

**COMPLAINT INVESTIGATION REPORT**CCLD Regional Office, 2580 N. FIRST STREET, STE. 350  
SAN JOSE, CA 95131

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**10/17/2014** and conducted by Evaluator Monica Pavia

**PUBLIC****COMPLAINT CONTROL NUMBER: 26-CR-20141017145651****FACILITY NAME:** FAMILIES FIRST INC**FACILITY** 435202120**ADMINISTRATOR** SARAH PACK/KATIE MAYEDA**NUMBER:****FACILITY TYPE:** 730**ADDRESS:** 499 LOMA ALTA**TELEPHONE:** (408) 628-5577**CITY:** LOS GATOS**STATE:****ZIP CODE:** 95030**CAPACITY:** 20**CENSUS:****DATE:** 01/27/2015

UNANNOUNCED

**TIME VISIT****BEGAN:** 08:30 AM**MET WITH:** Amy Evans**TIME COMPLETED:** 09:30 AM**ALLEGATION(S):**1 Sexual Abuse: Staff sexually abused client.  
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9**INVESTIGATION FINDINGS:**

1 LPA Monica Pavia is delivering findings of a complaint investigation conducted by the Department's  
2 Investigations Bureau. Based on the investigation, it was determined that an adult staff person sexually  
3 abused a client of the group home. This report does not include a deficiency for this substantiated allegation  
4 because the Type A deficiency of staff sexually abusing a client was previously cited on Complaint  
5 Investigation Report 26-CR-20110712104524, dated 7/12/11.  
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**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Glenn A Schnell**TELEPHONE:** (408) 324-2112**LICENSING EVALUATOR NAME:** Monica Pavia**TELEPHONE:** (408) 309-9923**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/27/2015

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/27/2015