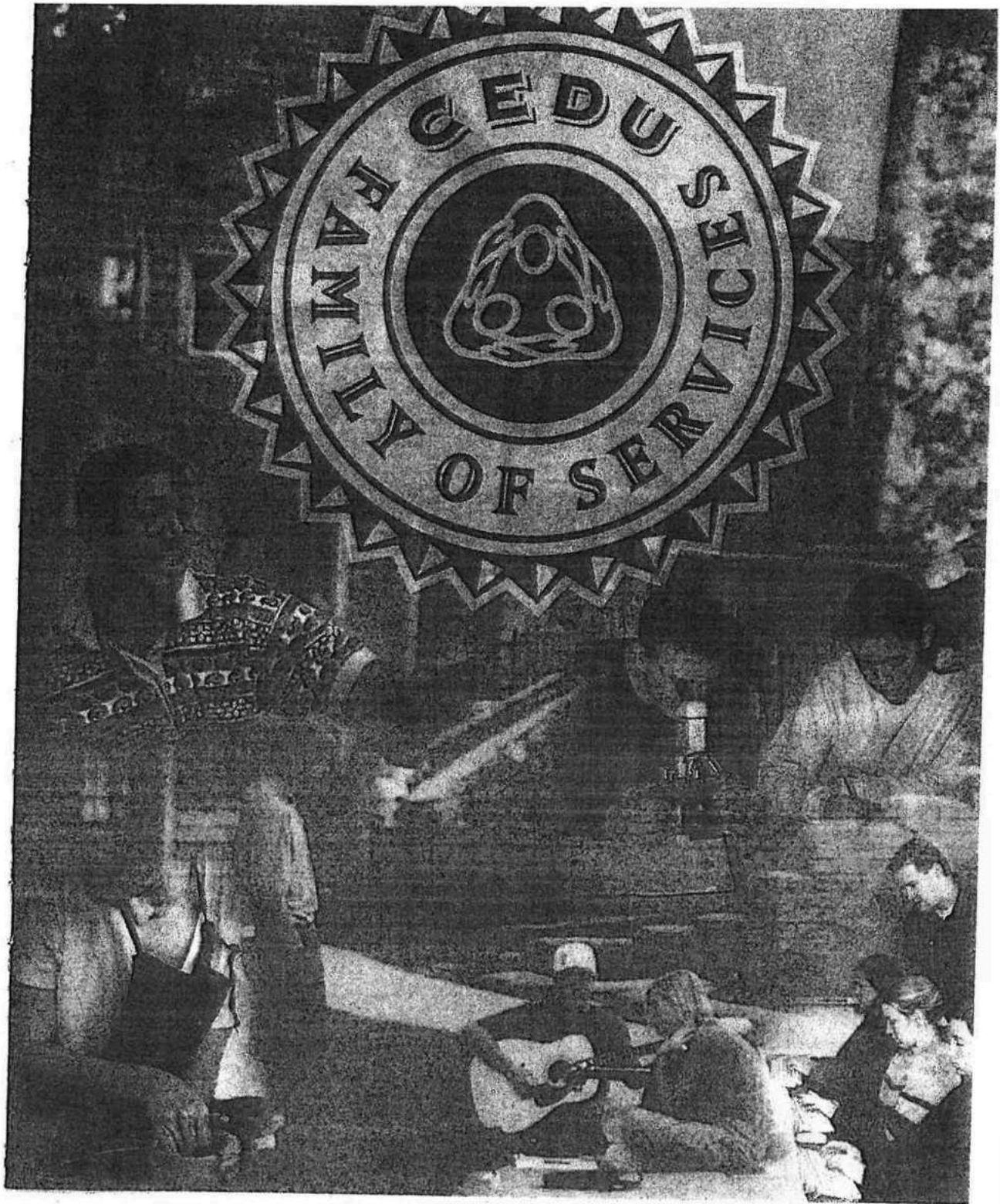
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3500. Seymour Road . P.O. Box 1176 . Running Springs . CA 92382 . Phone 909.867.7054 Fax 909.867.7084
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

COMPLAINT REPORT

This form is intended to document complaints received in the licensing office. Unless the complaint is considered harassment, a licensing visit must be conducted within 10 calendar days after receipt of the complaint.

REPORT		☒ URGENT ☒ PRIORITY ☒ RIS REFERL		
IN PERSON		PRIORITY NUMBER: 1		
COMPLAINANT NAME		DISTRICT OFFICE	VISIT DUE DATE	CONTROL NUMBER
[REDACTED]		Pacific Inland	06/27/2004	198615
ADDRESS		FACILITY INFORMATION		
STREET		TYPE OF FACILITY		
[REDACTED]		730		
CITY		FACILITY FILE NUMBER		
[REDACTED]		366402761		
ZIP CODE		FACILITY NAME		
[REDACTED]		CEDU SCHOOL-MAIN CAMPUS		
TELEPHONE NUMBER (DAY)		ADDRESS		
[REDACTED]		[REDACTED]		
TELEPHONE NUMBER (EVENING)		STREET		
[REDACTED]		3500 SEYMOUR ROAD		
RELATIONSHIP / INVOLVEMENT WITH FACILITY		CITY		
[REDACTED]		RUNNING SPRINGS		
WAS ABUSE REPORT REQUIRED AND FILED?		ZIP CODE		
NO		92382		
DOES COMPLAINANT WISH TO REMAIN ANONYMOUS?		TELEPHONE NUMBER		
YES		(809) 867-2722		

NATURE OF COMPLAINT (Separate complaint into specific allegations and assign one of the following complaint codes:)

- | | | | | |
|---------------------------------------|-------------------|---------------------------------|---------------------|------------------------|
| 1. Physical Abuse/Corporal Punishment | 5. Fire Clearance | 9. License | 13. Medication | 17. Financial Issues |
| 2. Sexual Abuse | 6. Crimes | 10. Neglect/Lack of Supervision | 14. Financial Abuse | 18. Questionable Death |
| 3. Personal Rights | 7. Physical Plant | 11. Food Service | 15. Level of Care | 19. Other |
| 4. Unlicensed Care | 8. Record Keeping | 12. False Statements | 16. Qualifications | |

COMPLAINT CODE		ALLEGATIONS	RESOLUTION CODE		
			S	I	U
2	1 2 3	On 3/25/04, client #1 was sodomized with a broomstick by client #2	☐	☒	☐
2	1 2 3	Client #3 was raped multiple times between 9/01 and 3/02 by client #4 (18 year old) and 5	☐	☒	☐
10	1 2 3	Client #1 reported rapes to staff and no action was taken	☐	☒	☐
19	1 2 3	Facility did not report rapes on client #3	☐	☒	☐
19	1 2 3	[REDACTED]	☐	☐	☒
19	1 2 3	[REDACTED]	☐	☐	☒
10	1 2 3	On 10/01, client #4 was arrested for assault with intent to commit rape on client #6	☐	☒	☐
19	1 2 3	[REDACTED]	☐	☐	☒

RECEIVED BY	DATE	TIME
Elvia Baris	06/17/2004	09:44 AM

LIC802 (FAS) - (3/99) (CONFIDENTIAL/PUBLIC DEPENDING ON TYPE OF INFORMATION)

Page: 1 of 2

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**COMPLAINT REPORT (Cont)**

URGENT; PRIORITY; RIS REFERL Number 1		VISIT DUE DATE 06/27/2004	CONTROL NUMBER 198615
FACILITY NAME CEDU SCHOOL-MAIN CAMPUS		TYPE OF FACILITY 730	FACILITY FILE NUMBER 366402761

DETAILS OF ALLEGATION(S) / DESCRIPTION OF INCIDENT(S)

1 LPA Baris met with [redacted] 6/17/04 for follow-up information on search warrant served to CEDU 6/1/04 for the
 2 code 2 allegations. [redacted] now has the client files and other records in his possession. [redacted] stated that
 3 the case# for the sodomy case was 050400844. The sodomy incident happened on 3/25/04, but was not reported to the
 4 sheriff's department until 3/27/04. The reporting party for the sodomy incident was CEDU staff [redacted] the victim, client
 5 #1, was [redacted] and the suspect, client #2, was [redacted]. Per [redacted] the case went to court and
 6 client #2 plead bargained/pled guilty to battery. He stated the case was sent to the San Bernardino Juvenile DA Office, 900
 7 Gilbert Street, San Bernardino, CA 92415, attn Lance Cantos, DA case# 0000194111. LPA Baris provided [redacted] a
 8 letter he stated he would hand deliver to Lt. Roper requesting a copy of case# 050400844 for licensing.
 9 Regarding the multiple rape case, client #3, [redacted] reported she was raped multiple times by client
 10 #4, [redacted] and client #5, [redacted] separately. She reported to [redacted] that the
 11 first time she was raped was by [redacted] within the first week at the group home on 9/01. She was seen by a Dr. Simpson
 12 whose wife, Cindy Simpson works at CEDU. Avante reported that staff told her there was nothing that they could do for her
 13 expect refer information to the team leader. After her doctor visit, she started getting additional meds. She later found out it
 14 was birth control pills which she had not requested. The second time she was raped by [redacted] at a rock formation
 on CEDU grounds called "stone table". About a month after this reported incident, [redacted] was arrested at CEDU for
 attempted rape on client #6, [redacted] on 10/02/01. Sheriff's report attached.

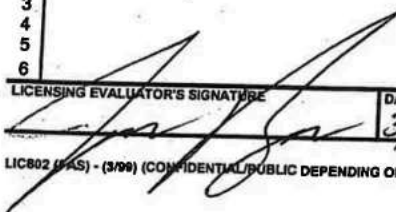
PRE-INVESTIGATION CONTACT WITH COMPLAINANT		POST-INVESTIGATION CONTACT WITH COMPLAINANT	
DATE CONTACTED	PERSON CONTACTED	DATE CONTACTED	PERSON CONTACTED
		03/08/2005	
HOW CONTACTED:		HOW CONTACTED: TELEPHONE	
1		1	V/m message left at contact number.
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	

SUMMARY OF OTHER CONTACTS / REPORTS

1 BOI
 2
 3
 4
 5
 6
 7
 8

FOLLOW-UP COMMENTS

1 None. Complaints found to be Inconclusive and Unfounded.
 2
 3
 4
 5
 6

LICENSING EVALUATOR'S SIGNATURE 	DATE 3/8/05	LICENSING SUPERVISOR'S SIGNATURE 	DATE 4/18/05
--	----------------	--	-----------------

LIC802 (FAS) - (3/99) (CONFIDENTIAL/PUBLIC DEPENDING ON TYPE OF INFORMATION)

Page: 2 of 2

PERSONNEL REPORT

INSTRUCTIONS:

This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensees if administrator/director. Show license/certificate number if applicable for specialized staff (e.g., Social Worker and other consultant(s)). Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

NAME OF FACILITY: **CEDU Schools**
 PREPARED BY: **KAREN SMARTE**
 FACILITY TYPE: **Group home 6 or more**
 FACILITY NUMBER: **266 402 761**
 DATE: **11-26-03 2-11-04**

A. STAFF SUBJECT TO FINGERPRINT REQUIREMENTS: The following staff members are subject to a criminal record clearance pursuant to Sections 1522, 1569.17 and 1598.871 of the Health and Safety Code. Fingerprints and a Child Abuse Central Index Check (LIC 198)* shall be submitted to the Department of Justice prior to employment, residence or initial presence in the facility.

NAME	DATE EMPLOYED	JOB TITLE	SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY	
			DAYS	FROM TO	DAYS	FROM TO	DAYS	FROM TO
ABELL, Pamela	4-4-83	COORDINATOR Family EDUCATION	M-F	8 AM 5 PM				
Alyassi, Ricky	6-2-03	COUNSELOR	TH-S	1 PM 9 PM	Sa-M	6:30 AM 4:30		
ANNERSON, JARED		VOL/INTERN						
AUTTE, Heidi	5-5-03	DRIVER - ON CALL						
BALDWIN, Jill	10-23-01	SUPPORT III						
BEERS, SUSAN	10-23-02	COUNSELOR ON CALL						
BERA, Carol	3-18-98	FOOD SERVICE MANAGER						
Blanchard, CHRISTOPHER	10-24-75	DATA ANALYST	T-SAT	6 AM 3 PM				
Blanchard, Priscilla	4-7-92	RESOURCE COORDINATOR	M-F	8 5 PM				
BORG, Kenneth	10-1-99	Counselor	M-F	8 5				
BORON, Stacy	11-28-03	Counselor	SAT-Sun	1 PM 9:30	M-W	6:30 4:00		
BROTHERTON, LESLY	4-16-03	Counselor Night STAFF	TH-M	1 PM 9:30				
BROWN, Diane	3-9-00	TEAM LEADER	TH-Sun	9 PM 7:30 AM				
BURGOS, MARGOS	11-2-94	FOOD SERVICE WORKER	Sun-	1 PM 9:30	M-T	8 AM 4 PM	W-TH	1 PM 9:30
BURGUAN, LINDA	9-14-02	TEACHER	Sun-TH	6:30 AM 4 PM				
BUTT, Carrie	9-10-02	Counselor	M-F	8 AM 5 PM				
Buxton, Kenneth	8-22-94	TEACHER	SAT-Sun	1 PM 9:30 PM				
CASSELL, DANIELLE	6-8-00	THERAPIST - CONTRACT	M-F	8 AM 5 PM				
CHASTAIN, CHRISTINE	3-28-96	CAMPUS STORE COORDINATOR						
Clancy, Robert	4-29-03	FOOD SERVICE WORKER	M-F	8 5				
			Sun-TH	8 5				

CONTINUED ON REVERSE

*Applies only to facilities providing care and supervision to children.

LIC 500 (REV 06/00)

PERSONNEL REPORT

INSTRUCTIONS:

This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensees if administrator. Show license/certificate number if applicable for specialized staff (e.g., Social Worker and other consultant(s)). Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

NAME OF FACILITY

CEDU Schools

PREPARED BY

KAREN SMARTE

FACILITY TYPE

Group Home Look more

FACILITY NUMBER

366-402-761

DATE

1-9-04 2-11-04

A. STAFF SUBJECT TO FINGERPRINT REQUIREMENTS: The following staff members are subject to a criminal record clearance, pursuant to Sections 1522, 1569.17 and 1588.871 of the Health and Safety Code. Fingerprints and a Child Abuse Central Index Check (LIC 198) shall be submitted to the Department of Justice prior to employment, residence or initial presence in the facility.

NAME Licensee/Administrator	DATE EMPL'D	JOB TITLE	SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY	
			DAYS	FROM TO	DAYS	FROM TO	DAYS	FROM TO
Cobb, Tanni	11-24-97	SUPPORT III	M-F	730 4 PM				
Collins, Rochelle	10-31-01	SUPPORT II	M-F	8 5				
Condas, GEORGE	7-1-03	EXECUTIVE DIRECTOR	M-F	8 5				
Cote, MARLENE	9-15-97	TEACHER	M-F	8 5				
CRAIN, WILLIAM	6-30-99	PLANT OPERATIONS	M-F	8 5				
CROCHIERE, RYAN	7-1-03	INTERIM - ON CALL	M-F	8 5				
CHOWDER, STEVEN	8-8-02	Counselor	VARIES					
DASTRAP, KRISTIE	7-24-95	Team LEADER	SAT. W	1 PM 9:30 PM				
Davis, JACK	12-15-94	Counselor Night Staff	T-SAT	7:30 AM 4 PM				
Dewsoap, Richard	7-21-00	Counselor	S-W	9 PM 7:30 AM				
Dockstader, Dennis	9-19-97	ON CALL Counselor	Sa TH	8 AM 4:30	M-Tu	1 PM 9:30		
DRYBARG, Keith	12-29-00	Therapist	VARIES					
DUNN, Amy	8-28-02	ON CALL Counselor	AS NEEDED					
DUBERG, CRAIG	1-8-01	Counselor Night Staff	VARIES					
ELIOTT, BRANDI	9-13-94	Middle School DIRECTOR	T-F	9 PM 7:30 PM				
FALLS, BRIAN	7-7-03	Counselor	M-F	8 5				
GEARY, BRIAN	2-14-03	AS NEEDED - ESCORT	TH-F	1 PM 9:10	S-S	8 4	M	6:30 AM 3 PM
Gump, Kenneth	5-8-98	AS NEEDED - ESCORT	VARIES					
HALLMARK, BETTIE	4-24-00	SUPPORT II	VARIES					
HARRIS, SHARPA	4-24-00	Team LEADER	M-F	8 5				
			T-TH	8 5	W	1 PM 9:30	F-Sat	8 AM 4:30

CONTINUED ON REVERSE

*Applies only to facilities providing care and supervision to children.

LIC 800 (000) PUBLIC

PERSONNEL REPORT

INSTRUCTIONS:

This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensees if administrator. Show license/certificate number if applicable for specialized staff (e.g., Social Worker and other consultant(s)). Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

NAME		DATE EMPLOYED	JOB TITLE	SPECIFY HOURS ON DUTY		SPECIFY HOURS ON DUTY		SPECIFY HOURS ON DUTY	
Licensee/Administrator				DAYS	FROM TO	DAYS	FROM TO	DAYS	FROM TO
HARRIS, TROY	1-1-96	Coordinator II							
HERNANDEZ, VICTOR	11-25-97	Plant Ops							
HUDNALL, LESLIE	3-19-02	Counselor NIGHT STAFF							
INCANDELA, REBECCA	5-4-02	Resource Coordinator							
JACOBS-Avila, Emily	6-25-02	HAIR CUTTER							
JAMES, DAWN	5-5-03	Counselor							
JANOWSKI, Emily	8-1-03	AS NEEDED ESCORT							
JOHNSON, RAYANN	10-23-00	Resource Coordinator							
JOHNSTONE, ROY	8-24-95	TEACHER							
JONES, MURIEL	12-23-98	Counselor							
KELLNER, EDWINA	9-15-97	DRIVER							
KELLNER, FLOYD	4-16-97	DRIVER							
KEYSON, RON	1-2-96	SUBSTITUTE TEACHER							
KRAVCHUCK, DANIELLE	12-21-00	Counselor							
KRAVCHUCK, STEPHEN	7-19-99	Counselor							
LANE, ROBERT	8-11-03	ESCORT							
LANE, WILLIAM	10-9-00	DIRECTOR OF SPECIAL SERVICES							
LANNING, MEL	8-1-00	Counselor NIGHT STAFF							
LAUER, PATRICK	8-1-00	TEACHER							
LEPERE, DAVID	2-22-99	DEAN OF STUDENTS							

LIC 500 (REV 01/00)

CONTINUED ON REVERSE

*Applies only to facilities providing care and supervision to children.

PERSONNEL REPORT

INSTRUCTIONS:

This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensees if administrator/director. Show license/certificate number if applicable for specialized staff (e.g., Social Worker and other consultant(s)). Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

NAME OF FACILITY CEDU Schools	FACILITY TYPE GROUP HOME 6 or more	FACILITY NUMBER 366-402-761
PREPARED BY KAREN SMARTE	DATE 1-7-04	

A. STAFF SUBJECT TO FINGERPRINT REQUIREMENTS: The following staff members are subject to a criminal record clearance pursuant to Sections 1522, 1569.17 and 1598.871 of the Health and Safety Code. Fingerprints and a Child Abuse Central Index Check (LIC 198)* shall be submitted to the Department of Justice prior to employment, residence or initial presence in the facility.

NAME Licensee/Administrator	DATE EMPL'D	JOB TITLE	SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY		DAYS AND HOURS ON DUTY
			DAYS	FROM TO	DAYS	FROM TO	DAYS	FROM TO	
LEJERE, JANINE	1-13-98	ADMINISTRATIVE ASSISTANT	M-F	8	1 Pa				
LE ROY, KATHARINE	8-22-03	DRIVER							
LIGHTFOOT-SUCCELO, MARY	1-17-00	LUN NURSE (PT)							
Lincoln, Cheryl	4-30-96	BUSINESS MANAGER							
KARAS, STEPHANIE	1-4-02	COUNSELOR ON CALL	M-F	8	5				
LOPEZ, Leticia	8-26-02	Counselor							
MAYO, SAMUEL	7-1-01	Counselor NIGHT STAFF	F-S	1:00P	9:00P	8A	4P	TERMED	1/04
McGARY, JAMES	6-2-93	DRIVER	M-T	9 PM	11:0 A				
McGEE, VANIEYA	6-17-02	RESOURCE COORDINATOR							
McLAURIN, STEVE	8-30-02	RESOURCE COORDINATOR	M-F	8	5				
MIKELSON, DIANE	10-20-01	ESCORT	M-F	8	5				
MICHAEL STEPHENS, MIMI	3-14-03	Counselor							
MILLER, WILLIAM	2-24-99	TEACHER	TH-FS	1PM	9PM	ETH	12:30A	3P	TERMED 1/04
MORTON, DELORES	3-18-96	LUN NURSE	M-F	8	5				
NEGRETE, GLORIA	9-25-00	ESCORT	TH-M	6:30A	3:30P				
NEGRETE, RUDOLPH	9-27-00	ESCORT							
NICORAUD, PAUL	10-6-03	Counselor	ON CALL	AS NEEDED					
ORTEGA, EDWARD	1-24-03	ESCORT	ON CALL	AS NEEDED					
Pai, PAUL	10-20-97	TEACHER	TH-S-M	1 PM	9:30P	F-T	8	0	
PERK, TRAVIS	12-1-01	Counselor	ON CALL	AS NEEDED					
			M-F	8	5				
			F	9A	3:30P	S-S	1P	9:30P	TERMED 1/04

LIC 800 (000) PUBLIC

CONTINUED ON REVERSE

*Applies only to facilities providing care and supervision to children.

PERSONNEL REPORT

INSTRUCTIONS:

This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensees if administrator/director. Show license/certificate number, if applicable for specialized staff (e.g., Social Worker and other consultant(s)). Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

NAME OF FACILITY CEDU Schools	FACILITY TYPE GROUP HOME	FACILITY NUMBER 366-402-761
PREPARED BY KAREN SMARTE	DATE 1-7-04	

A STAFF SUBJECT TO FINGERPRINT REQUIREMENTS: The following staff members are subject to a criminal record clearance pursuant to Sections 1522, 1569.17 and 1586.871 of the Health and Safety Code. Fingerprints and a Child Abuse Central Index Check (LIC 188)* shall be submitted to the Department of Justice prior to employment, residence or initial presence in the facility.

NAME Licensee/Administrator	DATE EMPL'D	JOB TITLE	SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY	
			DAYS	FROM TO	DAYS	FROM TO	DAYS	FROM TO
PERCIVAL-JOHNSON, MARILYN	9-5-01	Counselor						
PEREZ, VICKIE	6-30-03	RECEPTIONIST	W-Tu-S	1 PM 9:30 P				
QUAN, Cheryl	9-25-02	SUBSTITUTE TEACHER	M-F	8 5				
Quirroz, Linda	4-7-87	Counselor - Night Staff	ON CALL	AS NEEDED				
Raymond, Cindy	1-22-03	ESCORT	Sa-T	9 AM 7:00 A				
Raymond, Keith	1-22-03	ESCORT	ON CALL	AS NEEDED				
Richards, Shonda	5-5-00	Counselor	ON CALL	AS NEEDED				
RICHARDSON, Nicole	7-19-02	Counselor - Support AA	M-F	8 5				
RICKTER, STANLEY	1-14-00	ESCORT	ON CALL	AS NEEDED				
Riggs, Paula	12-28-95	DIRECTOR OF ADMISSIONS	M-F	8 5				
ROBERTS, JACKIE	2-17-97	RESOURCE COORDINATOR	M-F	8 5				
Roddick, LISA	2-25-97	Counselor NIGHT STAFF						
Rogers, LAURA	1-24-02	SUBSTITUTE TEACHER	ON CALL	AS NEEDED				
Roulet, Renee	4-10-01	Counselor Flex	ON CALL	AS NEEDED				
Russell, MATTHEW	9-1-95	TEAM LEADER SUPERVISOR	ON CALL	AS NEEDED				
RYAN, SUSAN	2-26-01	TEAM LEADER SUPERVISOR	S-Tu	8 5				
Samson, Michelle	2-10-00	DRIVER	A-T	8 5				
SARGENT, MICHAELE	8-11-99	ESCORT	ON CALL	AS NEEDED				
Shlig, DOLORES	5-25-00	Counselor	ON CALL	AS NEEDED				
	1-16-91	ADMINISTRATIVE ASSISTANT	Sa-Tu	1 PM 9:30 P				
			M-F	7 A 3 P				

LIC 200 (6/00) (PUBLIC)

CONTINUED ON REVERSE

*Applies only to facilities providing care and supervision to children.

PERSONNEL REPORT

INSTRUCTIONS:

This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensee if administrator/director. Show licensee/certificate number if applicable for specialized staff (e.g., Social Worker and other consultant(s)). Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

NAME OF FACILITY CEDU Schools	FACILITY TYPE GROUP HOME 6 or more	FACILITY NUMBER 366-402-761
PREPARED BY KAREN SMARTE	DATE 1-7-04	

A. STAFF SUBJECT TO FINGERPRINT REQUIREMENTS: The following staff members are subject to a criminal record clearance pursuant to Sections 1522, 1589.17 and 1598.871 of the Health and Safety Code. Fingerprints and a Child Abuse Central Index Check (LIC-198) shall be submitted to the Department of Justice prior to employment, residence or initial presence in the facility.

NAME	DATE EMPL'D	JOB TITLE	SPECIFY DAYS AND HOURS ON DUTY			SPECIFY DAYS AND HOURS ON DUTY			SPECIFY DAYS AND HOURS ON DUTY		
			DAYS	FROM	TO	DAYS	FROM	TO	DAYS	FROM	TO
Schlag, Jerome	1-16-91	DRIVER									
Scott, Michael	4-20-01	Counselor									
SEIM, KATHY	8-22-94	TEACHER									
SEVERO, JOHN	9-15-03	TEACHER									
SHEA, WILLIAM	4-14-97	DIRECTOR OF BUSINESS OPERATIONS									
SHAEHAN, DORIAN	3-23-00	PLANT OPERATIONS									
Shingler, Kathy	2-6-02	RESOURCE COORDINATOR									
SIMPSON, Cynthia	10-16-00	CLASS FACILITATOR - Drug class									
SMARTE, KAREN	6-1-00	HUMAN RESOURCE REPRESENTATIVE									
SMITH, DEBORAH	6-18-95	START CLASS TEACHER (Contract)									
SMITH, TERRY	12-18-02	Counselor Night Staff									
Soltani, Saeed	10-8-00	CONTRACT PSYC SERVICES									
STANSEN, JAMIE	11-1-00	Counselor									
STANSEN, JAMATHON	11-1-00	Counselor									
STRAIN, KATHY	9-11-01	Counselor									
SUEPPA, CATHY	3-1-00	Counselor Flex									
TUCH, ALFRED	7-2-01	TEACHER									
ULLMAN, WESLEY	1-7-02	Counselor Flex									
VAN LOEVEN, JEWEL	2-16-98	ESCORT									
VONERO, DONNA	8-8-01	PSYC SERVICES AA									

LIC 580 (8/00) PUBLIC

CONTINUED ON REVERSE

*Applies only to facilities providing care and supervision to children.

PERSONNEL REPORT

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

NAME OF FACILITY: CEDU Schools FACILITY TYPE: Group Home for Male FACILITY NUMBER: 366-402-761

PREPARED BY: KAREN SMARE DATE: 1-7-04

A. STAFF SUBJECT TO FINGERPRINT REQUIREMENTS: The following staff members are subject to a criminal record clearance pursuant to Sections 1522, 1669.17 and 1698.871 of the Health and Safety Code. Fingerprints and a Child Abuse Central Index Check (LIC 198), shall be submitted to the Department of Justice prior to employment, residence or initial presence in the facility.

NAME	DATE EMPL'D	JOB TITLE	SPECIALTY HOURS ON DUTY		SPECIALTY HOURS ON DUTY		SPECIALTY HOURS ON DUTY		SPECIALTY HOURS ON DUTY	
			DAYS	FROM	DAYS	TO	DAYS	FROM	DAYS	TO
YENIZIO, JACKIE	4-1-01	SUBSTITUTE TEACHER								
NOM STEEG, KARI	10-28-98	ADMINISTRATIVE ASSISTANT			ON CALL AS NEEDED					
WATSON, LORIE	12-10-01	FOOD SERVICE WORKER	M-F	8	5					
WEAVER, JOSEPH	8-29-01	Counselor	S-W	6:30	4P					
WILLIAMSON, Julie	1-23-03	Counselor Night Staff	M-F	1P	9:30P	SAT-S	7A	4P		
WOHL, GREGORY	8-13-02	PSYC SERVICES - THERAPIST	W-SAT	9AM	7PM					
ZUMWALT, NANNETTE	6-5-01	DIRECTOR OF MARKETING	AS NEEDED							
ASH, ELIZABETH	12-8-03	Counselor	M-F	1P	9:30					
CALKIN, DEBORAH	12-29-03	TEACHER								
AUSILIA, DIANE	12-5-03	Counselor	M-F	8	5					
PANDALI, Helen	12-8-03	RN HEALTH SERVICE MANAGER	F-S-S	1P	9:30P					
BEERS, BENJAMIN	12-14-03	Counselor Night Staff	S-TH	7:30	4:30					
WALTERS, Glenda D	12-30-03	LVN Nurse	F-M	9AM	7PM					
BOGART, JAMES	1-5-04	Counselor	S-SM	6:30A	4P				TERMINED	2/11/04
PHILLIS, VIVIAN	1-26-04	Resource Coordinator	F-TU	1P	9:30P					
BEANSLEY, Randy	2-9-04	Counselor	M-F	8	5					
Helle, Ilona	2-5-04	DRIVER	S-S-M	1:00	9:30	T-W	8-5			
BELCHER, CHRISTIE	2-9-04	Counselor Night Staff	ON CALL AS NEEDED							
ALFORD, Wayne	2-9-04	HAIR CUT - CONTRACT SERVICES	F-SU	9PM	7:30AM					
BROCKMAN, BRIN	2-9-04	Flex Counselor	AS NEEDED							

CONTINUED ON REVERSE

*Applies only to facilities providing care and supervision to children.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION**3737 Main Street, Suite 600, Riverside, CA 92501
Tel 909/782-4207 Fax 909/782-4967
www.cclid.ca.gov

ARNOLD SCHWARZENEGGER, Governor



March 14, 2005

CEDU School, Inc.
CEDU School – Main Campus
P.O. Box 1176
Running Springs, CA 92382
Facility #: 366402761

Dear CEDU School, Inc.:

The California Department of Social Services, Community Care Licensing Division has determined that CEDU School, Inc., who is licensed to operate CEDU - Main Campus located at 3500 Seymour Road, Running Springs, California 92382, has violated licensing laws in the following categories:

- | | | |
|---|--|--|
| ☒ Personal Rights | ☐ Financial Issues | ☐ Food Service |
| ☐ Reporting Requirements | ☐ Record Keeping | ☐ License Limitations |
| ☐ Physical Plant | ☒ Personnel: Qualifications and Duties | |
| ☒ Health Related/Incidental Medical Services | | |
| ☒ Client Supervision, Assistance and Care | | |
| ☒ Other: <u>Removal/Discharge procedures</u> | | |
| ☒ Other: <u>Needs and Services Issues</u> | | |
| ☒ Other: <u>Procedures for children being placed out of state and from out of state</u> | | |

Concerns regarding violations of the above licensing laws were reviewed during a Noncompliance Conference at the Licensing Office on March 11, 2005. Present at the meeting were Sergio Ramirez, Regional Manager Community Care Licensing (CCL); Frankie Shelton, Local Unit Manager CCL; Elvia H. Baris, Licensing Program Analyst CCL, Dr. George Condas, Executive Director of CEDU – Main Campus, Natalie McKenna, Corp. Risk Mgr of The Brown Schools, Inc. and Attorney Michael B. Levine.

Licensing reports for 2/17/05 and 3/11/04 were discussed during the meeting. Facility representative has been asked and agreed to provide the following documentation to Licensing Program Analyst:

- 1) Consensus was reached regarding the issue of client personal rights and facility policies in the areas of phone contacts, visits and mail. The facility will address/amend policies to conform to State of California Title 22 Regulations. An agreement was reached that the amended facility policy regarding phone usage will be specific and define if any discipline is to affect the client's phone usage. Any deviance from the personal rights in the areas of phone contacts, visits and mail will be reflected on the client's needs and services plan on a case by case

CEDU School - Main Campus
March 14, 2005 - 2

basis and not as a blanket policy.

- 2) Regarding the needs and services issues, an agreement was reached that the initial needs and services plan will have the authorized representative's signature. The initial needs and services plan can be faxed for parent signature. For subsequent needs and services plans, a document from the parent acknowledging they have received and accepted the needs and services will be accepted.

Regarding the citations issued on 2/17/05 under Plan of Operation:

- 3) Regarding the facility having a P.O. Box as a mailing address, explanation that there is no mail delivery at facility location was accepted.
- 4) Regarding citation for accepting clients being placed out of state and from out of state, licensing rescinded the citation.
- 5) Regarding citation for a teacher not having a teaching certificate, facility announced that the document on teacher's job description used by analyst for citing was from 1998 and was outdated. Dr. Condas informed licensing that the job description had been amended in 2001. It was determined that any amendments to documents submitted to licensing as part of the Program statement, including job descriptions, had to be submitted to licensing.

Regarding citation issued 2/17/05 on Removal/Discharge Procedures:

- 6) Licensing retracted the need for a 30 day notice to be issued, but noted that a written notice was necessary if a child poses a danger to self or others. An incident report would be acceptable.

Regarding citation issued 2/17/05 on Health Related Services:

- 7) For no medications issued 11/20 and 11/21/05, Regional Manager Sergio Ramirez accepted the plan of correction as offered at the time of the meeting and accepted to dismiss civil penalties.

Licensee requested and was given an extension for corrections to citations issued 3/11/05. The plan of correction due date for citation on personal rights regarding clothing searches was extended 10 days to 3/24/05. Licensee noted that the facility is awaiting an insurance assessment on water damages to the facility. The facility was granted 10 days to submit a plan for corrections on the remainder of the citation corrections issued 3/11/05.

The Licensee agrees to make the following specific operational changes with regard to the administration and operation of the facility:

1. Program changes will be submitted to conform plan of operation to State of California Title 22 Regulations.

CEDU School - Main Campus
March 14, 2005 - 3

2. Any program changes to documents originally submitted to licensing will be submitted by 3/24/05.
3. Poster regarding client personal rights will be kept posted and clients/authorized representatives advised of these rights.

During this time if the Department determines that the licensee has violated the law or that the plan is inadequately implemented to remedy the licensee's noncompliance, the Department, in its discretion, may refer the facility for revocation of the license or other appropriate administrative action.

By accepting this plan and monitoring the facility's operation under the terms agreed to by the licensee, the Department is not deprived of its authority to take appropriate formal legal action under the Health and Safety Code when such action is deemed necessary by the Director.

In the event that formal action is taken, nothing in this plan precludes the Department from including non-compliance issues referred to in this correspondence.

The Licensee has agreed to provide above mentioned plans and documents to the licensing agency no later than March 24, 2005.

If you have any questions regarding this compliance plan, you may contact your Licensing Program Analyst, Elvia H. Baris directly.

Sincerely,

SERGIO RAMIREZ
Regional Manager
Pacific Inland Children's Residential
Program Regional Office



Dan Elliott/For The Sun
m when he rides in
complaints of such

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devoted much of his
, believes he knows

s feel threatened by

cles or horses, their
nal larger than they
rillo said.

and stray dogs run
times attack people
ll as livestock.

/ and play like a kid
aren't vicious dogs,
back riders," Grillo

toward horsemen.
n attack. But dogs

Private school closes

Cedu says it's broke, sends students home

By Joe Nelson
Staff Writer

RUNNING SPRINGS — The large wooden sign hanging outside Cedu School greets all who enter the pristine 75-acre property with the optimistic words: "To Dream the Impossible Dream."

Whatever dreams those affiliated with the school may have had, however, were put on hold when they got news last week that the school was shutting down after 38 years due to bankruptcy.

"It was a surprise to all of us that we are closing the school down and sending the children home," Cedu spokeswoman Julia Andrick said Saturday in a telephone interview.

She said the company filed for federal Chapter 7 bankruptcy on Friday, then notified its staff and students at its seven campuses across the country of the campus closures at 3 p.m.

"Everything's up for sale right now," Andrick said.

Company Chief Executive Officer Pete Talbott said in a statement the 301 students from the school's seven campuses should be home with their parents in the next 10 days. About 500 employees will be left unemployed.

A flier posted in the Running Springs school's front office window Saturday stated that

See CEDU / Page B5

It was a
surprise to all
of us that we
are closing the
school down
and sending
the children
home. . .
Everything's
up for sale
right now."

**JULIA
ANDRICK**

Cedu School
spokeswoman

**ONLINE
EXTRA**

SBSUN.COM

> Read past
articles about
Cedu School
in our archives.

Gunman kills man near Highland stop

Cedu

continued from page B1

other schools were trying to find work for Cedu employees, and that a relief fund had been established by parents for employees.

"I deeply regret that we have come to the end of Cedu's nearly 40-year history," Talbott said.

The company has become so void of funds that it wasn't even able to give employees their final paychecks on Friday. It was unclear if they would receive future compensation.

A stack of memos sat atop the front desk in Cedu's front office Saturday in Running Springs while employees gathered up their belongings and said their goodbyes.

The memos notified employees they would be receiving a claim form in the mail, so they could file for compensation of three weeks pay and any accrued overtime, provided the funds are available.

Cedu Middle School counselors Munir Jones, 54, and Skip Borg, 53, loaded personal items into the bed of a pickup outside the campus.

"It's very sad and a disbelief," said Jones, of Lake Arrowhead.

He said that for him, seeing the sadness on the students' faces when they were told they were going home was the worst.

"This is probably the only place they were safe and had relationships with adults and with children," Borg said.

School founder Mel Wasserman opened the middle and high school campuses in Running Springs in 1967. Since then, five other campuses opened up nationwide — four in Idaho and one in Vermont.

Despite the many parents who have praised the expensive boarding school for bringing out the best in troubled teens, the Running Springs campus has had its share of problems.

The father of a 14-year-old girl sued the school in September, accusing it of blocking communication between him and his daughter while she was a student at the school between August 2003 and January 2004.

In June, sheriff's detectives searched the school after a girl reported that two 18-year-old students raped her repeatedly on campus in September 2001, just weeks after she enrolled. She was 15 at the time.

The sheriff's Twin Peaks station received an average of 30 calls monthly from the school reporting runaway students. Most of them returned, except for one.

On Feb. 8, 2004, Daniel Yuen, 16, of Edison, N.J., ran away from the school after his second week of attendance. He remained missing Saturday.

Contact writer Joe Nelson at (909) 386-3880 or via mail at joe.nelson@sbsun.com.

POLICE BRIEFS B2 | OBITUARIES B6 | COMMUNITY B7 | WEATHER B8

THE SUN

Metro Editor
Los Angeles
(909) 386-3830
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LOCAL

300 Inland Empire pastors bond at br Call for unity across racial, denominational, political lines

By Brad A. Greenberg
Staff Writer

They represented different commu-
nities with different problems.

Drugs. Gangs. Poverty. Teen preg-
nancy. Vanity.

But the more than 300 Christian
pastors who gathered Saturday morn-
ing in downtown San Bernardino

heard a common vision: Unity across
churches for the betterment of each
community.

"I pray that you will hope, that you
will dream again, that you will begin
to see the power of unity," keynote
speaker Al Hollingsworth said at the
fifth annual Inland Empire Pastors
Breakfast at the Radisson Hotel.

When churches work together, the
Chino minister said, they accomplish
more.

"Why are we not unified? What is
holding us back?" asked Hollings-
worth, who runs the youth ministry
BOSS The Movement.

For many pastors, the impediment
See PASTORS / Page B5

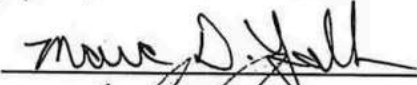
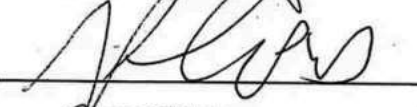
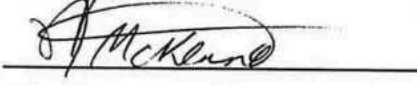
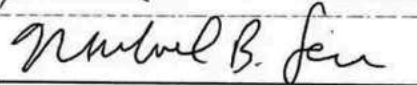
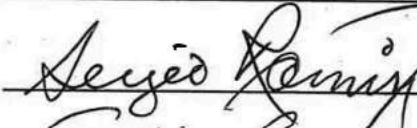


Fear of attacks by wild dogs grows



Prin
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CEDU Noncompliance Conference 3/14/05**SIGN-IN SHEET**

	<u>SIGNATURE</u>	<u>PRINT NAME</u>
1.		Frankie Shelton
2.		MARC YABLON (CDSS LEGAL)
3.		George Conchas Puv
4.		NATALIE MCKENNA
5.		Tanni Cobb
6.		Michael B. Jew
7.		SERGIO RAMIREZ
8.		E. H. Baris
9.		
10.		

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	368402761
DIRECTOR:	DR. GEORGE CONDAS	FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD	TELEPHONE:	(909) 867-2722
CITY:	RUNNING SPRINGS	ZIP CODE:	92382
CAPACITY:	174	STATE:	CA
TYPE OF VISIT:	Case Management	CENSUS:	95
MET WITH:	Dr. George Condas	UNANNOUNCED	
		DATE:	03/11/2005
		TIME BEGAN:	09:10 AM
		TIME COMPLETED:	4:55 PM

DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited**CIVIL PENALTY INFORMATION:**
Penalty Assessed**COMMENTS/DEFICIENCIES**

- 1 LPA Baris to facility to complete annual visit of 3/7/05. Medication records and client interviews were
- 2 conducted.
- 3
- 4 The following pages note the deficiencies being cited in accordance with California Code of Regulations Title
- 5 22, Division 6, Chapters 1 and 5.
- 6
- 7 LIC 500 was reviewed and compared with Facility Personnel Report Summary. A review of records on
- 8 3/11/05 indicate that all individuals who require caregiver background checks have received criminal record
- 9 and child abuse index check clearances or exemptions.
- 10
- 11
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- 23

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**LICENSING EVALUATOR NAME:** Elvia Baris**LICENSING EVALUATOR SIGNATURE:** *E. A. Baris***TELEPHONE:** 909-782-4207**TELEPHONE:** 909/782-3279**DATE:** 03/11/2005

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

FACILITY REPRESENTATIVE SIGNATURE: *[Signature]***DATE:** 03/11/2005

LIC809 (FAS) - (08/04)

Page: 1 of 1

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: 03/11/2005

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
EHB 3-14-05 Type A 03/12/2005 Section Cited 84072(c) Personal Rights	1 Per staff interviews, new clients are have clothing searches. The 2 search consists of one staff and one student taking the new 3 student to the bathroom. The new student takes his/her clothes 4 off in front of staff and other student and is handed new clothing. 5 At least one staff stated that the new student takes off all 6 underwear. 7 ***Civil Penalties are being assessed	1 Facility will amend the new client "clothing 2 search" to eliminate any personal rights 3 violations. Written amendment to be 4 submitted to licensing by due date. 5 6 7
EHB 3-14-05 Type A 03/12/2005 Section Cited 80087(h) Buildings Grounds	1 Kitchen had knives in kitchen area and open office within the 2 kitchen area accessible to clients. 3 4 ***Civil penalties are being assessed 5 6 7	1 Facility kitchen will maintain knives in a 2 locked area when not in use. 3 4 5 6 7
EHB 3-14-05 Type A 03/14/2005 Section Cited 80088 (f) Fixtures, Furniture, Equipment & Supplies	1 Kitchen had two large trash cans without lids. Kitchen staff 2 stated there were no lids for the cans. 3 4 5 6 7	1 Facility will replace cans in the kitchen 2 area. 3 4 5 6 7
EHB 3-14-05 Type A 03/12/2005 Section Cited 80088 (e)(1) Fixtures, Furniture, Equipment & Supplies	1 Water temperature in the girl's bathroom by the cafeteria was 2 159.4 degrees. 3 4 5 6 7	1 Facility will have water temperature 2 regulated to maintain a temperature of 3 105 to 120 degrees by due date. 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: Elvia Baris

TELEPHONE: 909/782-3279

LICENSING EVALUATOR SIGNATURE: *E. A. Baris*

DATE: 03/11/2005

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

FACILITY REPRESENTATIVE SIGNATURE: *[Signature]*

DATE: 03/11/2005

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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: 03/11/2005

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/16/2005 Section Cited 80087(a) Buildings & Grounds	1 Pond in front of cafeteria was full of water/leaves and trash, 2 inoperable. 3 4 5 6 7	1 Facility will clean and repair pond by due 2 date. 3 4 <i>is it working?</i> 5 6 7
Type B 03/16/2005 Section Cited 80087 (a) Buildings & Grounds	1 One of the cabinets in the hallway to the kitchen was off it's 2 hinge and in need of repair. 3 4 5 6 7	1 Facility will repair cabinet door by due 2 date. 3 4 5 6 7
Type B 03/14/2005 Section Cited 80087(a) Buildings & Grounds	1 Juice machine in kitchen was dirty, draining liquid and build-up 2 of juice under dispenser. There were also dirty dishes under the 3 juice machine in the cabinet. 4 5 6 7	1 Facility will submit a written plan to 2 maintain the juice machine and cabinets 3 in cafeteria area clean at all times. 4 5 6 7
Type B 04/08/2005 Section Cited 80087(a) Buildings & Grounds	1 Water damage to ceiling in the hall to the kitchen above the 2 cupboards was noted. 3 4 5 6 7	1 Facility will repair water damage by due 2 date. 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: Elvia Baris

TELEPHONE: 909)782-3279

LICENSING EVALUATOR SIGNATURE: *E. H. Baris*

DATE: 03/11/2005

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

FACILITY REPRESENTATIVE SIGNATURE: *[Signature]*

DATE: 03/11/2005

LIC809 (FAS) - (08/04)

Page: 2 of 1

pg 2 of 7

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Island, 3757 Main Street
Riverside, CA 92501**FACILITY EVALUATION REPORT (Cont)**FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS
DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/11/2005

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/16/2005 Section Cited 80087(a) Buildings & Grounds	1 Numerous large bags of trash were outside the kitchen area. 2 There was no dumpster. 3 4 5 6 7	1 Facility will provide dumpster or other 2 means of containing trash outside of 3 kitchen area by due date. 4 5 6 7
Type B 03/16/2005 Section Cited 80087 (a) Buildings & Grounds	1 Avalon room in Lodge had door open, bags of trash in the room 2 and open cabinet with a gallon of paint and two quarts of paint 3 accessible to clients. There were no ongoing repairs at the time 4 of visit. 5 6 7	1 Facility will maintain Avalon room 2 inaccessible to clients during repair 3 process. Staff locked door at time of visit. 4 5 6 7
Type B 03/16/2005 Section Cited 80087(a) Buildings & Grounds	1 Alamo building, door to fire alarm closet outside the dorm does 2 not close. 3 4 5 6 7	1 Facility will repair door to fire alarm closet 2 by due date. 3 4 5 6 7
Type B 04/08/2005 Section Cited 80087(a) Buildings & Grounds	1 Emerson building, water damage was noted at the entrance 2 ceiling. 3 4 5 6 7	1 Facility will repair water damage by due 2 date. 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: Elvia Baris

TELEPHONE: 909)782-3279

LICENSING EVALUATOR SIGNATURE: E. H. Baris

DATE: 03/11/2005

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

FACILITY REPRESENTATIVE SIGNATURE: [Signature]

DATE: 03/11/2005

LIC809 (FAS) - (06/04)

Page: 2 of 1

pg 3 of 7

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: 03/11/2005

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/08/2005 Section Cited 80087(a) Buildings & Grounds	1 Emerson building has a missing wood plank from the entrance 2 floor and loose floor panels. 3 4 5 6 7	1 Facility will repair wood floor by due date. 2 3 4 5 6 7
Type B 03/18/2005 Section Cited 80087(a) Buildings & Grounds	1 Higdon dorm has a leaky shower. 2 3 4 5 6 7	1 Facility will repair leaky shower by due 2 date. 3 4 5 6 7
Type B 03/18/2005 Section Cited 80087(e) Buildings and Grounds	1 Quad area, open area in front of Lodge, had 18 shovels and 2 garden tool out and unattended. General permanent or portable 3 storage space shall be available for the storage of facility 4 equipment and supplies. 5 6 7	1 Facility will provide adequate storage for 2 tools and equipment when not in use. 3 4 5 6 7
Type B 03/18/2005 Section Cited 84065.2(b) Personnel Duties	1 On 3/7/05, LPA observed 3 clients in a sitting room alone. Per 2 staff information, two female students were supervising one male 3 student. 4 5 6 7	1 Facility will require personnel to supervise 2 clients at all times. 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

LICENSING EVALUATOR NAME: Elvia Baris

TELEPHONE: 909-782-4207

LICENSING EVALUATOR SIGNATURE: *E. A. Baris*

TELEPHONE: 909-782-3279

DATE: 03/11/2005

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

FACILITY REPRESENTATIVE SIGNATURE: *[Signature]*

DATE: 03/11/2005

LIC809 (FAS) - (08/04)

Page: 2 of 1

pg 4 of 7

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Island, 3737 Main Street
Riverside, CA 92501**FACILITY EVALUATION REPORT (Cont)**FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS
DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/11/2005

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/18/2005 Section Cited 80075(n)(1) Health Related Services	1 Unlocked meds were observed in the children's dormitory 2 bathroom. 3 4 5 6 7	1 Removed at time of visit. 2 3 4 5 6 7
Type B 03/18/2005 Section Cited 84072 (a) Personal Rights	1 There were no posters posted listing foster child's rights. 2 3 4 5 6 7	1 Facility will post posters listing foster 2 child's rights in area/s accessible to 3 clients. A poster and telephone number to 4 call for additional free posters was 5 provided to staff Troy Harris. 6 7
Type B 04/11/2005 Section Cited 84089.1(a)	1 Refer to Client/Resident Records Review for this entry. 2 3 No immunization records on file for client # 2 and 7 on file. 4 5 6 7	1 2 3 4 5 6 7
Type B 04/11/2005 Section Cited 80010(a) Limitations on Capacity and Ambulatory Status	1 Refer to Client/Resident Records Review for this entry. 2 3 No age exemptions on file for client #2 and 4 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: Elvia Baris

TELEPHONE: 909)782-3279

LICENSING EVALUATOR SIGNATURE: *E. H. Baris*

DATE: 03/11/2005

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

FACILITY REPRESENTATIVE SIGNATURE: *[Signature]*

DATE: 03/11/2005

LIC809 (FAS) - (08/04)

Page: 2 of 1

pg 6 of 7

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Island, 5737 Main Street
Riverside, CA 92501**FACILITY EVALUATION REPORT (Cont)**FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS
DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/11/2005

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/18/2005 Section Cited 80075(n) Health Related Services	1 Refer to LIC 811 for client name on this entry: 2 Client #1 did not have prescription for Ambilify #702563883 fill 3 date 1/14/05 posted on centrally stored medication log 4 Also, Client #1 was being dispensed above prescription for 5 above medication, 10 mg when she had a new prescription for 6 same medication #702386844 for 15 mg filled 2/17/05. 7	1 Facility will submit written plan of action to 2 review/address all medications with 3 centrally posted record by due date. 4 5 6 7
Type B Section Cited	1 Con't: 2 Client #1 prescription for Trileptal #702562961, 300 mg, fill date 3 12/2/04 was not posted on CSML. Client #1 Fioricet #199944U, 4 fill date 1/8/05 was not posted on CSML. 5 *****Civil penalties are being assessed 6 7	1 2 3 4 5 6 7
Type B 03/18/2005 Section Cited 80075(Health Related Services	1 Refer to LIC 811 for client name on this entry: 2 3 Client #2 prescription for Lexapro, 10 mg #204061, take 1/2 4 tablet daily for 2 weeks then discontinue completely, was not 5 posted on CSML. 6 7	1 2 3 4 5 6 7
Type B 03/18/2005 Section Cited 80075 (n) Health Related Services	1 Refer to LIC 811 for client name on this entry: 2 3 Client #3 prescription for Aldara #201611, fill date 2/2/05 and 4 prescription for Fioricet #198052, fill date 2/8/05 were not 5 posted on CSML. 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: Elvia Baris

TELEPHONE: 909/782-3279

LICENSING EVALUATOR SIGNATURE: E.H. Baris

DATE: 03/11/2005

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

FACILITY REPRESENTATIVE SIGNATURE: [Signature]

DATE: 03/11/2005

LIC809 (FAS) - (06/04)

Page: 2 of 1

pg 5 of 7

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Island, 3737 Main Street
Riverside, CA 92501**FACILITY EVALUATION REPORT (Cont)**FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS
DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/11/2005

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/11/2005 Section Cited 80075(i) Health Related Services	1 Refer to Review of Staff/Volunteer Records for this entry: 2 3 Staff #9 does not have certificate of first aid training on file. 4 5 6 7	1 Facility will submit copy of document to 2 CCL by due date. 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
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

LICENSING EVALUATOR NAME: Elvia Baris

TELEPHONE: 909-782-4207

LICENSING EVALUATOR SIGNATURE: E. H. Baris

TELEPHONE: 909)782-3279

DATE: 03/11/2005

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

FACILITY REPRESENTATIVE SIGNATURE: [Signature]

DATE: 03/11/2005

LIC808 (FAS) - (06/04)

Page: 2 of 1

pg 7087

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**CIVIL PENALTY ASSESSMENT**

FACILITY NAME CEDU SCHOOL-MAIN CAMPUS	DATE 03/11/2005
FACILITY ADDRESS 3500 SEYMOUR ROAD	CITY RUNNING SPRINGS
STATE CA	ZIP CODE 92382
LICENSEE(S) OPERATOR CEDU SCHOOL, INC.	FACILITY NUMBER 366402761

LICENSED FACILITY

Civil penalties can be assessed against any facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1548, 1568.0822, 1569.99. You are hereby notified that a civil penalty has been assessed.

The above facility has been found in violation of the California Code of Regulations, Title 22, Divisions 6, and/or 12, Section(s) **84072(c)** and/or California Health and Safety Code, Chapters 3, 3.01, 3.2, 3.4, and 3.5 Section(s)

A Facility Evaluation Report (LIC 809) was issued on **03/11/2005** giving notice that failure to correct the above violation(s) would result in a civil penalty.

- ☐ Because you failed to make the corrections specified on the LIC 809, a civil penalty of **\$0.00** is assessed for the period from through .
- ☐ A civil penalty of \$50 per violation per day, up to a maximum of \$150 per day will be assessed. This will continue until correction(s) are made to comply with the licensing laws, regulations, and approval of the California Department of Social Services or authorized licensing agency.
- ☒ Because you repeated a violation of the same subsection within a 12 month period, an immediate civil penalty of **\$150.00** is assessed for **03/11/2005**, the day the deficiency was cited.
- ☒ All Facility Types: **Second citation** within a 12 month period; an immediate civil penalty of \$150 per violation then \$50 per day per violation until corrections are made.
- ☐ Residential Care Facility for the Elderly (RCFE), Residential Care Facility for the Chronically ILL (RCF-CI): **Third citation** within 12 month period; an immediate civil penalty of \$1,000 per violation then \$100 per day per violation until corrections are made.
- ☐ Family Child Care Homes (FCCH), Child Care Centers (CCC), Community Care Facility (CCF): **Third citation** within 12 month period; an immediate civil penalty of \$150 per violation then \$150 per day per violation until corrections are made.
- ☐ Violations which result in injury, sickness, or death: An immediate civil penalty of \$150 per violation and then \$150 per day per violation until corrections are made.

YOU WILL RECEIVE A BILL IN THE MAIL.
DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR BILL!

NAME OF LICENSING PROGRAM ANALYST Elvis Beris	NAME OF FACILITY REPRESENTATIVE/TITLE Dr. George Condas
SIGNATURE OF LICENSING PROGRAM ANALYST <i>E. H. Beris</i>	SIGNATURE OF FACILITY REPRESENTATIVE <i>[Signature]</i>
SUPERVISOR REVIEW SIGNATURE (FOR INTERNAL USE ONLY)	TITLE DATE

LIC421 (FAS) - (10/02)

Page: 1 of 2

**INSTRUCTIONS FOR COMPLETING THE FACILITY
CIVIL PENALTY ASSESSMENT FORM FOR LICENSED FACILITIES**

EXPLANATION TO LICENSEE

A visit was conducted at the above facility by a Licensing Evaluator. During that visit one or more violations of the licensing statutes and regulations were identified. A Facility Evaluation Report (LIC 809) was issued establishing the dates by which corrections must have been made.

Since you have failed to make all of the required corrections, you must pay the civil penalty described on page one of this form until you have confirmed to the satisfaction of the California Department of Social Services that each of the violations has been corrected.

IT IS YOUR RESPONSIBILITY to notify the licensing agency in writing or by the telephone when the required corrections have been made. If you wish to request a review of the Civil Penalty Assessment, contact the designated reviewer in writing at the licensing office within 10 days.

Payment is due when billed and the check(s) shall be made payable to the "California Department of Social Services". Please write the facility number and invoice number on your check.

DO NOT SEND CASH.

NOTE: Civil penalties may be imposed in addition to the penalties of suspension or revocation as provided in the California Health and Safety Code Sections 1548, 1566.0822, 1569.49, and 1596.99. In addition to the imposition of civil penalties, the California Health and Safety Code Sections 1550, 1569.50 and 1596.885 also authorizes the suspension or revocation of a license based on licensing violations.

APPEAL RIGHTS

The applicant/licensee has a right without prejudice to discuss any disagreement concerning the proper application of licensing laws and regulations, with the licensing agency. When civil penalties are involved, the licensee may request a formal review by the licensing agency to amend, extend the due date, or to dismiss the penalty. Requests for civil penalty appeal must be in writing, must be postmarked within 10 days of receipt of this form, and must be addressed to the District Office of jurisdiction over the facility. The agency has a duty to review the facts presented without prejudice, within a 10-day period. Upon review of the facts upon which the appeal is based, the agency may amend any portion of the action taken, or may dismiss the violation. The licensing agency review of an appeal may be conducted based upon information provided in writing by the licensee. The licensee may request an office interview to provide additional information. The licensee will be notified in writing of the results of the agency review.

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**CIVIL PENALTY ASSESSMENT**

FACILITY NAME CEDU SCHOOL-MAIN CAMPUS		DATE 03/11/2005	
FACILITY ADDRESS 3500 SEYMOUR ROAD		CITY RUNNING SPRINGS	
STATE CA		ZIP CODE 92382	
LICENSEE(S)/OPERATOR CEDU SCHOOL, INC.		FACILITY NUMBER 368402761	

LICENSED FACILITY

Civil penalties can be assessed against any facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1548, 1568.0822, 1568.99. You are hereby notified that a civil penalty has been assessed.

The above facility has been found in violation of the California Code of Regulations, Title 22, Divisions 6, and/or 12, Section(s) **80087(h)** and/or California Health and Safety Code, Chapters 3, 3.01, 3.2, 3.4, and 3.5 Section(s)

A Facility Evaluation Report (LIC 809) was issued on **03/11/2005** giving notice that failure to correct the above violation(s) would result in a civil penalty.

- ☐ Because you failed to make the corrections specified on the LIC 809, a civil penalty of **\$0.00** is assessed for the period from through .
- ☐ A civil penalty of \$50 per violation per day, up to a maximum of \$150 per day will be assessed. This will continue until correction(s) are made to comply with the licensing laws, regulations, and approval of the California Department of Social Services or authorized licensing agency.
- ☒ Because you repeated a violation of the same subsection within a 12 month period, an immediate civil penalty of **\$150.00** is assessed for 03/11/2005, the day the deficiency was cited.
- ☒ All Facility Types: Second citation within a 12 month period; an immediate civil penalty of \$150 per violation then \$50 per day per violation until corrections are made.
- ☐ Residential Care Facility for the Elderly (RCFE), Residential Care Facility for the Chronically ILL (RCF-CI): Third citation within 12 month period; an immediate civil penalty of \$1,000 per violation then \$100 per day per violation until corrections are made.
- ☐ Family Child Care Homes (FCCH), Child Care Centers (CCC), Community Care Facility (CCF): Third citation within 12 month period; an immediate civil penalty of \$150 per violation then \$150 per day per violation until corrections are made.
- ☐ Violations which result in injury, sickness, or death: An immediate civil penalty of \$150 per violation and then \$150 per day per violation until corrections are made.

YOU WILL RECEIVE A BILL IN THE MAIL.

DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR BILL!

NAME OF LICENSING PROGRAM ANALYST Elvia Baris	NAME OF FACILITY REPRESENTATIVE/TITLE Dr. George Condas	
SIGNATURE OF LICENSING PROGRAM ANALYST <i>E. H. Baris</i>	SIGNATURE OF FACILITY REPRESENTATIVE <i>[Signature]</i>	
SUPERVISOR REVIEW SIGNATURE (FOR INTERNAL USE ONLY)	TITLE	DATE

LIC421 (FAS) - (10/02)

Page: 1 of 2

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**CIVIL PENALTY ASSESSMENT**

FACILITY NAME CEDU SCHOOL-MAIN CAMPUS	DATE 03/11/2005
FACILITY ADDRESS 3500 SEYMOUR ROAD	CITY RUNNING SPRINGS
STATE CA	ZIP CODE 92382
LICENSEE(S)/OPERATOR CEDU SCHOOL, INC.	FACILITY NUMBER 366402761

LICENSED FACILITY

Civil penalties can be assessed against any facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1548, 1568.0822, 1569.99. You are hereby notified that a civil penalty has been assessed.

The above facility has been found in violation of the California Code of Regulations, Title 22, Divisions 6, and/or 12, Section(s) **80075(n)** and/or California Health and Safety Code, Chapters 3, 3.01, 3.2, 3.4, and 3.5 Section(s)

A Facility Evaluation Report (LIC 809) was issued on **03/11/2005** giving notice that failure to correct the above violation(s) would result in a civil penalty.

- ☐ Because you failed to make the corrections specified on the LIC 809, a civil penalty of **\$0.00** is assessed for the period from through .
- ☐ A civil penalty of \$50 per violation per day, up to a maximum of \$150 per day will be assessed. This will continue until correction(s) are made to comply with the licensing laws, regulations, and approval of the California Department of Social Services or authorized licensing agency.
- ☒ Because you repeated a violation of the same subsection within a 12 month period, an immediate civil penalty of **\$150.00** is assessed for **03/11/2005**, the day the deficiency was cited.
- ☒ All Facility Types: Second citation within a 12 month period; an immediate civil penalty of \$150 per violation then \$50 per day per violation until corrections are made.
- ☐ Residential Care Facility for the Elderly (RCFE), Residential Care Facility for the Chronically ILL (RCF-CI): Third citation within 12 month period; an immediate civil penalty of \$1,000 per violation then \$100 per day per violation until corrections are made.
- ☐ Family Child Care Homes (FCCH), Child Care Centers (CCC), Community Care Facility (CCF): Third citation within 12 month period; an immediate civil penalty of \$150 per violation then \$150 per day per violation until corrections are made.
- ☐ Violations which result in injury, sickness, or death: An immediate civil penalty of \$150 per violation and then \$150 per day per violation until corrections are made.

YOU WILL RECEIVE A BILL IN THE MAIL.
DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR BILL!

NAME OF LICENSING PROGRAM ANALYST Elvis Baris	NAME OF FACILITY REPRESENTATIVE/TITLE Dr. George Condas
SIGNATURE OF LICENSING PROGRAM ANALYST <i>E. H. Baris</i>	SIGNATURE OF FACILITY REPRESENTATIVE <i>[Signature]</i>
SUPERVISOR REVIEW SIGNATURE (FOR INTERNAL USE ONLY)	TITLE DATE

LIC421 (FAS) - (10/02)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Island, 3787 Main Street
Riverside, CA 92501**FACILITY EVALUATION REPORT**

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	388402761
DIRECTOR:	DR. GEORGE CONDAS	FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD	TELEPHONE:	(909) 887-2722
CITY:	RUNNING SPRINGS	ZIP CODE:	92382
CAPACITY:	174	STATE:	CA
TYPE OF VISIT:	Annual/Required	CENSUS:	99
MET WITH:	Dr. George Condas	UNANNOUNCED	
		DATE:	03/07/2005
		TIME BEGAN:	08:30 AM
		TIME COMPLETED:	02:45 PM

DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited**CIVIL PENALTY INFORMATION:****COMMENTS/DEFICIENCIES**

- 1 LPA's Elvia H. Baris, Leticia Leglieu and James Baca to facility for annual visit. The facility was toured, staff
- 2 and client files were reviewed and interviews were also conducted with staff.
- 3
- 4 LIC 500 was reviewed and compared with Facility Personnel Report Summary. A review of records on
- 5 3/7/05 indicate that all individuals who require caregiver background checks have received criminal record
- 6 and child abuse index check clearances or exemptions.
- 7
- 8 Due to time constraints, annual visit will be concluded at a later date and citations issued.
- 9
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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**LICENSING EVALUATOR NAME:** Elvia Baris**LICENSING EVALUATOR SIGNATURE:** *E. H. Baris***TELEPHONE:** 909-782-4207**TELEPHONE:** 909)782-3279**DATE:** 03/07/2005

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

FACILITY REPRESENTATIVE SIGNATURE: *[Signature]***DATE:** 03/07/2005

LIC809 (FAS) - (09/04)

Page: 1 of 1

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland; Pacific Inland, 3737 Main Street ;
3737 Main Street Suite 600
Riverside; Riverside, Ca, CA 92501; 92501

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on
02/15/2005 and conducted by Evaluator Elvia Baris

COMPLAINT CONTROL NUMBER: 19-CR-20050215165713

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	368402761
DIRECTOR:	DR. GEORGE CONDAS	FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD	TELEPHONE:	(909) 867-2722
CITY:	RUNNING SPRINGS	ZIP CODE:	92382
CAPACITY:	174	STATE: CA	
	Complaint	CENSUS: 98	DATE: 02/17/2005
		UNANNOUNCED	TIME VISIT
MET WITH:	Tauni Cobb	BEGAN:	09:20 AM
		TIME COMPLETED:	6:00 PM

ALLEGATION(S):

- 1 CODE 3 - Clients are admitted/accepted to the group home without first being allowed to visit facility
- 2
- 3 CODE 3 - Clients are allowed limited phone calls or sometimes no phone calls
- 4
- 5 CODE 3 - Clients are not allowed visitors and during visits at the facility the visits are disrupted by staff
- 6
- 7 CODE 3 - The licensee routinely discharges/evicts clients without providing 30 day written notice to
- 8 parents and/or representative. Clients are discharged as a form of retaliation.
- 9

INVESTIGATION FINDINGS:

- 1 LPA Elvia Baris and Leticia Legleiu to facility for 10 day complaint visit. During the visit, 8 clients were
- 2 interviewed. Current and ex-client as well as staff files were also reviewed. Copies of relevant documents
- 3 were obtained. Client interviews corroborate information stated on CEDU Telephone Communication,
- 4 Correspondence and Visitation Agreements which are in conflict with client's personal rights.
- 5 Regarding the fourth allegation, review of records for ex-clients revealed no written notice of 30 days for
- 6 discharge/eviction was sent to parents and/or representatives.
- 7 Based on the preponderance of the evidence, these allegations are being substantiated.
- 8 LIC 500 was reviewed and compared with Facility Personnel Report Summary. A review of records on
- 9 2/17/05 indicate that all individuals who require caregiver background checks have received criminal record
- 10 and child abuse index check clearances or exemptions.
- 11 The following pages note the deficiencies being cited in accordance with California Code of Regulations Title
- 12 22, Division 6, Chapters 1 and 5.
- 13

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Frankie Shelton, Frankie Shelton**TELEPHONE:** 909-782-4207,
(951)782-4207**LICENSING EVALUATOR NAME:** Elvia Baris, Elvia Baris**TELEPHONE:** 909)782-3279;
(951)782-3279**LICENSING EVALUATOR SIGNATURE:** *Elvia Baris***DATE:** 02/17/2005

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

Tauni Cobb

2/17/05

Control Number 19-CR-20050215165713
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland; Pacific Inland, 3737 Main Street;
3737 Main Street Suite 600
Riverside; Riverside, Ca, CA 92501; 92501

COMPLAINT INVESTIGATION REPORT (Cont)

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

VISIT DATE: 02/17/2005

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/24/2005 Section Cited 84072(c)(1) Personal Rights	1 Of all the clients that were interviewed, none of the clients had 2 been to the facility prior to being enrolled in the facility. 3 4 5 6 7	1 Facility will submit an extensive detailed 2 plan to address each deficiency 3 separately. The plan will address in full 4 detail each area of process/procedure. 5 6 7
Type B 02/24/2005 Section Cited 84072(c)(1)(18) Personal Rights	1 All of the clients interviewed corroborated that they are not 2 allowed phone calls to their siblings, relatives or friends for 3 months based on a level system. 4 5 6 7	1 2 3 4 5 6 7
Type B 02/24/2005 Section Cited 84072(c)(5) Personal Rights	1 All of the clients interviewed corroborated that they are not allowed 2 visitations from their siblings, relatives or friends for months. 3 This is based on the facility program that adheres to a level 4 system. 5 6 7	1 2 3 4 5 6 7
Type B 02/17/2005 Section Cited 84088.4(b)(c) Removal and/or Discharge Procedures	1 Review of ex-client records indicates that the facility routinely 2 discharges/evicts clients without providing a 30 day written notice 3 to parents and/or representatives. 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, Frankie Shelton

TELEPHONE: 909-762-4207,
(951)762-4207

LICENSING EVALUATOR NAME: Elvia Baris, Elvia Baris

TELEPHONE: 909)762-3279;
(951)762-3279

LICENSING EVALUATOR SIGNATURE: *E. H. Baris*

DATE: 02/17/2005

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

FACILITY REPRESENTATIVE SIGNATURE: *Frankie Shelton*

DATE: 02/17/2005

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland; Pacific Inland, 3737 Main Street;
3737 Main Street Suite 800
Riverside, Riverside, Ca, CA 92501; 92501**COMPLAINT INVESTIGATION REPORT**This is an official report of an unannounced visit/investigation of a complaint received in our office on
02/15/2005 and conducted by Evaluator Elvia Baris
PUBLIC**COMPLAINT CONTROL NUMBER: 19-CR-20050215165713**

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	366402761
DIRECTOR:	DR. GEORGE CONDAS	FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD	TELEPHONE:	(909) 867-2722
CITY:	RUNNING SPRINGS	ZIP CODE:	92382
CAPACITY:	174	STATE:	CA
	Complaint	CENSUS:	98
		UNANNOUNCED	
MET WITH:	Tauni Cobb	DATE:	02/17/2005
		TIME VISIT BEGAN:	09:29 AM
		TIME COMPLETED:	6:00 PM

ALLEGATION(S):

- 1 CODE 16 - Staff are not qualified in accordance with the regulations or program statement
- 2
- 3 CODE 13 - On 11/20 and 11/21/04, medications were not passes and/or given to clients
- 4
- 5 Code 7 - Clients are accepted to the facility without appropriate evaluation screening. There are no needs
- 6 and services plan or individual plans for new clients.
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPA Elvia Baris and Leticia Leglieu reviewed staff files. Per review of records, one of the teacher's file did not
- 2 contain a teaching certificate. The teaching permit on file expired 6/30/96. Additionally, there was not
- 3 evidence of active pursuit for credentials in an accredited course work.
- 4 Regarding the second allegation, client interviews corroborated that the clients routinely miss doses of
- 5 medication due to the nurse not being available. Review of medication dispensing records also revealed that
- 6 the medication was not dispensed on 11/20 and 11/21/04.
- 7 Regarding the third allegation, review of records revealed that new clients did have needs and services plans
- 8 on file, but none of the needs and services plans on file were signed by any party. Based on the lack of any
- 9 signatures, these needs and services plans are deemed as inappropriate.
- 10 Based on the preponderance of the evidence, these allegations are being substantiated.
- 11 The following pages note the deficiencies being cited in accordance with California Code of Regulations Title
- 12 22, Division 6, Chapters 1 and 5.
- 13

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Frankie Shelton, Frankie Shelton**TELEPHONE:** 909-782-4207,
(951)782-4207**LICENSING EVALUATOR NAME:** Elvia Baris, Elvia Baris**TELEPHONE:** 909)782-3279;
(951)782-3279**LICENSING EVALUATOR SIGNATURE:** *Elvia H. Baris***DATE:** 02/17/2005

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

FACILITY REPRESENTATIVE SIGNATURE: *Tauni Cobb***DATE:** 02/17/2005

Control Number 19-CR-20050215165713
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland; Pacific Inland, 3737 Main Street;
3737 Main Street Suite 900
Riverside; Riverside, Ca, CA 92501; 92501

COMPLAINT INVESTIGATION REPORT (Cont)

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

VISIT DATE: 02/17/2005

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/24/2005 Section Cited 80022(h) Plan of Operation	1 Records show that staff #1, teacher, does not have a teaching 2 certificate. Teaching permit on file expired on 6/30/96. There 3 was no evidence of active pursuit for credentials in an accredited 4 course work. <i>Staff #1 Ken Buxton</i> 5 6 7	1 Facility will submit an extensive detailed 2 plan to address each deficiency 3 separately. The plan will address in full 4 detail each area of process/procedure. 5 6 7
Type B 02/24/2005 Section Cited 80075(b) Health Related Services	1 Per review of medication dispensing records, medication was not 2 dispensed on 11/20 and 11/21/04. Client interviews also 3 corroborated that medication doses are routinely missed when a 4 nurse is not available. 5 6 7	1 2 3 4 5 6 7
Type B 02/24/2005 Section Cited 84068.1(b) Intake Procedures	1 Review of client records revealed that none of the clients needs 2 and services plans are signed by anyone. 3 4 5 6 7	1 2 3 4 5 6 7
Type B 02/24/2005 Section Cited 84068.2(d) Needs and Services	1 The licensee shall ensure that the child and his/her authorized 2 representative(s) are offered the opportunity to participate in the 3 development of the needs and services plan. The licensee shall 4 not implement a needs and services plan unless prior written 5 approval of the plan has been obtained from the child's 6 authorized representative(s). 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, Frankie Shelton

TELEPHONE: 909-782-4207,
(951)782-4207

LICENSING EVALUATOR NAME: Elvia Baris, Elvia Baris

TELEPHONE: 909)782-3279;
(951)782-3279

LICENSING EVALUATOR SIGNATURE: *Elvia Baris*

DATE: 02/17/2005

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

FACILITY REPRESENTATIVE SIGNATURE: *Chun-Che* DATE: 02/17/2005

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISIONPacific Inland: Pacific Inland, 5787 Main Street;
5787 Main Street Suite 800
Riverside, Riverside, Ca, CA 92501; 92501**FACILITY EVALUATION REPORT**

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	366402761
DIRECTOR:	DR. GEORGE CONDAS	FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD	TELEPHONE:	(909) 867-2722
CITY:	RUNNING SPRINGS	ZIP CODE:	92382
CAPACITY:	174	STATE: CA	
TYPE OF VISIT:	Case Management	CENSUS: 98	DATE: 02/17/2005
MET WITH:	Tauni Cobb	UNANNOUNCED	TIME BEGAN: 09:20 AM
		TIME COMPLETED:	6:00 PM

DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited**CIVIL PENALTY INFORMATION:****COMMENTS/DEFICIENCIES**

- 1 LPA Baris and Leticia Legleiu to facility for complaint investigation and case management visit for additional
- 2 issues.
- 3
- 4 Exit interview was conducted with Tauni Cobb and a letter from licensing in response to the appeal dated
- 5 11/5/04 was provided. A notification of a noncompliance conference scheduled for 3/3/05 at 10 AM was also
- 6 provided.
- 7
- 8 The following pages note the deficiencies being cited in accordance with California Code of Regulations, Title
- 9 22, Division 6, Chapters 1 and 5.
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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, Frankie Shelton**TELEPHONE:** 909-782-4207,
(951)782-4207**LICENSING EVALUATOR NAME:** Elvia Baris, Elvia Baris**TELEPHONE:** 909)782-3279;
(951)782-3279**LICENSING EVALUATOR SIGNATURE:** *Elvia Baris***DATE:** 02/17/2005

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

FACILITY REPRESENTATIVE SIGNATURE: *Tauni Cobb***DATE:** 02/17/2005

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISIONPacific Inland, Pacific Inland, 3737 Main Street ;
3737 Main Street Suite 800
Riverside, Riverside, Ca, CA 92501; 92501**FACILITY EVALUATION REPORT (Cont)**FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS
DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/17/2005

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/18/2005 Section Cited 84172(c)(12) Personal Rights	1 Per client interviews, client letters are being opened and read by staff. 2 3 4 ***Civil penalties are being assessed 5 6 7	1 Facility will submit plan of action to correct this procedure by due date. 2 3 4 5 6 7
Type B 02/24/2005 Section Cited 80022(h) Plan of Operation	1 Facility only notes a P.O. Box for a mailing address for both the licensee and facility. Prior documents mailed to physical address have been returned by the post office. This issue inhibits the sending of certified mail to the facility. 2 3 4 5 6 7	1 Facility will submit a physical address to be used for mailing certified mail in addition to the P.O. Box address by due date. 2 3 4 5 6 7
2-24-05 EHB Type B 02/18/2005 Section Cited 80022(h) Plan of Operation	1 Licensing issue concerned with procedures for children being placed out of state and from out of state. CEDU's procedures are in violation of Title 22 regulations. 2 3 4 5 6 7	1 Facility will submit an extensive written detailed plan to address this issue to licensing by due date. 2 3 4 5 6 7
2-24-05 EHB Type B 02/17/2005 Section Cited 80087(a) Buildings and Grounds	1 Per tour of facility, Fluor Dormitory bathroom #2 had a leaky shower. The bathroom floor was also cracked and uneven in front of the right side of the shower. 2 3 4 5 6 7	1 Facility will submit proof of corrections to licensing by due date. 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, Frankie Shelton

TELEPHONE: 909-782-4207,
(951)782-4207

LICENSING EVALUATOR NAME: Elvia Baris, Elvia Baris

TELEPHONE: 909)782-3279;
(951)782-3279LICENSING EVALUATOR SIGNATURE: *E. H. Baris*

DATE: 02/17/2005

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

FACILITY REPRESENTATIVE SIGNATURE: _____

DATE: 02/17/2005

LIC808 (FAS) - (08/04)

Page: 2 of 1

1 of 60 Ad

1 of 60 Ad

