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Contract Number _____

SAP Number _____

Children and Family Services

Department Contract Representative	Kris Bussard
Telephone Number	909-386-8395
 Contractor	 California Department of Social Services
Contractor Representative	
Telephone Number	916-651-8848
Contract Term	N/A
Original Contract Amount	N/A
Amendment Amount	N/A
Total Contract Amount	N/A
Cost Center	N/A

Briefly describe the general nature of the contract:

Various Community Care License application documents to be submitted to the State of California for a Temporary Emergency Shelter facility for youth who have been exposed to, present symptoms of, or currently have COVID 19.

FOR COUNTY USE ONLY

Approved as to Legal Form

DocuSigned by:

Julie J Surber

Julie Surber, Principal Asst. County Counsel

Date April 29, 2021

Reviewed for Contract Compliance

▶

Date _____

Reviewed/Approved by Department

DocuSigned by:

▶ Marlene Hagen

Marlene Hagen, Director

Date April 29, 2021



TEMPORARY SHELTER CARE FACILITY APPLICATION

April 19, 2021

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Temporary Shelter Care Facility Application

San Bernardino County Children and Family Services (CFS) is seeking licensing for an emergency Temporary Shelter Care Facility, located at 4070 Acre Lane, San Bernardino CA 92407 to improve the health and well-being of dependents ages 6 to 17 who have known exposure to, present symptoms of, or test positive for the Coronavirus Disease 2019 (COVID-19).

The following person is authorized to apply on behalf of San Bernardino County Children and Family Services and may be reached at the administrative mailing address and contact information listed below.

Agency Name and Contact Information

Organization Name	Children and Family Services
Type of Entity	San Bernardino County Child Welfare
Contact Person	Jeany Zepeda
Contact Person Title	Deputy Director
Telephone	(909) 891-3568
Email Address	Jeany.Zepeda@hss.sbcounty.gov
Mailing Address	1495 S. E Street, San Bernardino, CA 92415

The Fire Clearance for the Isolation Quarantine Shelter will be ordered.

C. Program Plan

I. Purposes, Methods, and Goals

The primary purpose of the facility is to provide temporary shelter care only for the duration necessary to enable a county placing agency to perform the required assessments and to appropriately place a child. Non-ambulatory and bed ridden children will not be placed at the Isolation Quarantine Shelter (IQS).

CFS staff will screen and refer dependents ages 6 through 17 with known exposure to, present symptoms of, or test positive for the Coronavirus Disease 2019 (COVID-19). Each child will receive an initial assessment to gather general information and to evaluate the child's emotional, physical, social, behavioral well-being and level of functioning in education. The San Bernardino County Public Health Department will be consulted to obtain medical clearance for the child at the earliest time possible to ensure placement in the facility does not continue longer than what is necessary.

Placement in the IQS will be temporary, time-limited of up to ten (10) days. A written report will be submitted to California Department of Social Services (CDSS) when the child's placement reaches the ten (10)-day limit. Children will be isolated or quarantined under medical or public health instruction to avoid the spread of COVID-19 and allow for appropriate care.

The goal of the IQS is to provide a safe, secure shelter, which includes food and clothing, while children are in the shelter. The other goal would be for these children to be COVID-19 free and be placed in a resource family home with a loving foster care family.

II. Admission policies and procedures regarding acceptance of clients

CFS staff will screen and refer dependents ages 6 through 17 with known exposure to, present symptoms of, or test positive for COVID-19. Children arriving at the IQS will receive an individualized assessment and health, mental health and developmental screening, and the services necessary to transition the children to their next placement. The child will be assessed as to whether he/she presents a threat to self or any other child in care.

Placement agreements will be dated and signed by the child, if age and developmentally appropriate, the child's authorized representative, and the IQS staff. Children will be placed at the IQS only when the facility's capacity has not

been exceeded. Placement agreements will specify that the child's placement shall not exceed ten (10) calendar days.

Efforts will be made to convene a child and family team meeting (CFTM) within four (4) days of placement in IQS unless a CFTM occurred within 30 days prior to the child's placement in IQS.

III. **Sample menus and a schedule for one calendar week indicating the time of day that meals and snacks are to be served**

Children will receive three meals (breakfast, lunch, dinner) and two snacks daily as indicated on the following sample menu.

Menu 1 (Sample)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast 7 am to 8 am	Breakfast Burritos Fruit	Oatmeal 1 Apple Whole grain toast	Pancake Bacon Fruit	Whole grain cereal Fruit Muffin	Oatmeal w/brown sugar 1 Orange Whole grain toast	Whole grain cereal Fruit Yogurt Whole grain toast	Whole grain waffles Peaches Yogurt
Lunch 12 pm to 1 pm	Cheese Quesadilla Refried Beans Salad	Spaghetti w/sauce Mixed vegetables Garlic bread	Grilled cheese and tomato sandwich Soup Carrots	Hot dogs Mac and cheese Mixed fruit	Chicken sandwich Mixed salad Fruit	Pizza Mixed salad	Beans and rice burritos Fruit
Snack 3 pm to 3:30 pm	String Cheese Pretzels	Apple slices Peanut butter Crackers	Carrots Ranch dressing	Celery and peanut butter	Granola bar and apple	Whole wheat crackers w/peanut butter Fruit	Muffin and milk or juice
Dinner 6 pm to 7 pm	Veg. Chili and rice Mixed salad	Baked chicken Vegetable Rice Whole grain roll	Shepherd's pie Mixed greens	Chicken enchiladas Beans Salad	Hamburger Roasted potatoes Salad	Lasagna Salad Garlic bread	Spicy Sausage Beans and rice Mixed greens
Snack 8 pm to 8:30 pm	Granola bar and yogurt	Yogurt Banana	Fruit Pretzels	Fruit Whole wheat crackers Peanut Butter	Yogurt Banana	Celery Peanut butter	Apple slices Peanut butter

Note: Lowfat milk and/or juice will be served with meals and snacks.

IV. A statement on whether or not the licensee will handle the clients' money, personal property, and/or valuables. If money, personal property, and/or valuables will be handled, the method for safeguarding shall ensure compliance with 80025 and 80026.

Children/youth awaiting placement in the IQS, are to have their belongings inventoried and secured in a centralized locked location. This will help to safeguard the child/youth's belongings while ensuring he/she leaves with the items he/she brought into the facility. Also, these actions will assist in ensuring the general safety of the child/youth and everyone inside the facility

The screening and storing away of the belongings are to take place in the child/youth's presence. Children/youth are to be advised that they will be able to access items from their stored belongings, with staff monitoring.

Staff cannot physically search the child/youth or his/her belongings.

Staff, with the child/youth's consent, are to complete the [CFS 222](#): Inventory of Personal Belongings of Child/Youth in Office. The [CFS 222](#) is to be signed by the child/youth. If the child/youth does not consent to the inventory, he/she is to sign his/her refusal on the CFS 222 and/or staff is to sign it confirming the refusal. The item (i.e., backpack, purse, etc.) containing the belongings will still be required to be stored in the centralized locked location. The child/youth is to be advised that the items will be made available to him/her with staff monitoring.

As part of the screening process, staff may ask the child/youth if he/she has any items in his/her possession, which could be used as a weapon or is otherwise not allowed. The following items are considered contraband and will need to be confiscated:

- Cigarettes (including E-Cigarettes), alcohol, marijuana and illegal substances, Lighters or matches,
- Weapons or items that could be used as a weapon (could include items with sharp protruding edges), and
- Chemicals.

If any of the above items are among the child/youth's belongings, social workers (SWs) are to notify the supervising social services practitioner (SSSP). If the SSSP is not available, the Duty SSSP must be notified. The SSSP (or Duty SSSP) will notify the child welfare services manager (CWSM). The CWSM will contact County Counsel or Law Enforcement (LE) regarding the procedures for disposal of the contraband.

Note: LE cannot be called to do a search of a child/youth based only on a suspicion he/she has a weapon. LE can be called if the youth is acting in a dangerous manner to self or others. LE would then make the determination whether to search the child/youth based on the threat assessment.

V. Consultant and community resources to be utilized by the facility as part of its program

IQS will consult with Department of Public Health and Department of Behavioral Health to address medical and mental health services for the child. The Office of Emergency Services (OES) will provide food for the facility.

VI. Policies and procedures for the child's discharge when he/she reaches age 18; after needs and services plan goals have been reached; when the needs and services plan has proven to be ineffective; or when it has been determined that the child's continued placement in the facility is detrimental to the child or other children in the facility.

The child will be discharged from the IQS when medical clearance from the Department of Public Health is received. If the child reaches age 18 prior to release, the transition plan currently in place will be implemented.

The child's needs and services plan goals will be continually evaluated during the child's stay at the IQS and modified, as needed, to identify other needs and services plan goals. When the child's stay in IQS becomes detrimental to the child or other children placed at the IQS, the IQS will work with the social worker and the Central Placement Unit (CPU) to find alternative placement that best meets the needs of the child.

VII. The administrative policies and procedures to be used to implement the facility's plan of operation

All staff at the IQS have a risk of exposure to COVID-19 and will therefore need to wear an N95 filtering face piece. The admitted child/youth and CFS staff are required to abide with all house rules for the IQS presented at the site as follow:

- Staff will supervise admitted detained children and monitor them daily for COVID-19 symptoms. Children will receive daily monitoring for symptoms and receive medical appointments via telehealth.
- DBH will provide mental health services as needed.
- Staff will assist admitted children with educational needs.
- To access supplies (PPEs, Sanitizers, Clothing, Bedding, etc.), staff will complete the inventory and sign out process.

- Any incidents requiring intervention will be documented with the **ICS 214: Activity Log**. The IQS maintains Incident Command System forms to document any incidents that might occur on-site.

Staff shall follow all COVID-19 guidance or instructions from the:

- Children's Residential Regional Office,
- CDSS Provider Information Notices (PINs) applicable to children's residential facilities, and COVID-19 guidance or instructions from health care providers,
- Centers for Disease Control and Prevention (CDC),
- California Coronavirus (COVID-19) Response,
- Department of Public Health (CDPH), and
- Local health departments. (i.e. the San Bernardino County Department of Public Health (DPH)).

COVID-19 care decisions, including decisions related to quarantine, isolation, and cohorting, shall be made consistent with medical or public health guidance from the child's health care provider and/or local public health officials.

Face-to-face visits should be consistent with screening protocols and social distancing guidelines provided by CDC and resources identified in PIN 20-06-CRP. Each child will have access to technology-based visitation and distance learning. Electronic devices used for these purposes will be disinfected between each use, as provided in PIN 20-06-CRP.

Staff supervising the child and administering medication uses the **CFS ML 1: Children and Family Services Child Medication Log** to track the administering of medication to children at the IQS.

- To ensure accuracy, staff designated to supervise the child complete the **CFS ML 1** immediately after administering the medication.
- The form is stored in a centralized binder accessible to staff on schedule to supervise the child.

During the child/youth's IQS stay, CFS must ensure access to all necessary services, including but not limited to:

- Specialty mental health services,
- Visitation,
- Educational services,
- Appropriate videoconferencing equipment, etc.
- Additional trauma mitigation strategies adopted by SWs may include:

- Developing a plan for increased contacts utilizing technology-based visitation between the child and family, friends, tribal connections, other important individuals, and the placement care providers to whom the child will be placed, as appropriate. This plan should include ensuring the child has correct contact information for these individuals.
- Engaging the child in a trauma informed, developmentally appropriate manner.
- Utilizing programs and resources for developmental enrichment and supports to the child.
- Maintaining the child's existing supports and services, when possible, to encourage continuity of care while utilizing technology.
- In cases involving an Indian child, working with the child's tribe or other Indian services providers to offer services consistent with the prevailing social and cultural standards of the child's Indian community and/or tribe.

Should the child have developed a positive relationship with IQS staff, it is recommended that the information be documented in their case plan when the child is transitioning to an appropriate placement. As with all healthy and appropriate placements and relationships, ongoing connection should be maintained between the child and the individual(s) with whom the relationship exists to support and promote social-emotional wellbeing, feelings of inclusion in a family or circle of support, and potential for permanency.

VIII. A statement that the primary purpose of the facility is to provide temporary shelter care only for the duration necessary to enable a county placing agency to perform the required assessments and to appropriately place a child.

IQS will provide care exclusively for dependents ages 6 through 17 who have known exposure to, present symptoms of, or test positive for COVID-19. San Bernardino County Children and Family Services and Jeany Zepeda asserts that the primary purpose of the facility is to provide temporary shelter care only for the duration necessary to enable a county placing agency to perform the required assessments and to appropriately place a child.

IX. A description of how the facility will meet the diverse needs of children placed in the shelter, how children will be housed within the shelter, and the circumstances that may be considered in making housing and decisions.

IQS will serve as a placement alternative of last resort to provide care and supervision for children who have known exposure to, present symptoms of, or test positive for COVID-19 and for whom a placement change was unavoidable, or

a different placement alternative was not available. Children will be isolated or quarantined under medical or public health instruction to avoid the spread of COVID-19 and to allow for appropriate care.

Personal Protective Equipment (PPE) and preventative actions including hand washing, screening protocols, and social distancing according to Center for Disease Control (CDC) guidelines will be utilized.

Children will be placed within the shelter according to age appropriateness and gender identity when not part of a sibling set. No more than two children will be assigned to a room. Placement in IQS will be temporary, time-limited of up to ten (10) days. A written report will be submitted to CDSS when the child's placement reaches the ten (10)-day limit. The report will contain information including, but not limited to, the number of days the child has been placed in the facility, the reason for the child's overstay, and the steps that are being taken to identify placement options and place the child.

IQS will collaborate with the San Bernardino County Department of Public Health regarding COVID-19 care decisions, including decisions related to quarantine, isolation, and cohorting.

X. A description of how the facility will assess each child on an individual basis with the focus on why the child was moved from his or her prior living arrangement or placement and the services the child will need for transition to his or her next placement.

Each child will receive an individual initial assessment to gather general information and to evaluate the child's emotional, physical, social, behavioral well-being and level of functioning in education. This will include information on why the child was moved from his or her prior living arrangement or placement and services the child will need for transition to his or her next placement. DPH will be consulted to obtain medical clearance for the child at the earliest time possible to ensure placement in the facility does not continue longer than what is necessary.

- **Procedures for development of a needs and services plan which addresses the child's needs and services required to meet such needs**

A needs and service plan will be developed for each child to address the child's needs and the services required to meet those needs.

- **Procedures for review and evaluation of the needs and services plan**

Observations and evaluations of the child will continue while the child is at IQS.

- **Policy regarding participation of the child and his/her authorized representative in the development of the needs and services plan**

The needs and service plan is developed with the child and the child's authorized representative at the time of placement.

- **Procedures for implementation and modification of the needs and services plan**

The IQS social worker will meet with the child and communicate with the social worker and/or authorized representative to develop a detailed needs and service plan. The needs and service plan will be updated as needed to document treatment and activities.

XI. A description of the facility's procedures and resources for locating appropriate placements that meet the individual needs of children, including a description of the placement and placement coordination responsibilities of the facility's social work staff.

The facility staff will not be responsible for locating placement for the child. The CFS Central Placement Unit (CPU) will begin working on placement for the child as soon as the child is placed in IQS. CPU provides intensive placement support to social workers by locating appropriate placements for the children.

XII. A description of the facility's plan for ascertaining information on where the child should attend school, assuring school attendance, and providing services to support the child's educational progress.

The child's educational rights holder will be consulted regarding the child's school attendance. The school district/school will be contacted regarding distance learning protocol. If the child was attending in-person, the school will be consulted regarding temporarily transitioning the child to distance learning. Otherwise, the child will continue distance learning.

Children will have access to laptops or other electronic devices for schoolwork. Facility staff will supervise children's attendance during distance learning and after school study. Online tutoring services will be provided as needed to support the child's educational process. This will help to determine where the child should attend school, assure school attendance, and provide services to support the child's educational goals.

XIII. A description of services to be provided by the facility, which shall include, but not be limited to, the following:

(A) Medical, developmental, behavioral, and mental health assessments.

Social Workers will complete an initial assessment of the child's need for medical, developmental, behavioral and mental health services upon arrival to the facility.

(B) How the facility will identify appropriate placement resources that meet the child's needs.

Appropriate placement resources will be identified by the CPU. The Social Worker submits a request to the CPU. CPU will subsequently conduct a placement search based on the child's needs. The social worker will be notified when placement resources have been identified.

(C) Trauma-informed services and interventions.

In collaboration with the Department of Behavioral Health (DBH), children will receive comprehensive strength and needs-based screenings and/or assessments that include screening for trauma and mental health needs. Upon placement in the facility, the DBH will be contacted and services will be provided via telehealth. If the child already has a team in place, the team will be notified that the child has been placed at IQS.

(D) Crisis intervention services.

CFS will work with DBH and the Community Crisis Response Team (CCRT) to provide crisis intervention.

(E) Care and supervision provided by trauma-informed trained and qualified staff.

Staff will consist of qualified social workers and social worker supervisors who have been trained in trauma informed practice.

(F) Referrals to and coordination with service providers who can meet the medical, developmental, behavioral, or mental health needs including need for specialty mental health services, of the child identified upon admission.

Children and Family Services (CFS) staff will collaborate and consult with Public Health Nurses (PHNs) to promote access to comprehensive preventive health and specialty services. PHNs provide nursing expertise in meeting the medical, dental, mental and developmental needs of children.

PHNs, provide medical education, interpretation of medical reports, assistance with medical and health case planning, and monitoring the status of health and dental examinations.

- (G) Visitation services, including the ability to provide court-ordered, supervised visitation.

In lieu of in-person visits, alternate means of communication and social interactions will be utilized to prevent the spread of COVID-19. Technology-based visits including, but not limited to, videoconferencing (Zoom, Skype, etc.) and telephone conferencing will be conducted visitation. In the event that an in-person visit is necessary for the well-being of the child, the visit will be facilitated utilizing screening protocols and social distancing guidelines provided by CDC, and conducted outside when possible.

- (H) Structured indoor and outdoor activities, including recreational and social programs, as required under Section 84079.

Children will be offered structured indoor and outdoor activities including, but not limited to, exercise, books, movies, arts and crafts, and board and video games. Activities will be age and developmentally appropriate.

- (I) Transportation and other forms of support to ensure the child's ability to enjoy the rights specified in Welfare and Institutions Code section 16001.9.

Appropriately licensed facility staff will transport children to medical and dental appointments, and other activities as required.

- (J) Mentorship and peer-support type programs.

IQS will continue to utilize the child's existing mentorship or peer support as needed.

XIV. A description of how the facility will monitor and ensure the adequacy and quality of care, supervision, and services provided by the facility, as informed by the following indicators:

- (A) The number of reported incidents.
- (B) The number of reported law enforcement contacts.
- (C) The number of children prescribed psychotropic medication.
- (D) The number of children absent without leave.

- (E) The number of children who have run away from their last placement.
- (F) Any other indicators that specialized or intensive needs of the children served by the temporary shelter care facility are not being met.

A daily log will be completed to track the number of reported incidents, reported law enforcement contacts, children prescribed psychotropic medication, children absent without leave, children who have runaway from their last placement, and any other indicators that specialized or intensive needs of the children served by the temporary shelter facility are not being met. The log will be reviewed by the lead staff member of each shift to monitor and ensure the adequacy and quality of care, supervision, and services provided by the facility.

XV. A communication strategy plan that includes a daily report or spreadsheet containing the placement status, along with ongoing placement efforts, for each child in the facility, and ensures the daily report is distributed to all placing social workers, placing social work supervisors, the facility administrator, and the county placing agency director or his or her designee.

CPU will log the placement status and ongoing placement efforts for each child in the facility. While the child is at IQS, the IQS manager will contact the CPU supervisor and manager regarding the status of placement for the child and the amount of time left in the child's stay at IQS. CPU will report daily to the placing social worker.

XVI. Any changes in the plan of operation, which affect the services to children shall be submitted to CCL for licensing agency approval.

XVII. The facility shall operate in accordance with the terms specified in its plan of operation.

XVIII. Staffing

- a. Description of qualification of staff including education, work experience, training IQS staff will consist of the following:
 - Child Welfare Services Manager (CWSM) has a Master's degree in social work, Human Services, Clinical Psychology, or Counseling with an emphasis in marriage, family or child psychology and has two (2) years of full time experience equivalent to a Supervising Social Service Practitioner in San Bernardino County. The CWSM manages a major program

component of CFS and assists in planning, organizing, and directing the delivery of all social programs in a major region.

- Supervising Social Service Practitioner (SSSP) has a Master's degree in Social Work (MSW) from a school accredited by the Council on Social Work Education, or a Master's degree in Human Services, Psychology, Counseling with an emphasis in marriage, family, and child counseling, or a closely related field, **and** two (2) years of experience equivalent to a Social Service Practitioner in San Bernardino County, performing complex social work assignments, comprehensive diagnostic assessments, in-depth clinical intervention, and treatment plans for a government social work agency. The SSSP organizes and supervises the work of a unit responsible for diagnostic assessments, developing and implementing complex treatment plans, and specialized service programs to assist individuals in restoring their capacity for social functioning.
- Social Service Practitioner (SSP) has a Bachelor's degree in Social Work (BSW) from a school accredited by the Council of Social Work Education; or Thirty (30) semester/45 quarter units of graduate or upper division coursework in Behavioral Science, Psychology, Social Services/Human Services, Cultural and Gender Studies, or Human Development, **and** two (2) years of casework experience equivalent to a Social Worker II. The SSP provides diagnosis, assessment, intervention and case management support to individuals, groups, children and/or families with complex health, psychosocial or economic problems; handles most complex and specialized casework requiring knowledge of diagnostic and counseling modalities as applied to complex assignments in the children's protective services, adoption and family reunification.
- Social Worker II (SW II) has a Bachelor's degree in Social Work (BSW) which included a social work internship, practicum, or field work experience; or a Bachelor's degree in Behavioral Science, Psychology, Sociology, Social Services, Human Services, or Human Development, **and** 480 hours of experience obtained in a supervised internship, practicum, or equivalent work or field work experience providing mental health, substance use disorder, or social work services such as interviewing and referring clients, non-clinical counseling, and social casework services in a human services agency. The SW II provides complex social work to assist individuals or families in enhancing their capacity for social functioning; assists in developing social service resources.

- Social Service Aide (SSA) has 24 semester/36 quarter units of completed college coursework in behavior/social science or humanities; or twelve (12) months of experience in a human/social services program, which included interviewing clients to assess human services needs, assisting individuals in obtaining tangible services, and explaining rules, policies, and program services to clients. The SSA performs a variety of functions to assist in the delivery of social service programs. SSAs receive formal in-service training and/or supervised field experience.

Staff will receive training in universal precautions within the first 10 days of employment, and before providing care to the children.

The licensee will track training received by each staff member to ensure training is obtained. Training will be provided by the San Bernardino County Performance and Education Centers (PERC) certified trainers.

Staff training includes, but is not limited to:

- CDC caregiver guidelines for the provision of basic needs, watching for warning signs and knowing when to seek emergency medical attention, isolation and limiting contact, wearing masks and gloves, hand washing protocol, cleaning and disinfecting high touch surfaces, washing and drying laundry, disposing of contaminated items, and tracking the health of the caregiver.
- De-escalation and effective communication training
- Trauma Informed Care (TIC)

Staffing plan, qualifications and duties

Staffing will consist of eight (8) and ten (10) hour shifts. A minimum of two (2) staff will be assigned to each shift. Staff will be increased as needed.

Duties will include, but are not limited to: following a schedule for the children; engaging with the children (assisting with homework and activities), coordinate services such as telehealth and mental health services, coordinate with regional social worker or Central Placement Unit (CPU) to facilitate interviews for placement, communicate information about the child to the next shift staff, and enter data into CWS/CMS.

Plan for in-service education of staff if required by regulations governing the specific facility category

Staff receive annual in-service education as mandated. Additionally, bi-weekly check-in meetings will address training needs.

b. Staff ratios

There will be a minimum of two (2) staff per six (6) children. Each shift will have, at a minimum, one SSSP and either a SSP, SWII or SSA. The number of staff will increase as needed.

XIX. Background check of staff

a. Describe what background check clearances the staff has, ie, CA DOJ, CAIC, FBI

Staff are required to complete background clearances through the California Department of Justice (DOJ), Child Abuse Central Index (CACI) and Federal Bureau of Investigation (FBI)

b. Does the county receive rap backs?

Yes, the county receives rap backs.

XX. San Bernardino County and Jeany Zepeda acknowledges and agrees to the following General Terms and Conditions:

1. Prior to quarantining, isolating, or cohorting a child, the provider must consult with the local public health department in the jurisdiction where the facility will be located, and as needed, consult with CDPH for additional guidance.
2. Prior to county placement of a child, the county shall notify CDSS utilizing the Continuum of Care Reform inbox at ccr@dss.ca.gov.
3. Care shall be available exclusively as a last resort for children who have known exposure to, present symptoms of, or test positive for, COVID-19 and for whom a placement change was unavoidable, or a different placement alternative was not available.
4. Care decisions, including decisions related to quarantine, isolation, and cohorting, shall be made consistent with medical or public health guidance from the child's health provider and/or local public health officials.
5. The licensee shall adhere to the local public health department's guidelines for providing a healthy and safe residential care environment and incorporate

policies and procedures provided by CDSS, in consultation with the [Department of Public Health](#), to support prevention, containment and mitigation of COVID-19.

6. The county shall ensure necessary services, including specialty mental health services, parent and sibling visitations, child and family team engagement and educational services are provided to the child.
7. The licensee shall ensure trauma-informed, developmentally appropriate engagement and enrichment opportunities to children while placed in the facility.
8. A licensee is responsible for consulting with the local public health department to obtain a child's medical clearance at the earliest time possible to ensure a child does not continue placement in the facility when no longer necessary.
9. The county shall ensure that whenever a child, who is lacking an identified home-based caregiver is placed in the facility, daily intensive efforts will be made to ensure a child does not remain placed in the facility following a medical clearance.
10. The provider shall comply with directives of a local health department officer and shall not restrict CDSS, CDPH, local health department officials, healthcare providers, and essential government authority from entering or conducting investigations at the facility.

Staff Duties

11. Staff providing care to children with COVID-19, must follow [CDC caregiver guidelines](#).
12. The licensee shall be responsible for ensuring care and supervision of the children in placement, including providing a safe, healthy, and comfortable home where they are treated with respect.
13. The licensee shall be responsible for ensuring, as applicable, the personal rights described in [WIC §16001.9](#).
14. Twenty-four (24) hours a day, seven (7) days per week, the following staff ratios apply:
 - a. When only one child is present at the facility, there shall be at least one awake and on duty direct care staff present at the facility.
 - b. When there are two to four children present at the facility, there shall be at least two awake and on duty direct care staff present at the facility.
 - c. When there are five or more children present at the facility, there shall be at least one awake and on duty direct care staff present at the facility for every four children, or fraction thereof, present at the facility.

15. The licensee shall require direct care staff to self-screen for respiratory infection symptoms prior to start of shift before interacting with children.

Reporting Requirements/Childrens' Records

16. The licensee must report to CDSS and the child's authorized representative of any incident that affects the health and safety of any child or staff in the facility no later than the next business day of its occurrence.
17. The licensee shall immediately create a client file for each child that includes the following:
- a. The child's most recent needs and services plan, as applicable.
 - b. Documentation of medical and public health consultation regarding COVID-19.
 - c. An emergency authorization card with the following:
 - a. Emergency contact information
 - b. Consent for emergency attention
 - c. Documentation of the administration of medication
 - d. Identification allergies or special needs, including developmental or behavioral.
 - e. Any dietary restrictions.
 - d. Any other additional information pertinent to the care and supervision of the child
 - e. Date of medical clearance.
18. Licensee is required to report to CCL when a COVID positive youth is accepted.
19. Notify CCL if a child stays beyond their quarantine or isolation period due to placement issues.

Physical Plant

20. A copy of this waiver shall be posted in a prominent location visible to anyone who utilizes the facility.
21. The facility's bedroom capacity should be 2 to a room based on age, gender, room size, and bed capacity, and shall follow recommendations from a medical professional regarding the ability to cohort.
22. The facility setting should have age appropriate equipment, such as sleeping and bedding materials.
23. Face-to-face visits should be consistent with screening protocols and social

distancing guidelines provided by CDC and resources identified in PIN 20- 06-CRP.

24. The licensee shall enhance cleaning and sanitation practices consistent with CDC guidance, which includes but is not limited to the following:
 - a. Sinks for preparing food and washing hands shall be separate.
 - b. Frequently used surfaces, such as bathrooms, door handles, and sinks shall be regularly sanitized throughout the day.

APPLICATION FOR A COMMUNITY CARE FACILITY OR RESIDENTIAL CARE FACILITY FOR THE ELDERLY LICENSE

(See Instructions on next page)

FOR DEPARTMENT USE ONLY					
DISTRICT: _____		REPLY TO: Jeany Zepeda 1495 S. E Street, San Bernardino, CA 92415			
COUNTY: _____ FACILITY NUMBER: _____					
DATE: _____ ACTION TYPE: _____					
REVIEWED BY: _____ FACILITY TYPE: _____					
1. APPLICANT(S) NAME(S) (PLEASE PRINT) Jeany Zepeda		2. REQUESTED ACTION (CHECK ONE): <input checked="" type="checkbox"/> A. INITIAL APPLICATION <input type="checkbox"/> E. CHANGE OF AMB/NON-AMB BEDRIDDEN STATUS <input type="checkbox"/> B. CHANGE OF CAPACITY <input type="checkbox"/> F. CHANGE WITHIN CORPORATION <input type="checkbox"/> C. CHANGE OF LOCATION <input type="checkbox"/> G. OTHER (Specify) <input type="checkbox"/> D. CHANGE OF FACILITY TYPE			
3. APPLICANT MAILING ADDRESS 1495 S. E Street		CITY San Bernardino	STATE CA	ZIP CODE 92415	AREA CODE/TELEPHONE (909) 891-3568
4. TYPE OF AGENCY OR FACILITY <input type="checkbox"/> ADULT RESIDENTIAL FACILITIES <input type="checkbox"/> SOCIAL REHABILITATION FACILITIES <input type="checkbox"/> RESIDENTIAL FACILITIES--ELDERLY <input type="checkbox"/> FOSTER FAMILY AGENCIES <input type="checkbox"/> ADOPTION AGENCIES <input type="checkbox"/> RESIDENTIAL FACILITIES--CHRONICALLY ILL <input type="checkbox"/> ADULT DAY PROGRAMS <input type="checkbox"/> GROUP HOMES <input type="checkbox"/> SMALL FAMILY HOMES <input type="checkbox"/> TRANSITIONAL HOUSING PLACEMENT PROGRAMS <input type="checkbox"/> CRISIS NURSERIES <input checked="" type="checkbox"/> OTHER(SPECIFY) <u>Temporary Shelter</u>					
5. APPLICATION FILED BY: <input type="checkbox"/> A. INDIVIDUAL <input type="checkbox"/> B. PARTNERSHIP <input type="checkbox"/> C. NON PROFIT CORP. <input type="checkbox"/> G. LIMITED LIABILITY CORPORATION <input type="checkbox"/> D. PROFIT CORP. <input checked="" type="checkbox"/> E. COUNTY <input type="checkbox"/> F. OTHER PUBLIC AGENCY					
6. FACILITY OR AGENCY NAME Isolation Quarantine Shelter			EMAIL ADDRESS (NOT REQUIRED)		AREA CODE/TELEPHONE (909) 531-1227
7. FACILITY STREET ADDRESS 4070 Acre Lane		CITY San Bernardino	COUNTY San Bernardino	ZIP CODE 92407	ALTERNATIVE PUBLIC TELEPHONE ()
8. FACILITY MAILING ADDRESS 1495 S. E Street		CITY San Bernardino		STATE CA	ZIP CODE 92415
9. ADMINISTRATOR OR PERSON IN CHARGE OF FACILITY Jeany Zepeda		TITLE Deputy Director			
10. TOTAL REQUESTED CAPACITY 6		10A. NUMBER OF NON-AMBULATORY (IF ANY)		10B. NUMBER OF BEDRIDDEN UNABLE TO TURN OR REPOSITION IN BED (IF ANY)	
11. FOR CHILDREN'S FACILITY ONLY: NUMBER OF INFANTS (AGES 0 THROUGH 2) <u>0</u> CHILDREN (AGES 3 THROUGH 17) <u>6</u>					
12. DAYS AND HOURS OF OPERATION: 24 hours/7 days a week		13. PROPERTY OWNERSHIP: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT <input type="checkbox"/> OTHER (SPECIFY) _____			
13A. NAME, ADDRESS AND PHONE NUMBER OF PROPERTY OWNER, IF RENTING OR LEASING: Francisco J Tellez, 20485 Via Castile, Yorba Linda, CA 92886					
14. WAS FACILITY PREVIOUSLY LICENSED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, FACILITY NAME AND NUMBER:		LICENSING AGENCY NAME:	
15. IS MAJOR CONSTRUCTION REQUIRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE CONSTRUCTION TO BEGIN: _____ DATE TO BE COMPLETED: _____		16. SOURCE OF WATER FOR HUMAN CONSUMPTION <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	
17. ENTER THE INFORMATION BELOW FOR ANY RESIDENTIAL CARE OR HEALTH CARE FACILITY PREVIOUSLY OR CURRENTLY OPERATED. REFER TO INSTRUCTIONS. FACILITY NAME AND NUMBER LICENSING AGENCY NAME					
A. _____					
B. _____					
18. APPLICANT(S)/LICENSEE(S) RESPONSIBILITIES: A. IN ADDITION TO COMPLYING WITH THE HEALTH AND SAFETY CODES AND REGULATIONS APPLICABLE TO LICENSING AND FIRE SAFETY, I/WE UNDERSTAND THAT THERE MAY BE OTHER STATE, FEDERAL AND/OR LOCAL LAWS, WHICH ARE NOT ENFORCED BY THIS AGENCY, THAT MAY NEED TO BE MET SUCH AS: ZONING, BUILDING, SANITATION AND LABOR REQUIREMENTS. B. I/WE HAVE READ AND UNDERSTAND THE STATUTES AND REGULATIONS WHICH PERTAIN TO MY/OUR LICENSING CATEGORY PRIOR TO THE ISSUANCE OF MY/OUR LICENSE. C. I/WE SHALL ENSURE THAT ALL PERSONS SUBJECT TO FINGERPRINT REQUIREMENTS SHALL HAVE A DEPARTMENT OF JUSTICE CLEARANCE OR A CRIMINAL RECORD EXEMPTION PRIOR TO EMPLOYMENT, RESIDENCE OR INITIAL PRESENCE IN THE FACILITY AS REQUIRED. D. IF I/WE OPERATE A FACILITY WHICH PROVIDES CARE AND SUPERVISION TO CHILDREN. I/WE SHALL ENSURE THAT A CHILD ABUSE INDEX CHECK FORM FOR EACH PERSON SUBJECT TO FINGERPRINT REQUIREMENTS IS SUBMITTED TO THE DEPARTMENT OF JUSTICE AS REQUIRED. E. I/WE SHALL OBTAIN APPROVAL FROM THE LICENSING AGENCY PRIOR TO MAKING ANY CHANGE(S) THAT AFFECT THE TERMS OF THE LICENSE.					
19. I/WE UNDERSTAND THAT I/WE HAVE THE RIGHT TO APPEAL ANY DECISION REGARDING THE DISPOSITION OF THIS APPLICATION.					
20. I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS APPLICATION AND ON THE ACCOMPANYING ATTACHMENTS ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.					
21. I/WE AM/ARE AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE NAMED APPLICANT.					
SIGNED _____		TITLE _____		COUNTY WHERE SIGNED _____ DATE _____	
SIGNED _____		TITLE _____		COUNTY WHERE SIGNED _____ DATE _____	

INSTRUCTIONS FOR APPLICATION FOR FACILITY LICENSE

Type or print clearly. Prepare application in duplicate. Return original and maintain a copy for your records. Attach to this application form, a copy of all requested forms and documents including those underlined below.

1. Applicant(s): Enter the names of the person(s) or organization legally responsible for the facility. Enter full names. Individuals enter first, middle and last name. If joint application, all applicants must sign this application. Individuals, each general partner, and chief executive officer or authorized representative of a firm, association, corporation, county, city, public agency or governmental entity must complete Applicant Information (LIC 215). Corporations and other organizations also complete Administrative Organization, (LIC 309).
2. Requested Action: Check appropriate box.
3. Applicant Mailing Address: Enter legal home mailing address of individual(s) and headquarters mailing address of corporations. Major partner enters principal business mailing address. Other partner(s) enter principal business mailing address(es) on Applicant Information (LIC 215). Enter area code with telephone number.
4. Type of Agency or Facility: Check the appropriate box for type of facility as defined in California Code of Regulations, Title 22. If unknown, enter the name commonly used to identify such a facility in space marked "other".
5. Application Filed By: Check appropriate box.
6. Facility or Agency Name: Enter the name used to designate the single facility under application. If an agency, fill in the name of the agency which provides the services.
7. Facility Street Address: Enter the physical location of the facility. If applicant has more than one facility, a separate application must be completed for each facility. Enter area code with telephone number.
8. Facility Mailing Address: Enter the address where all mail for the facility from the department/licensing agency should be sent.
9. Administrator or Person in Charge of Facility: Enter the name and title of person who will directly supervise the facility. If not yet employed enter "unknown".
10. Total Requested Capacity: Enter the total number of persons for whom care will be provided in any 24 hour period.
- 10A. If applicable, enter the number of beds available for non-ambulatory, unable to independently transfer but who do not need assistance in turning and repositioning in bed.
- 10B. If applicable, enter the number of beds available for bedridden, unable to independently turn or reposition in bed.
11. For Children's Facilities Only: Applicants for children's residential facilities enter the number of infants and the number of children to be served.
12. Days and Hours of Operation: Enter days and hours of facility operation.
13. Property Ownership: Check the appropriate box.
- 13a. Control of Property: If applicant(s) is leasing or renting, enter name, address and phone number of owner of facility premises.
14. Was Facility Previously Licensed?: Check YES or NO. If yes, enter facility name, number and name of agency that issued license(s).
15. Is Major Construction Required?: Indicate whether or not the facility is to be constructed or requires major structural improvements. If yes, enter dates construction is to begin and be completed.
16. Source of Water for Human Consumption?: Check *PUBLIC* or *PRIVATE* water source.
17. Other Facilities: H & S Code Section 1520(d), 1568.04(b) and 1569.15(d) require that an applicant disclose, prior or present service as an administrator, general partner, corporate officer or director of, or as a person who has held or holds a beneficial ownership of 10 percent or more in any community care, residential care facility for chronically ill, residential care facility for the elderly, or health care facility (attach separate sheet of paper for additional facilities).
- 18., 19, and 20. Statement of applicant(s)/licensee(s) responsibilities of compliance with all applicable laws and regulations.
21. SIGNATURES OF ALL APPLICANTS OR AUTHORIZED PERSON(S) (I.E., GENERAL PARTNERS OF A PARTNERSHIP AND CHIEF EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE FOR ALL CORPORATIONS, PUBLIC AGENCIES, ETC.)

APPLICANT INFORMATION

This form must be completed by all applicants for a facility license, (i.e., all individuals, each partner in a partnership, or chief executive officer or authorized representative in a corporation.) If more space is required, attach additional sheet. Type or print clearly.

IDENTIFYING INFORMATION

NAME Jeany Zepeda	SOCIAL SECURITY NUMBER ★ (VOLUNTARY FOR I.D. ONLY)	SEX (M/F) f	ARE YOU 18 YEARS OR OLDER? Yes
TITLE Deputy Director	DRIVER'S LICENSE NUMBER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PLACE OF BIRTH	
ADDRESS 1495 S E Street San Bernardino CA 92415			(AREA CODE) TELEPHONE NUMBER (909) 891-3568
OTHER NAME(S) USED BY APPLICANT Glasgow			

EDUCATION

Check highest completed grade: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input checked="" type="checkbox"/>				
NAME AND LOCATION OF HIGH SCHOOL Vacaville High School	DATE COMPLETED 6/1988		GED DATE N/A	
NAME AND LOCATION OF COLLEGE Cal State San Bernardino	COURSE STUDY Sociology	YEARS COMPLETED 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/>	DEGREE BA	DATE COMPLETED 6/1993
Loma Linda University	Social Work	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>	MSW	6/2000

REFERENCES

PERSONAL: (PLEASE GIVE REFERENCES, INCLUDING PRESENT AND PAST EMPLOYERS, WITH KNOWLEDGE OF YOUR ADMINISTRATIVE ABILITY.)

NAME 1. Marlene Hagen	ADDRESS 150 S. Lena Rd SB CA	RELATIONSHIP Director	TELEPHONE 909-387-279;
2. Jonathan Byers	150 S. Lena Rd SB CA	Assistant Dir	909-387-279;

FINANCIAL: (PLEASE GIVE REFERENCES WITH KNOWLEDGE OF FINANCIAL RESOURCES AND BUSINESS PRACTICES.)

NAME 1. N/A	ADDRESS	RELATIONSHIP	TELEPHONE
2.			

PRIOR LICENSURE STATUS

A. HAVE YOU EVER BEEN A LICENSEE OR CO-LICENSEE OF A RESIDENTIAL CARE FACILITY FOR THE ELDERLY, COMMUNITY CARE, CHILD CARE OR HEALTH FACILITY?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES,, COMPLETE C AND D BELOW.
B. HAVE YOU EVER HELD A BENEFICIAL OWNERSHIP OF 10% OR MORE IN A RESIDENTIAL CARE FACILITY FOR THE ELDERLY, COMMUNITY CARE, CHILD CARE OR HEALTH FACILITY OR BEEN AN ADMINISTRATOR, GENERAL PARTNER, CORPORATE OFFICER, OR DIRECTOR OF ANY SUCH FACILITY?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, COMPLETE C AND D BELOW:
C. NAME AND ADDRESS OF FACILITY	EFFECTIVE DATES OF LICENSURE ____ TO _____ FACILITY TYPE
N/A	
D. WERE ANY DISCIPLINARY ACTIONS TAKEN?	
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:	

BUSINESS EXPERIENCE

A. HAVE YOU OWNED OR OPERATED ANY BUSINESS?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING:																								
<table><tr><th>Type</th><th>Number of Employees</th><th>Your Title</th><th>Date Started</th><th>Date Ended</th><th>Reason for End</th></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Type	Number of Employees	Your Title	Date Started	Date Ended	Reason for End																			
Type	Number of Employees	Your Title	Date Started	Date Ended	Reason for End																				
B. DO YOU HAVE A PROFESSIONAL LICENSE OR CERTIFICATE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING:																								
<table><tr><th>Type</th><th>Period Held</th><th>Issuing Agency</th></tr><tr><td>LCSW</td><td>2008-present</td><td>BBS</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>	Type	Period Held	Issuing Agency	LCSW	2008-present	BBS																			
Type	Period Held	Issuing Agency																							
LCSW	2008-present	BBS																							
C. ARE YOU A MEMBER OF ANY PROFESSIONAL/TECHNICAL ASSOCIATION?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING:																								
<table><tr><th>Association Name</th><th>Address</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Association Name	Address																							
Association Name	Address																								

WORK EXPERIENCE. BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF UNEMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS, IF NECESSARY.

Dates	Name and Address of Employer	Basic Duties	Termination Reason
FROM 6/2008	Children and Family Services	Deputy Director, Placement Resources	Still employed
TO Present	1495 S E street SB CA 92415		
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

PERSONAL INFORMATION

- A. Do you have any physical, mental, or medical condition that could impair your ability to care for the type of resident/client for whom you have requested licensure?
☐ YES ☒ NO *If yes, please explain:*

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE	COUNTY WHERE SIGNED	DATE
-----------	---------------------	------

* Federal law (at Title 5 United States Code Section 552a Note) states that:
Any Federal, State, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

DESIGNATION OF FACILITY RESPONSIBILITY

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

Facility Name Isolation Quarantine Shelter Date 4/13/21

Facility Number _____

Facility Address 4070 Acre Lane Phone (909) 531-1227

City San Bernardino County San Bernardino

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

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

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

Signature of applicants/licensees

Title

Address

S
City County Zip

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 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		FACILITY TYPE		FACILITY NUMBER	
Isolation Quarantine Shelter		Temporary Shelter Care Facility			
PREPARED BY				DATE	
Jeany Zepeda				4/13/21	

A. STAFF SUBJECT TO CRIMINAL BACKGROUND CHECK REQUIREMENTS: The following staff members are subject to a criminal background check pursuant to Sections 1522, 1568.09, 1569.17 and 1596.871 of the Health and Safety Code. A California background clearance or a criminal record exemption shall be obtained 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
Licensee/Administrator Jeany Zepeda	6/24/2006	Child Welfare Deputy Director						
Kristin Hinds	1/26/2006	Child Welfare Services Manager						
Hermalinda Alvarez	1/30/2016	Social Worker II	S-Wed	10pm 8 am				
Michael Aragon	10/11/2006	Supervising Office Specialist						
Richard Franco	4/16/2016	Social Service Practitioner	S-Wed	6am 4pm				
Monique Lang-Townsend	7/1/2000	Supervising Social Service Practitioner	S-Wed	10pm 8am				
Ryan McKinley	5/23/2006	Social Service Aide	S-Wed	10pm 8am				
Armando Mendoza	4/24/1996	Social Service Aide	W-Sat	10pm 8am				
Joanne Mitchell	9/21/2016	Social Service Practitioner	Wed-Sat	2pm 10pm				
Jonas Nava	5/19/2016	Supervising Social Service Practitioner	Wed-Sat	6am 4pm				
Crystal Newman	6/14/2016	Supervising Social Service Practitioner	S-Wed	6am 4pm				
Alison Rege	5/30/2016	Social Service Aide	S-Wed	2pm 10pm				
Jamiesue Street	7/8/2017	Social Service Practitioner	Wed-Sat	10pm 8am				
Jacquilyn Zamets	9/28/1996	Social Worker II	S-Wed	2pm 10pm				
Ian Franco	1/25/2016	Social Worker II	W-Sat	6am 4pm				
Kristy Loufek	7/28/1996	Social Service Practitioner						
Michelle Paez	1/4/2020	Social Service Aide						
Gina Pulido	9/15/2016	Social Service Practitioner						
Liz Scott-Jones	3/17/1996	Administrative Manager	S-Wed	2pm 10pm				
Ryan Shroads	8/27/2016	Supervising Social Service Practitioner						
Delsa Wilson	1/2/2010	Supervising Social Service Practitioner						

EMERGENCY DISASTER PLAN FOR CHILDREN'S RESIDENTIAL FACILITIES (EXCEPT FOSTER FAMILY HOMES)

INSTRUCTIONS:

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

NAME OF FACILITY Isolation Quarantine Shelter		ADMINISTRATOR OF FACILITY Jeany Zepeda	
FACILITY ADDRESS (NUMBER, STREET, 4070 Acre Lane		CITY, San Bernardino	STATE, ZIP CODE) CA 92407
		TELEPHONE ()	

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

NAME(S) OF STAFF	TITLE	ASSIGNMENT
1. Kristin Hinds	CWSM	DIRECT EVACUATION AND PERSON COUNT
2. Kristin Hinds	CWSM	HANDLE FIRST AID
3. Kristin Hinds	CWSM	TELEPHONE EMERGENCY NUMBERS
4. Kristin Hinds	CWSM	TRANSPORTATION
5.		OTHER (DESCRIBE)
6.		

II. EMERGENCY NAMES AND TELEPHONE NUMBERS (IN ADDITION TO 9-1-1)

FIRE/PARAMEDICS San Bernardino County Fire (909)387-5974	POLICE OR SHERIFF San Bernardino County Sheriff (909)387-8313
RED CROSS American Red Cross Southern California Region	OFFICE OF EMERGENCY SERVICES San Bernardino County OES (909)386-9401
HOSPITAL(S) St. Bernardine Medical Center (909)883-8711	POISON CONTROL Poison Control Help (800)222-1222
DENTIST(S)	AMBULANCE Ambulance Service San Bernardino (854)800-0913
CHILD PROTECTIVE SERVICES Children and Family Services (800)827-8724	CRISIS CENTER Community Crisis Response Team (909)421-9233
	OTHER AGENCY/PERSON

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

1. Exit 1 - Front door	2. Exit 2 - garage
3. Exit 3 - Sliding door - front living room	4. Exit 4 - Sliding door master bedroom Exit 5 - side garage

IV. TEMPORARY RELOCATION SITE(S) (IF AVAILABLE, SUBMIT LETTER OF PERMISSION FROM RENTER/LESSEE/MANAGER/PROPERTY OWNER)

NAME	ADDRESS	TELEPHONE NUMBER ()
NAME	ADDRESS	TELEPHONE NUMBER ()

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

ELECTRICITY Outside the common area
WATER Outside side garage door
GAS Outside the common area

VI. FIRST AID KIT (LOCATION) Staff area - front living room adjacent to kitchen**VII. EQUIPMENT**

SMOKE DETECTOR LOCATION (IF REQUIRED) Common Area; Hall outside of dining area; Bedrooms 1, 2, and 3; Staff area
FIRE EXTINGUISHER LOCATION (IF REQUIRED) In garage next to entry into the home.
TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED) Security Alarm
LOCATION OF DEVICE Inside front door entrance

VIII. AFFIRMATION STATEMENT

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

SIGNATURE	DATE
-----------	------

FACILITY SKETCH (Floor Plan)

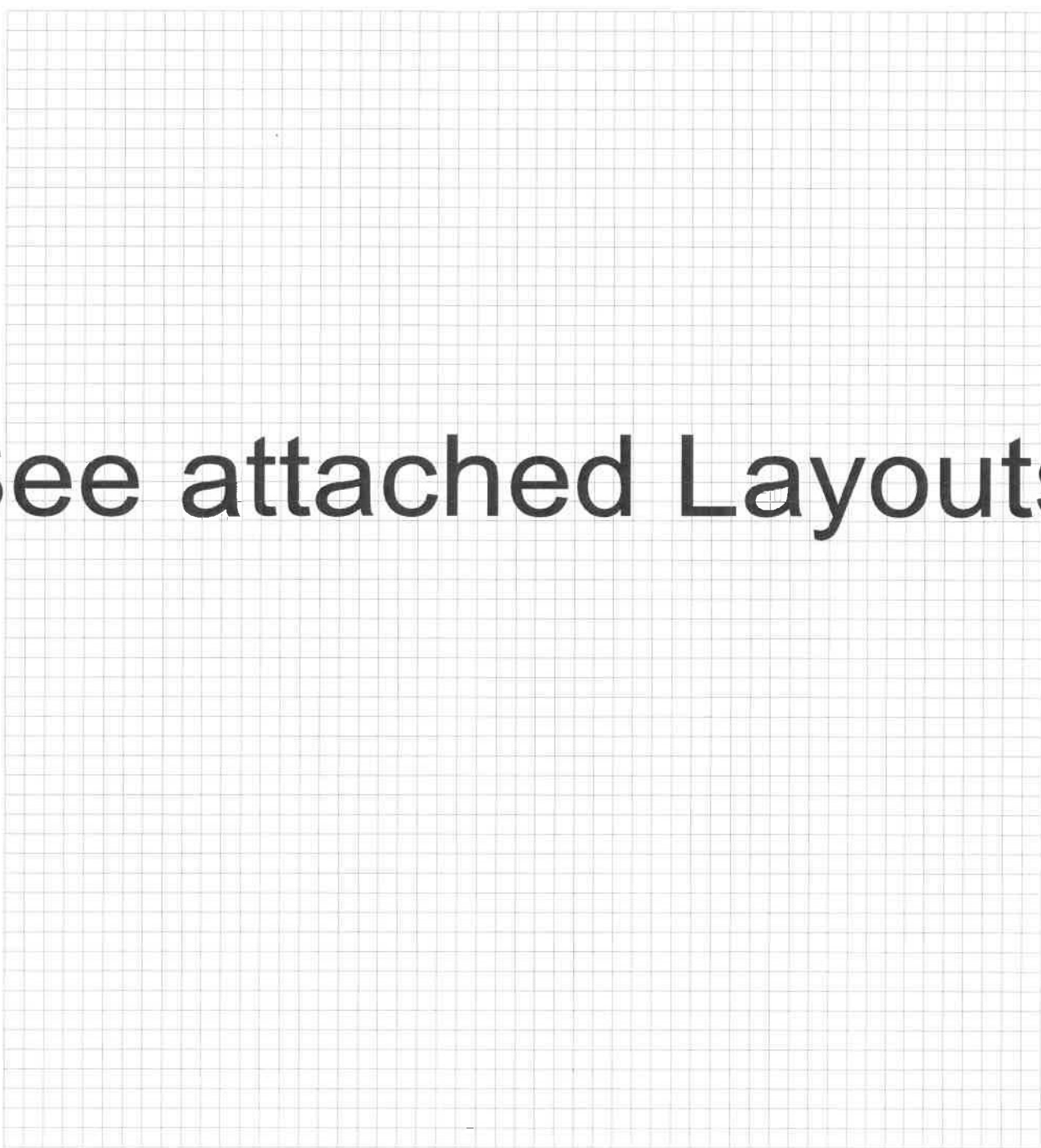
Applicants are required to provide a sketch of the floor plan of the home or facility and outside yard. The floor sketch must label rooms such as the kitchen, bath, living room, etc. Circle the names of the rooms that will be used by staff/residents/clients/children. Door and window exits from the rooms must be shown in case of an emergency (see Emergency Disaster Plan). Show room sizes (e.g. 8.5 x 12). Keep close to scale. Use the space below. See back for yard sketch.

FACILITY NAME:

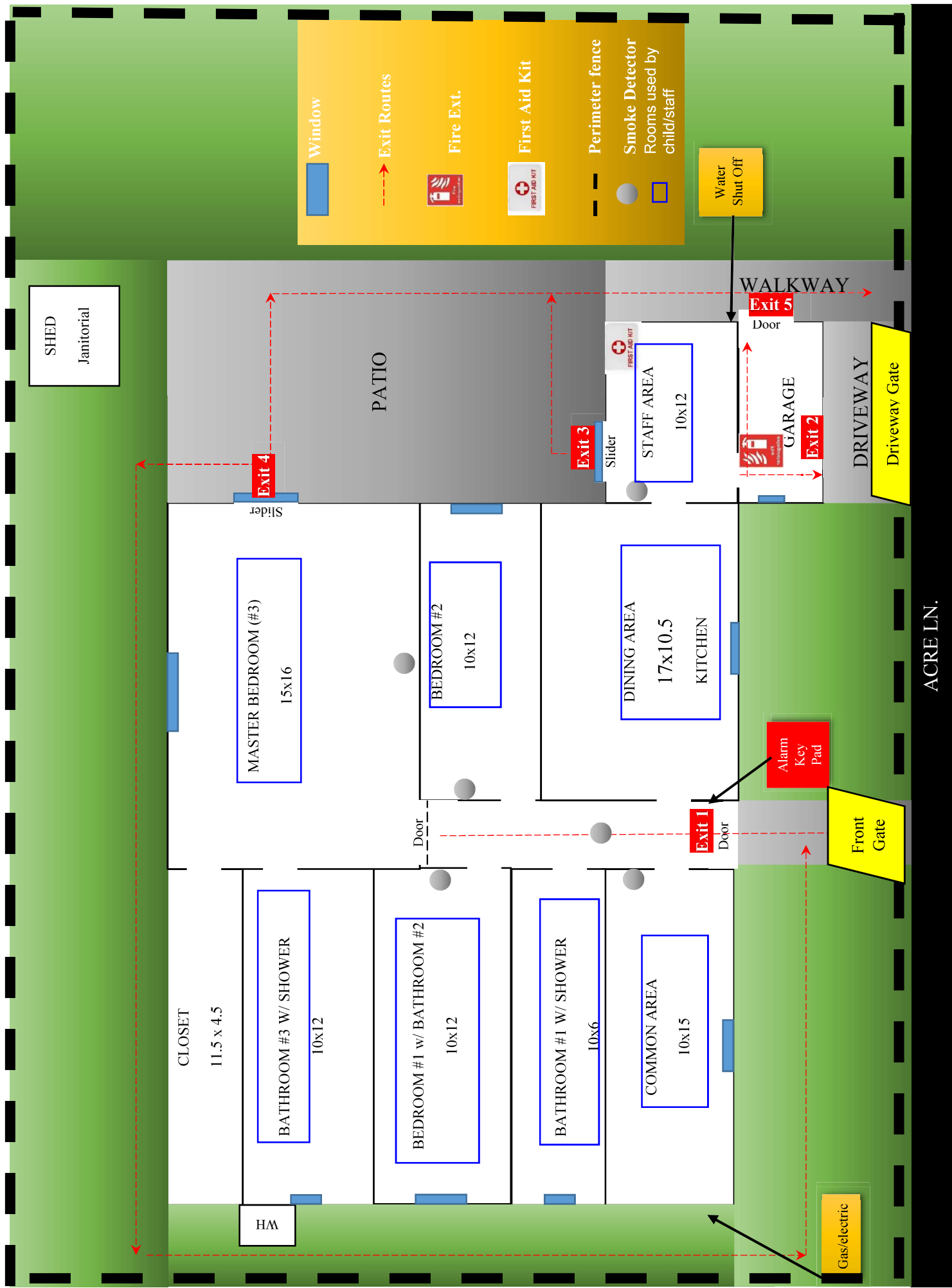
Isolation Quarantine Shelter

ADDRESS:

4070 Acre Lane San Bernardino CA 92407



See attached Layouts



AFFIDAVIT REGARDING CLIENT/RESIDENT CASH RESOURCES

This form is intended to ensure that all licensed facilities comply with statutory bonding requirements set forth in California Health and Safety Code Chapter 3, Article 6, Section 1560, Chapter 3.1, Article 6, Section 1568.021 and Chapter 3.2, Article 6, Section 1569.60.

California Health and Safety Code Chapter 3, Article 6, Section 1560, requires that applicants/licensees who handle or will handle monies of clients of Community Care Facilities (CCF's) must be bonded for not less than \$1,000.00. However, the provisions of this section do not apply if the applicant/licensee meets **both** of the following: (a) operates a community care facility which is licensed to care for children including but not limited to a foster family home; and (b) handles or will handle monies of persons within the community care facility in amounts less than fifty dollars (\$50) per person and less than five hundred dollars (\$500) for all persons per month.

California Health and Safety Code Chapter 3.1 Article 6, Section 1568.021 and Chapter 3.2, Article 6, Section 1569.60 requires that applicants/licensees of licensed Residential Care Facilities For The Elderly (RCFE) and Residential Care Facilities For the Chronically Ill (RCF-CI) that handle or will handle monies of residents must be bonded for not less than \$1,000.00. However, the provisions of this section do not apply if the applicant/licensee handles or will handle monies of persons within the facility in amounts less than fifty dollars (\$50) per person and less than five hundred dollars (\$500) for all persons per month.

Facilities that handle client/resident cash resources must certify that the facility does not need a bond or that a bond is required and the amount of the bond. This form is required on new applications, renewal of licenses or whenever the Department deems it necessary to reevaluate the bonding need of a facility.

In accordance with the above provisions of California Health and Safety Code:

I(We) Jeany Zepeda

Name(s)

As applicant(s) for or licensee(s) of Isolation Quarantine Shelter

Name of Facility

Located 4070 Acre Lane

San Bernardino

San Bernardino

Street

City

County

Certify that I (We):

Operate a CCF, RCFE or RCF-CI and provide care for:

- ☒ Children (0-17 years of age)
☐ Adults (clients) (18-59 years of age)*
☐ Elderly (residents) (60 years and older)

And (choose 1)

- ☐ The maximum amount of cash resources that I/we will handle at any one time is \$_____ monthly.
☒ And I/we will not handle any cash resources of persons within the facility.

I understand that I will need to obtain and submit a bond issued by a surety company admitted to do business in this State in the amount of \$_____, naming the State of California and conditional upon my/our faithful and honest handling of the money of persons within the facility.

*Any amount of money handled for the Adult CCF categories requires a bond (excluding RCF-CI's). A bond is also required for all other categories, including RCF-CI's, unless the applicant/licensee handles less than \$50 per person and less than \$500 per month for all clients/residents. While the bond coverage amount may appear to be adequate, the licensee must evaluate the amount periodically. The applicant/licensee will need to plan for bond coverage that sufficiently covers periods when the balance of funds handled is greater than normal. For example, prior to Christmas or summer vacations the balances of clients'/residents' funds tend to be larger than during the rest of the year.

If a bond is required, refer to the following table for the amount of bond coverage that is required:

**AMOUNT SAFEGUARDED
PER MONTH**

\$ 750.00 or less
 \$ 751.00 to 1,500.00
 \$1,501.00 to 2,500.00

BOND REQUIRED

\$1,000.00
 \$2,000.00
 \$3,000.00

Every additional increment of \$1,000.00 or fraction thereof shall require an additional \$1,000.00 on the bond.

I (We) also certify that:

I/we shall submit a new affidavit (LIC 400) and bond (LIC 402) to the licensing agency **prior** to handling amounts of clients'/residents' cash resources in excess of the current bond.

I/we will maintain adequate safeguards and accurate records of all cash resources entrusted to the facility, in accordance with regulations of the State Department of Social Services.

I/we shall maintain a current surety bond at all times when handling client/resident personal cash resources.

I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS FORM AND ANY ACCOMPANYING ATTACHMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. IN MAKING THESE STATEMENTS, I/WE REALIZE THAT WILLFULLY SUBMITTING FALSE STATEMENTS CONSTITUTES GROUNDS FOR THE SUSPENSION OR REVOCATION OF MY/OUR LICENSE.

Date

Signature Of Applicant Or Licensee

License Number (if applicable)

Date

Signature Of Applicant Or Licensee

License Number (if applicable)