

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336413304
Report Date: 10/15/2021
Date Signed: 10/15/2021 01:36:43 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME: EBEN HAVEN	FACILITY NUMBER: 336413304
ADMINISTRATOR: ELIZABETH ODUNJO	FACILITY TYPE: 740
ADDRESS: 30792 STONE CREEK CT.	TELEPHONE: (951) 679-7754
CITY: MENIFEE	STATE: CA
CAPACITY: 6	ZIP CODE: 92584
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
MET WITH: Angelica Alamillo, Caregiver	DATE: 10/15/2021
	UNANNOUNCED TIME BEGAN: 12:45 PM
	TIME COMPLETED: 01:40 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Jesse Gardner made an unannounced visit to the facility to conduct an
2	annual inspection with an emphasis on infection control.
3	
4	LPA Gardner met with Caregiver Angelica Alamillo. Present in the facility during time of visit were 5
5	clients. There are currently no cases of COVID-19 within the facility.
6	
7	During today's visit, LPA Gardner toured the facility and made observations pertaining to the facility's
8	infection control measures. LPA Gardner observed sufficient hand hygiene supplies, sufficient cleaning
9	and disinfecting provisions, and proper use of face coverings. The facility has a designated infection
10	control lead person who has been tasked with tracking all COVID-19 cases and/or suspected cases,
11	ensuring PPE supplies are maintained, cleaning and disinfection provisions are in adequate quantities,
12	and that staff are trained in the proper use and disposal of PPE and overall infection control. LPA
13	Gardner discussed infection control practices and procedures with Ms. Alamillo.
14	
15	An exit interview was conducted and a copy of this report was reviewed with and provided to Ms.
16	Alamillo.
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NAME OF LICENSING PROGRAM MANAGER: Reyna Lacey
NAME OF LICENSING PROGRAM ANALYST: Jesse Gardner

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/15/2021

This report must be available at Child Care and Group Home facilities for public review for 3 years.