ADULT RESIDENTIAL FACILITY LICENSE

APPLICATION FOR LICENSE TO OPERATE

Applicant / Licensee:	Perris Care LLC
Facility Name:	Perris Care
Entity Type:	LLC
Facility Address:	432 Orange Ave, Perris, CA, 92571
Phone:	(951) 555-8742
Licensed Capacity:	4 residents
Date Prepared:	July 21, 2026

APPLICATION PACKET CONTENTS

SECTION A

APPLICATION FORMS

Form #	Document Name	Status
LIC200	Application for License to Operate	**Included**
LIC215	Applicant / Licensee Information	**Included**
LIC308	Designation of Facility Responsibility	**Included**
LIC309	Information on Corporate Applicant / Partnership	**Included**
LIC400	Surety Bond or Cash Resources	**Included**
LIC401	Operating Budget	**Included**
LIC401A	Supplemental Financial Information	**Included**
LIC402	Surety Bond	**Included**
LIC403A	Financial Statement Detail	**Included**
LIC403	Financial Statement (Balance Sheet)	**Included**
LIC404	Financial Institution Reference	**Included**
LIC500	Personnel Report (Staffing Schedule)	**Included**
LIC501	Personnel Record	**Included**
LIC503	Health Screening Report	**Included**
LIC508D	Criminal Record Statement	**Included**
LIC508OOS	Out-of-State Disclosure	**Included**
LIC610D	Emergency / Disaster Plan	**Included**
LIC9163	Request for Live Scan Service	**Included**
LIC9165	Board of Directors Acknowledgement	**Included**

Form #	Document Name	Status
LIC9282	Infection Control Plan	Included
LIC999	Facility Sketch	Included

CDSS FORM — PART A

Prepared: July 21, 2026

LIC200

APPLICATION FOR LICENSE TO OPERATE

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

APPLICATION FOR A COMMUNITY CARE FACILITY OR RESIDENTIAL CARE FACILITY FOR THE ELDERLY LICENSE *(See Instructions on Pages 4 and 5)*

FOR DEPARTMENT USE ONLY	
District:	
County:	Facility Number:
Date:	Action Type:
Reviewed By:	Facility Type:

REPLY TO:

1. Applicant(s) Name(s):

Perris Care LLC

2. Requested Action *(Check One)*:

- [x] A. Initial Application
- [ ] B. Change of Capacity
- [ ] C. Change of Location
- [ ] D. Change of Facility Type
- [ ] E. Change of Facility Name
- [ ] F. Change of Ownership
- [ ] G. Add/Change Management Company
- [ ] H. Change Within Corporation
- [ ] I. Change of AMB/NON AMB Bedridden Status
- [ ] J. Other (Specify): _____

3. Applicant Mailing Address:	City:	State:	Zip Code:	Area Code/ Telephone:
432 Orange Ave	Perris	CA	92571	(951) 555-8742

4. Type of Agency or Facility:

- [ ] Adoption Agencies
- [ ] Adult Day Programs
- [x] Adult Residential Facilities
- [ ] Adult Residential Facilities — Special Health Care Needs
- [ ] Community Crisis Homes
- [ ] Crisis Nurseries
- [ ] Enhanced Behavioral Support Homes
- [ ] Foster Family Agencies
- [ ] Group Homes
- [ ] Residential Facilities — Chronically Ill
- [ ] Residential Facilities — Elderly
- [ ] Short Term Residential Therapeutic Programs
- [ ] Small Family Homes
- [ ] Social Rehabilitation Facilities
- [ ] Transitional Housing Placement Providers
- [ ] Other (Specify): _____

5. **APPLICATION FILED BY:**

- [ ] A. Individual
- [ ] B. Partnership
- [ ] C. Non-Profit Corp.
- [ ] D. Profit Corp.
- [ ] E. County
- [ ] F. Other Public Agency
- [x] G. Limited Liability Company

6. Facility or Agency Name:	7. Facility Email Address:			8. Facility Area Code/ Telephone:
Perris Care	info@perriscare.com			(951) 555-8742
9. Facility Street Address:	City:	County:	Zip Code:	Alternative Public Phone Number:
432 Orange Ave	Perris	Riverside	92571	
10. Facility Mailing Address:	City:		State:	Zip Code:
432 Orange Ave	Perris		CA	92571

11. Administrator or Person in Charge of Facility:	Title:
David Rodriguez	Administrator

12. Total Requested Capacity:	12A. Number of Non-Ambulatory (If Any):	12B. Number of Bedridden Unable to Turn or Reposition in Bed (If Any):
4	0	0

13. For Children's Facility Only:
Number of Infants/Children (Ages 0 Through 5): _____ Children (Ages 6 Through 17): _____
Non-Minor Dependents (NMD) (Ages 18 Until 21): _____

14. Days and Hours of Operation:	15. Property Ownership:
24/7	☐ Own ☑ Rent/Lease ☐ Other (Specify): _____

15A. Name and Address and Phone Number of Property Owner, If Renting or Leasing:
John Smith, 123 Main St, Perris, CA 92570, (951) 555-0100

16. Was Facility Previously Licensed?	If Yes, Facility Name and Number:	Licensing Agency Name:
☐ Yes ☑ No	N/A	N/A

17. Is Major Construction Required?	Date Construction to Begin: N/A Date to be Completed: N/A	18. Source of Water for Human Consumption:
☐ Yes ☑ No		☑ Public ☐ Private

19. 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.	N/A	N/A
B.	N/A	N/A

20. 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.

21. I/We understand that I/we have the right to appeal any decision regarding the disposition of this application.

22. I/We declare under penalty of perjury that the statements on this application and on the accompanying attachments are true and correct to the best of my/our knowledge.

23. I/We am/are authorized to sign this application on behalf of the named applicant.

I acknowledge that by providing my electronic signature for this form, I agree to conduct business transactions by electronic means and that my electronic signature is the legal binding equivalent to my handwritten signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

Signed:	Title:	County Where Signed:	Date:
		Riverside	05/09/2026
Signed:	Title:	County Where Signed:	Date:

INSTRUCTIONS FOR APPLICATION FOR FACILITY LICENSE

Type or print clearly. Prepare application in duplicate. Return the 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, Partnerships, Public Agencies and Limited Liability Companies must also complete Administrative Organization (LIC 309) and update it each time there is a change in partners, officers, or changes in the corporation or Limited Liability Company.

2. Requested Action: Check appropriate box.

3. Applicant Mailing Address: Enter residence and 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, Interim Licensing Standards, and/or Health and Safety Code. 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 Email: Enter facility email address. Health and Safety Code sections 1509.56,1568.023, and 1569.15, respectively, require that all adult community care facilities, Residential Care Facilities for Persons with Chronic Life-Threatening Illness, or Residential Care Facilities for the Elderly provide and maintain an active email address with the Department.

8. Facility Telephone Number: Enter facility telephone number with area code. If applicable, enter an alternative public telephone number with area code.

9. Facility Street Address: Enter the physical location of the facility. If the applicant has more than one facility, a separate application must be completed for each facility.

10. Facility Mailing Address: Enter the address where all mail for the facility from the department/licensing agency should be sent.

11. 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”.

12. Requested Capacity: Enter the maximum number of persons for whom care will be provided at any one time.

12A. 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.

12B. If applicable, enter the number of beds available for bedridden, unable to independently turn or reposition in bed.

13. For Children’s Facilities Only: Applicants for children’s residential facilities enter the number of infants/children (ages 0 through 5), number of children (ages 6 through 17), and the number of nonminor

INSTRUCTIONS FOR APPLICATION FOR FACILITY LICENSE (CONT.)

dependents, as defined in Welfare and Institutions Code section 11400, subsection (v), (ages 18 until 21) to be served.

14. Days and Hours of Operation: Enter days and hours of facility operation.

15. Property Ownership: Check the appropriate box.

15A. Control of Property: If applicant(s) is leasing or renting, enter name and address and phone number of owner of facility premises.

16. Was Facility Previously Licensed?: Check YES or NO. If yes, enter the facility name, number and name of agency that issued license(s).

17. 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.

18. Source of Water for Human Consumption?: Check PUBLIC or PRIVATE water source.

19. Other Facilities Health and Safety Code sections 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 facility, Residential Care Facility for the Chronically Ill, Residential Care Facility for the Elderly, or health care facility (attach separate sheet of paper for additional facilities).

20., 21., and 22. Statement of applicant(s)/licensee(s) responsibilities of compliance with all applicable laws and regulations.

23. 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.)

CDSS FORM — PART A

Prepared: July 21, 2026

LIC215

APPLICANT / LICENSEE INFORMATION

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

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	Social Security Number	Sex (M/F)	Are you 18 years or older?
Maria Gonzalez	000-00-0000	F	YES

Title	Driver's License Number	Valid	Place of Birth
Administrator	D7654321	☑ Yes ☐ No	California

Address	Telephone Number
432 Orange Ave, Perris, CA, 92571	(951) 555-8742

Other Name(s) Used by Applicant	Applicant Preferred Language (Not Required)
	English

EDUCATION

Highest Completed Grade: 12

Name and Location of High School	Date Completed	GED Date
Perris High School, Perris, CA	06/2000	

Name and Location of College	Course Study	Years Completed	Degree	Date Completed
Mt. San Jacinto College, San Jacinto	General Studie	2	AA, General Stuc	06/2002
Administrator Certificate Course				

REFERENCES

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

Name	Address	Relationship	Telephone
1. Elena Chavez	1201 San Jacinto Ave, Perris CA 925	child hood friend	(951) 555-3341
2. Marcus Johnson	305 B St, Perris CA 92571	Colleague / Forn	(951) 114-4488

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

Name	Address	Relationship	Telephone
1. First Bank of Perris	100 N D St, Perris CA 92570	banker	(951) 555-1100
2. Inland Valley Credit Inland Vall	420 Wilkerson Ave, Perris, CA 92571	Credit Union / Ba	(951) 555-2200

PRIOR LICENSURE STATUS

A. Have you ever been a Licensee or Co-Licensee of a residential Care Facility for the Elderl, Community Care, Child Care or Health Facility? ☐ YES ☑ NO *If Yes, Complete C and D Below.*

B. Have you ever held a benefical 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? ☐ YES ☑ NO *If Yes, Complete C and D Below.*

C. Name and Address of Facility	Effective Dates of Licensure	Facility Type
N/A	N/A To N/A	N/A

D. Were any disciplinary actions taken? ☐ YES ☐ NO *If yes, please explain:*
N/A

BUSINESS EXPERIENCE

A. Have you owned or operated any business? ☐ Yes ☑ No *If Yes, complete the following:*

Type	Number of Employees	Your Title	Date Started	Date Ended	Reason for End
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

B. Do you have a professional License or Certificate? ☑ Yes ☐ No *If Yes, complete the following:*

Type	Period Held	Issuing Agency
Administrator Certificate #123456789(	01/2023 - Present	CDSS/CCL
	05/2019	Present
Sunshine Care Home		

C. Are you a member of any Professional/Technical Association? ☑ Yes ☐ No *If Yes, complete the following:*

Association Name	Address
pro association 1	adress of association 1

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 01/2023	Sunny Days Care	General Caregiver	N/A
To Present			
From N/A	N/A	N/A	N/A
To N/A			
From N/A	N/A	N/A	N/A
To N/A			
From N/A	N/A	N/A	N/A
To N/A			

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, explain:*

N/A

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
	Riverside	05/09/2026

* 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.

CDSS FORM — PART A

Prepared: July 21, 2026

LIC308

DESIGNATION OF FACILITY RESPONSIBILITY

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

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 Perris Care Date 05/09/2026

Facility Number

Facility Address 432 Orange Ave Phone (951) 555-8742

City Perris County Riverside

In the event of my absence I designate Maria Gonzalez (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

Administrator
Title

432 Orange Ave, Perris, Riverside
Address

City County Zip

CDSS FORM — PART A

Prepared: July 21, 2026

LIC309

INFORMATION ON CORPORATE APPLICANT / PARTNERSHIP

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

ADMINISTRATIVE ORGANIZATION

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

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

DATE 05/09/2026

FACILITY NAME
Perris Care

FACILITY ADDRESS
432 Orange Ave

FACILITY NUMBER

I. CORPORATION/LIMITED LIABILITY COMPANY (LLC)

1. Name *(as filed with Secretary of State)*
Perris Care LLC

2. Chief Executive Officer
Maria Gonzalez

3. Incorporation/Registration Date
03/15/2024

4. Place of Incorporation/Registration
California

Corporation/Limited Liability Company Number
12345678

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

6. Principal office of business:

Address	City	Zip Code	County	Telephone No.
	Perris	92571	Riverside	(951) 555-8742

Contact Person: Maria Gonzalez Title: Administrator Telephone No.: (951) 555-8742

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

a. Name of California Representative	Address	Zip Code	Telephone No.

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

8. Names and addresses of all persons who own ten percent (10%) or more interest in corporation or LLC. Attach sheet for additional space.
Maria Gonzalez, 123 Sunshine Way, Perris, CA 92570 (100% Owner)

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

a. Number of Directors/Managers & Managing Members
1

b. Term of Office (if applicable)
Indefinite

c. Frequency of Meetings (if applicable)
Annually

d. Method of Selection (corporations only)

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

Office	Name	Principal Business Address & City & Zip Code *(other than facility address)*	Telephone No.	Term Expires
President	Maria Gonzalez (President)	123 Sunshine Way, Perris, CA 92570	(951) 555-8742	
Vice-President				
Secretary	Maria Gonzalez			
Treasurer	Maria Gonzalez			

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

Name	Mailing Address & City & Zip Code	Telephone No.	Term Expires

(Attach Sheet for additional space)

II. PUBLIC AGENCY

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

2. Agency providing services:

Name: _____ Address: _____
CITY/STATE

Mailing Address: _____
CITY/STATE/ZIP CODE

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

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

Specify geographic area:

_____

_____

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

III. PARTNERSHIPS

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

1st Partner ☐ General Name _____
TELEPHONE NUMBER

☐ Limited Principal Business Address _____
CITY/STATE

2nd Partner ☐ General Name _____
TELEPHONE NUMBER

☐ Limited Principal Business Address _____
CITY/STATE

3rd Partner ☐ General Name _____
TELEPHONE NUMBER

☐ Limited Principal Business Address _____
CITY/STATE

4th Partner ☐ General Name _____
TELEPHONE NUMBER

☐ Limited Principal Business Address _____
CITY/STATE

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

IV. OTHER ASSOCIATIONS

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

CDSS FORM — PART A

Prepared: July 21, 2026

LIC400

SURETY BOND OR CASH RESOURCES

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

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 1568.021and 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 revaluate the bonding need of a facility.

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

I(We) Perris Care LLC
Name(s)

As applicant(s) for or licensee(s) of Perris Care
Name of Facility

Located _____
Street City County

Certify that I (We):

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

- [ ] Children (0-17 years of age)
- [x] Adults (clients) (18-59 years of age)*
- [ ] Elderly (residents) (60 years and older)

And (choose 1)

- [x] The maximum amount of cash resources that I/we will handle at any one time is $ 3000 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 $ 5000 *, 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	**BOND REQUIRED**
$ 750.00 or less	$1,000.00
$ 751.00 to 1,500.00	$2,000.00
$1,501.00 to 2,500.00	$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)
05/09/2026		
Date	Signature Of Applicant Or Licensee	License Number (if applicable)

CDSS FORM — PART A

Prepared: July 21, 2026

LIC401

OPERATING BUDGET

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

MONTHLY OPERATING STATEMENT

FOR THE MONTH ENDING:_____

IMPORTANT - *Before completing, see reverse for instructions.*

FACILITY NAME: Perris Care

APP./LIC. NO.

FACILITY ADDRESS:

Ln #	OPERATING REVENUES	Estimated / Actual	Ln #	Monthly
	PROGRAM REVENUES			
1.	SSI Revenue (Monthly SSI Rate) x (Number of SSI Clients) Rate $ _____ x # _____		= 1	$ 24000
2.	Voluntary 3rd Party Contributions		2	
3.	Private Revenue Number of Private Pay Residents # _____		3	
	OTHER REVENUES RELATED TO THE FACILITY			
4.	_____		4	
5.	_____		5	
6.	Total Revenue (add lines 1 through 5 and any attached). Worksheet attached?..... ☐ YES ☐ NO		6	$

	OPERATING COSTS	Estimated / Actual		Monthly
	CARE AND SERVICES			
7.	Food Costs		7	$
8.	Household Supplies		8	
9.	Laundry and Dry Cleaning		9	
10.	Personal Hygiene Items		10	
11.	Recreational Activities		11	
12.	Newspapers, Magazines, Cable TV		12	
13.	Medical and First Aid		13	
14.	Client Transportation		14	
15.	Total Care & Services (add lines 7 through 14)		15	$
	GENERAL ADMINISTRATION			
16.	Salaries and Wages		16	
17.	Payroll Taxes and Employee Benefits		17	
18.	General Transportation		18	
19.	Telephone		19	
20.	Office Supplies		20	
21.	Advertising		21	
22.	Fees for licenses and memberships		22	
23.	Contract Labor		23	
24.	Insurance (Liability and Fire)		24	400
25.	Indirect Overhead		25	
26.	Total General Administration (add lines 16 through 25)		26	$
	PHYSICAL PLANT			
27.	Rent, Lease, Mortgage Payments and Homeowners Association Fees		27	4500
28.	Property Taxes		28	0
29.	Gas		29	200
30.	Electricity		30	300
31.	Water		31	200
32.	Garbage		32	100
33.	Repair & Maintenance (Building)		33	
34.	Repair & Maintenance (Furniture & Equipment)		34	
35.	Other (specify)		35	
36.	Total Physical Plant (add lines 27 through 35)		36	$
37.	Total Operating Costs (add lines 15, 26, and 36)		37	$
38.	Net Profit (Loss) (subtract line 37 from 6)		38	$

I declare under penalty of perjury that the foregoing and any attachments are true and correct.

PREPARED BY:	TITLE:	APPLICANT/LICENSEE SIGNATURE:	DATE:
David Rodriguez	Administrator		05/09/2026

MONTHLY OPERATING STATEMENT
GENERAL INFORMATION AND INSTRUCTIONS

GENERAL INFORMATION - Each applicant/licensee (sole proprietorship, partnership, corporation or limited liability company) must submit a LIC 401, OPERATING STATEMENT, for care facilities in operation or pending (to commence within the next twelve months). In addition, an LIC 401a, Supplemental Financial Information, Part II must be submitted. A separate LIC 401 is to be submitted for each CCLD licensed/pending license operation. A profit and loss statement is to be submitted for other business operations. For CCLD operations already licensed or other ongoing business operations the reported amounts are to be actual rather than estimated. For CCLD operations pending license or other pending business operations the reported amounts may be estimated.

FOR INDIVIDUALS AS SOLE PROPRIETORS - Part I of the LIC 401a must also be completed.

FOR GENERAL PARTNERS - In addition to the LIC 401a, Part II, for the partnership a separate Form LIC 401a must be completed for each general partner. Information reported on this document is subject to verification. Therefore, additional documentation may be requested to support some or all of the items reported.

INSTRUCTIONS Please include the required information at the top of this form to identify the 1) reporting period of the information, 2) facility name, 3) facility address and 4) application or license number.

REVENUES

Line # **PROGRAM REVENUES**

1. Report the SSI monthly rate, the number of clients/residents and the total monthly revenue.
2. Report all 3rd party voluntary contributions received on behalf of all SSI recipients.
3. Report average monthly rate for private pay clients/residents, the number of private pay clients/residents and the total monthly revenue.

OTHER REVENUES

4-5. Report all other facility related revenues (i.e. interest income, subleases, insurance reimbursements, sale of assets) individually on lines 4 and 5. If more space is required attach a worksheet and indicate the total on line 5.

OPERATING COSTS

CARE AND SERVICES

7. Costs for food products, and meals for clients, residents and staff.
8. Costs for cleaning supplies (except laundry and dry cleaning).
9. Costs for laundry and dry cleaning.
10. Costs for personal hygiene items provided for the clients and residents.
11. Costs for recreational activities.
12. Costs for newspapers, magazines, cable TV, etc.
13. Costs for medical supplies, first aid, and any other non-reimbursable medical costs.
14. Costs for transporting clients/residents to and from medical appointments, recreational activities, and other allowable transportation costs.

GENERAL ADMINISTRATION

16. Staff salaries and wages (verified to staffing report).
17. Federal and state payroll taxes and the cost of employee benefits including worker's compensation insurance incurred by the facility.
18. Direct transportation costs, (Include vehicle loan payments, maintenance and fuel).
19. Include all costs for telephone communications (phones, FAX, pagers, etc.).
20. Costs for office supplies and postage.
21. Costs for business related advertising.
22. Costs for business licenses, membership fees and professional fees.
23. All contract to labor.
24. Costs for all other insurance (public liability, property damage, auto, surety bond, etc.).
25. Costs/Expenses required for the support of a corporate or headquarter's office.

PHYSICAL PLANT

27. Cost to rent, lease or mortgage payments on the facility.
28. Costs for real estate property taxes (average monthly cost).
29. Costs for natural or propane gas used in the facility.
30. Costs for electricity consumed at the facility.
31. Costs for water, including bottled water.
32. Costs for disposal of garbage.
33. Costs for building repair and maintenance.
34. Costs for furniture and equipment repair and maintenance.
35. All other expenses.

SIGNATURE BLOCK

The name of the preparer is to be printed in the space provided. The applicant or licensee is required to sign this form attesting to the financial information. Failure to sign, date and attest to the accuracy of the information reported on the Monthly Operating Statement (LIC 401) shall constitute non-compliance and the rejection of this report.

CDSS FORM — PART A

Prepared: July 21, 2026

LIC401A

SUPPLEMENTAL FINANCIAL INFORMATION

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

SUPPLEMENTAL FINANCIAL INFORMATION

FOR THE MONTH ENDING:_____

SUPPLEMENTAL FINANCIAL INFORMATION FOR:	FACILITY NAME:	APP/LIC. NO.
Perris Care LLC	Perris Care	

PART I (lines 1 through 21) - To be completed by sole proprietors and each general partner.

		Monthly
WAGES AND OTHER INCOME		
1. Net Wages (specify) _____		$
2. Net Wages (specify) _____		
3. Interest & Dividends _____		
4. Other Income (specify) _____		
5. Other Income (specify) _____		
6. Total Income (add lines 1 through 5)	6	$
		Monthly
PERSONAL EXPENSES		
7. Residence Mortgage[ ] Rent[ ] Live in Facility[ ]		$
8. Utilities (Electric, Oil or Gas, Water, Telephone, etc.)		
9. Insurance (Homeowners, Property, Life, Medical, Vehicle, etc.)		
10. Taxes (Real Property, Personal Property, etc.)		
11. Transportation		
12. Medical Expense		
13. Dental Expense		
14. Groceries		
15. Clothing		
16. School Tuition.....		
17. Alimony/Child Support		
18. Travel and Entertainment.....		
19. Other:_____		
20. Total Personal Expenses (add lines 7 through 19)	20	$
21. Difference (subtract line 20 from line 6)		$

PART II (lines 22 through 29) - To be completed by all applicants/licensees and each general partner.

22. If personal expenses exceed personal income as calculated on line #21, list below (a - c), assets that are easily converted to cash. Report their net value. (Corporations Excluded)

    a._____ $_____ b._____ $_____ c._____ $_____

23. List any other income expected to be received in the future to help meet expenses.

    _____ $ _____ _____ $_____

24. List all outstanding judgments, if any:

    _____ $_____ _____ $_____

25. Have you filed for bankruptcy or had bankruptcy declared within 7 years? ..... ☐ YES ☐ NO
26. Are you a co-maker or endorser on any note? If Yes, for what amount? ..... ☐ YES ☐ NO $_____
27. What lines of credit are available to you? Show source and amount on a & b.

    a._____ $_____ b._____$_____

28. Are you a defendant in a lawsuit? If so, please explain and indicate the lawsuit's amount(s).
    _____

29. Is the pending facility rented?[ ]leased?[ ]purchased?[ ].identify the owner(s) below

    Identify the owners _____ Phone No: _____
    of the facility property. _____ Phone No: _____
    _____ Phone No: _____

I declare under penalty of perjury that the foregoing and any attachments are true and correct.

PREPARED BY:	TITLE:	APPLICANT/LICENSEE SIGNATURE:	DATE:
			05/09/2026

SUPPLEMENTAL FINANCIAL INFORMATION
GENERAL INFORMATION AND INSTRUCTIONS

GENERAL INFORMATION

Each applicant/licensee must submit a LIC 401a Supplemental Financial Information, Part II. In addition, part I is to be completed for a sole proprietorship only. FOR GENERAL PARTNERS, - Each general partner must submit a personal 401a.

Information reported in these documents is subject to verification. Therefore, additional documentation may be requested to support any or all of the items reported.

INSTRUCTIONS

Please include the required information at the top of this form to identify the 1) reporting period for the information, 2) name of the sole proprietorship, partner, general partnership or corporation for whom the information applies, 3) facility name, and 4) application or license number.

PART I - PERSONAL INCOME AND EXPENSES (This section is to be completed by sole proprietors and each general partner of a partnership).

PERSONAL INCOME (DO NOT REPORT ANY INCOME ALREADY REPORTED ON THE LIC 401)

Line #

1-2. Report the first & last name of the person, the source and the amount of monthly wages or other income.
3. Report the name of the financial agency paying all interest and dividends earned per month. You may report the combined amount.
4-5. Report other income source and amount.

PERSONAL EXPENSES (DO NOT REPORT ANY EXPENSES ALREADY REPORTED ON THE LIC 401)

7. Indicate whether you pay on a mortgage or pay rent. (This refers to expenses other than those shown on line 26 of the LIC 401.) Report amount of payment.
8. Cost of utilities (electric, oil or gas, water, telephone, etc.)
9. Cost of insurance (homeowners, property, life, medical, vehicle, etc.)
10. Taxes paid for real or personal property, etc.
11. Cost of transportation including fuel and maintenance.
12. Cost of medical expenses (doctor visits, medications, etc.)
13. Cost of dental care.
14. Cost of groceries, household supplies, etc.
15. Cost of family clothing needs.
16. Cost for school tuition and/or other education expenses.
17. Alimony and/or child care support payments.
18. Cost for travel and entertainment.
19. Other costs not included above.

PART II. OTHER PERSONAL INFORMATION (To be completed by all applicants)

22. If your personal expenses exceed personal income, then list other assets owned by you that are readily convertible to cash, and show the net value of those assets. The net value is the market value less any associated debt on the asset.
23. Describe and show other anticipated income not already included in lines 1 through 5 above.
24. Show all judgments against you and the amount.
25. Check either “YES’ or “NO” as appropriate. If YES, submit proof of discharge of debt.
26. Check either “YES” or “NO” as appropriate. If YES, then show amount which is still owed on the note.
27. If you have lines of credit available, show the source for the line of credit and the amount of credit available.
28. If you are a defendant in a lawsuit, briefly explain the circumstance.
29. If, for instance, where the facility property is being purchased, list all mortgage holders (first, second and third trust deed lenders, if applicable) and their telephone numbers.

SIGNATURE BLOCK

The name of the preparer is to be printed in the space provided. The applicant or licensee is required to sign this form attesting to the financial information. Failure to sign, date and attest to the accuracy of the information on the Supplemental Financial Information Statement (LIC 401a) shall constitute non-compliance and the rejection of this report..

CDSS FORM — PART A

Prepared: July 21, 2026

LIC402

SURETY BOND

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

SURETY BOND

(Original sent to Regional Office)

Applicant/Licensee Name: Perris Care LLC

Address: _____

Bonding Company: California Surety Group

Address: 1200 Market St, San Francisco, CA 94102 | Telephone #: _____

Local Agent Name: _____ | Telephone #: _____

The addresses shown above for licensee and bonding company will be used for service of notices, papers, and other documents.

BE IT KNOWN THAT:

Licensee, as Principal, and Bonding Company, as Surety, are held and firmly bound to the State of California, as beneficiary, in the amount of $ 5000 (Five Thousand Dollars) for the payment of which the principal and surety bind themselves, their respective heirs, successors and assigns, jointly and severally.

WHEREAS Health and Safety Code sections 1560, 1568.021, and 1569.60 each require certain applicants for licenses to file with the State Department of Social Services a surety bond; and

WHEREAS the licensee has applied to operate an *(check all that apply):*

☐ Adult Residential, Adult Day Programs or Social Rehabilitation Facility, and the licensee handles client/resident funds in any amount; or

☐ Foster Family Home, Foster Family Agency, Group Home, Small Family Home, Residential Care Facility for Persons with Chronic, Life-Threatening Illness, or Residential Care Facility for the Elderly, and the licensee handles funds of $50 or more per client/resident or $500 or more for all clients/ residents in any month;

NOW, THEREFORE, the surety is liable on this bond in the event that the principal fails to handle faithfully and honestly the money of facility clients/residents.

The facility covered by this bond is:

Facility Name: Perris Care

Facility Address: 432 Orange Ave

Facility License Number (if facility is currently licensed): _____

(If other facilities are covered by this bond, specify on a separate, attached page the name, address, facility license number, and bond amount for each facility.)

Every person injured as a result of any unfaithful or dishonest handling of client money may bring an action in a proper court on the bond for the amount of damage suffered thereby to the extent covered by the bond.

The aggregate liability of the Surety for all claims against this bond shall not exceed the amount of the bond, shown above.

This bond may be canceled by the Surety in accordance with Code of Civil Procedure section 996.030, and notice of cancellation must be sent in accordance with Code of Civil Procedure section 996.320. This bond is effective _____, and remains in effect as long as the license is valid.

I certify under penalty of perjury under the laws of the State of California that the information provided on this page and on any attachments is true and correct.

BONDING COMPANY SIGNATURE:	BOND NUMBER:	DATE:
	CSG-12345	

CDSS FORM — PART A

Prepared: July 21, 2026

LIC403A

FINANCIAL STATEMENT DETAIL

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

BALANCE SHEET SUPPLEMENTAL SCHEDULE

As of 05/10/2026
(Enter Current Date)

IMPORTANT – *Before completing, see reverse for instructions Attach to LIC 403*

ENTITY NAME	FACILITY NAME	APPLICATION/LICENSE NUMBER
Perris Care LLC	Perris Care	

CURRENT ASSETS

Note: If more space is required, please attach additional pages.

Cash in Checking Accounts

	Name of Financial Institution	Address of Financial Institution	Amount
1.	First Bank of Perris	100 N D St, Perris CA 92570	$ 30,000.00
2.			
3.			
4.	**Total (Transfer to LIC 403, line 2)**		$ 30,000.00

Savings, CDs & Other Like Accounts

	Name of Financial Institution	Address of Financial Institution	Amount
5.	Chase Bank	3600 Sunnyside Dr, Riverside, CA 92506100 Main St, Perris CA 92571	$ 45,000.00
6.			
7.	**Total (Transfer to LIC 403, line 3)**		$ 45,000.00

Short-Term Receivables & Notes

	Due From Whom	Type of Receivable or Note	Amount
8.			$
9.			
10.	**Total (Transfer to LIC 403, line 4)**		$ 0.00

Stocks & Bonds

	Stock or Bond Issued By	Number of Shares/Price/Date	Amount
11.			$
12.			
13.	**Total (Transfer to LIC 403, line 5)**		$ 0.00

Other Current Assets

	Type of Asset	Location	Amount
14.	tesla model 3	assetv 1 location	$ 35,000.00
15.			
16.			
17.			
18.	**Total (Transfer to LIC 403, line 6)**		$ 35,000.00

LONG TERM ASSETS

Note: If more space is required, please attach additional pages.

Real Property

		Type	Date Acquired	Purchase Price	Current Value
19.	Property #1			$	$
	Address				
20.	Property #2			$	$
	Address				
21.	Property #3			$	$
	Address				
22.	Property #4			$	$
	Address				
23.	**Total (Transfer to LIC 403, line 8)**				$ 0.00

Land

		Date Acquired	Purchase Price	Current Value
24.	Land #1			$
	Address			
25.	Land #2			$
	Address			
26.	**Total (Transfer to LIC 403, line 9)**			$ 0.00

All Other Long-Term Assets

	Type	Date Acquired	Location	Purchase Price	Current Value
27.	2020 Honda Odyssey	05/20200		$	$ 25,000.00
28.					$
29.	**Total (Transfer to LIC 403, line 13)**			1000	$ 25,000.00

I declare under penalty of perjury that the foregoing and any attachments are true and correct.

Prepared By	Title	Applicant/Licensee Signature	Date

BALANCE SHEET
Supplemental Schedule

GENERAL INFORMATION

The Balance Sheet Supplemental Schedule provides detailed financial information necessary for this Department to assess your financial condition. Compiling this detailed information is necessary in order to be able to complete the Balance Sheet, LIC 403. Accordingly, this two page form is to be completed prior to completing the Balance Sheet. If the applicant/licensee files more than one Balance Sheet, an additional Balance Sheet Supplemental Schedule, LIC 403a, must be completed. The effective date for the information contained on both the LIC 403 and LIC 403a must be the same date and should be the most current date possible.

All reported information is subject to verification. Accordingly, additional documentation may be requested to support some or all reported items.

INSTRUCTIONS

At the top of the page include the 1) current date (the information reflected on the Balance Sheet will be as of the date indicated here), 2) entity name (this is the sole proprietor, partner, partnership or corporate name for whom the information is being reported), and 3) facility name.

CURRENT ASSETS

Cash in Checking Accounts

List the names and addresses of all financial institutions in which you maintain checking accounts and report the corresponding account balances. Transfer line 4 “Total” to LIC 403, line 2.

Savings, CD’s and Other Like Accounts

List the names and addresses of all financial institutions in which you have an active savings, CD account or other form of cash (i.e. Treasury Note) and corresponding balances. Transfer line 7 “Total” to LIC 403, line 3.

Short Term Receivables & Notes

List the name(s) from whom the receivable or note is due, and the type of receivable or note and report the corresponding amount of each item. Transfer line 10 “Total” to LIC 403, Line 4.

Stocks & Bonds

List the name, corresponding number of shares, price and date or price quote of all stocks, bonds, and other securities. Transfer line 13 “Total” to LIC 403, line 5.

Other Current Assets

List the type, location and corresponding amounts for all other assets by type. Transfer line 18 “Total” to LIC 403, line 6.

LONG TERM ASSETS

Report where appropriate, assets at net book value (i.e., purchase price plus improvements less depreciation).

Real Property

List property type, date acquired, location, and corresponding cost at time of purchase or the current market value (market value exceeding cost may only be used if appropriate supporting documentation, such as a recent appraisal, is attached). If market value is used then show the cost in the adjacent column. Transfer line 23 “Total” to LIC 403, line 8.

Land (Not Included Above)

For land not included under “Real Property” list the date acquired, location and corresponding cost at time of purchase or the current market value (market value exceeding cost may only be used if appropriate supporting documentation, such as a recent appraisal, is attached). If market value is used then show the cost in the adjacent column. Transfer line 26 “Total” to LIC 403, line 9.

All Other Long Term Assets

For long term assets not previously reported above, list type, date acquired, location, and corresponding cost at time of purchase or the current market value (market value exceeding cost may only be used if appropriate supporting documentation is attached, such as a current appraisal). If market value is used then show the cost in the adjacent column. Transfer line 29 “Total” to LIC 403, line 13.

Instructions continued on back of page 2

BALANCE SHEET SUPPLEMENTAL SCHEDULE
LIABILITIES as of 05/10/2025

IMPORTANT – *Before completing, see reverse for instructions*
Attach to LIC 403

ENTITY NAME	FACILITY NAME
Perris Care LLC	Perris Care

Note: If more space is required, please attach additional pages.

Credit Accounts (Open, Revolving and Installment)

	Creditor	Monthly Payment	Balance Due	For CCLD Use Only
40.		$	$	
41.				
42.				
43.				
44.				
45.				
46.				
47.				
48.				
49.				
50.				
51.				
52.				
53.				
54.	**Total**		$ 0.00	

Transfer total Balance Due on line 54 to LIC 403, line 19

	Taxes Payable Tax Type/Agency	Monthly Payment	Balance Due	For CCLD Use Only
55.		$	$	
56.				
57.				
58.				
59.	**Total**		$ 0.00	

Transfer total Balance Due on line 59 to LIC 403, line 21

	Other Payables Creditor	Monthly Payment	Balance Due	For CCLD Use Only
60.		$	$	
61.				
62.				
63.				
64.	**Total**		$ 0.00	

Transfer total Balance Due on line 64 to LIC 403, line 22

Note: If more space is required, please attach additional pages.

Mortgages

	Mortgage Holder Property	Acct. #	Balance Due	Monthly Payment	For CCLD Use Only
65.					
1st	0.00		$	$	
2nd					
66.					
1st					
2nd					
67.					
1st					
2nd					
68.					
1st					
2nd					
69.	Total (Transfer to LIC 403, line 23)		$ 0.00		

Auto Loans

	Lender	Acct. #	Balance Due	Monthly Payment	For CCLD Use Only
70.	Auto Loan		$ 15000	$ 450.00	
71.					
72.	Total (Transfer to LIC 403, line 24)		$ 15,000.00		

Equipment Loans

	Lender	Acct. #	Balance Due	Monthly Payment	For CCLD Use Only
73.			$	$	
74.					
75.	**Total (Transfer to LIC 403, line 25)**		$ 0.00		

76 **Total combined monthly payments for all categories.** 76. $

(Add Monthly Payments lines 40 through 74 and enter on line 76)

I declare under penalty of perjury that the foregoing and any attachments are true and correct.

Prepared By | Title | Applicant/Licensee Signature | Date

BALANCE SHEET
Supplemental Schedule

Instructions continued from back of page 1

General Information

The liabilities reported on the Balance Sheet Supplemental Schedule provides detailed financial information necessary for this Department to assess your financial condition. Any liabilities that appear on your credit report that do not appear here will be questioned. Additional documentation may be requested to support some or all the reported loans.

Instructions Continued

LIABILITIES

Credit Accounts (open, revolving and installment):
List all credit accounts. Show the balance due for each account and the minimum monthly payment. Transfer the "Total" balance due on line 54 to LIC 403, line 19.

Taxes Payable
Show the balance due for all outstanding tax liabilities, the corresponding monthly payment, the type of tax, and the taxing agency. Transfer the "Total" balance due on line 59 to LIC 403, line 21.

Other Payables
List the balance due on all other debts and the minimum monthly payment. Transfer "Total" balance due on line 64 to form LIC 403, line 22.

Mortgages
List the name of each first and second mortgage holder and their address, and the mortgage account number. If there are additional mortgages on the property (third, fourth etc.) attach them on a separate schedule. Show the current balance for each loan and the amount of the monthly payment. Transfer the "Total" balance due on line 69 to form LIC 403, line 23.

Auto Loans
List the name of the lender for each auto loan currently outstanding. Show the balance due for each loan and the monthly payment. Transfer the "Total" balance due on line 72 to form LIC 403, line 24.

Equipment Loans
Show the name of the lender for each equipment loan currently outstanding. Show the balance due for each loan and the monthly payment. Transfer the "Total" balance due on line 75 to form LIC 403, line 25.

SIGNATURE BLOCK

The name of the preparer is to be printed in the space provided. The applicant or licensee is required to sign this form attesting to the financial information. Failure to sign and attest to the accuracy of the information reported on the Balance Sheet Supplemental Schedule (LIC403a) shall constitute non-compliance and the rejection of this report.

CDSS FORM — PART A

Prepared: July 21, 2026

LIC403

FINANCIAL STATEMENT (BALANCE SHEET)

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

BALANCE SHEET

As of 05/10/2026
(ENTER CURRENT DATE)

IMPORTANT
- *Before completing, see reverse for instructions.*
- *Attach LIC 403a.*

ENTITY NAME:	FACILITY NAME:	APP./LIC. NO.
Perris Care LLC	Perris Care	

ASSETS

CURRENT ASSETS

1.	Cash on hand	$			
2.	Cash in Financial Institutions		30,000.00		
3.	CD's & Other Like Accounts		45,000.00		
4.	Short-Term Receivables & Notes		0.00		
5.	Stocks & Bonds		0.00		
6.	Other Current Assets		35,000.00		
7.	**TOTAL CURRENT ASSETS** *(add lines 1 through 6)*			7 $	110,000.00

LONG-TERM ASSETS

8.	Real Property	$	0.00		
9.	Land (other than included in above)		0.00		
10.	Improvements				
11.	Equipment				
12.	Furniture & Fixtures				
13.	Other Long-Term Assets:				
14.					
15.					
16.			0.00		
17.	**TOTAL LONG-TERM ASSETS** *(add lines 8 through 16)*			17 $	110,000.00
18.	**TOTAL ASSETS** *(add lines 7 and 17)*			$	110,000.00

LIABILITIES AND EQUITY

LIABILITIES

19.	Credit Accounts (open, revolving and installment)	$	0.00		
20.	Salaries & Wages Payable				
21.	Taxes Payable		0.00		
22.	Other Payables		0.00		
23.	Mortgages		50,000.00		
24.	Auto Loans		15,000.00		
25.	Equipment Loans		0.00		
26.	Other Notes Payable				
27.	**TOTAL LIABILITIES** *(add lines 19 through 26)*			27 $	65,000.00

EQUITY

28.	**Equity** *(subtract line 27 from line 18)*			28 $	45,000.00

I declare under penalty of perjury that the foregoing and any attachments are true and correct.

PREPARED BY:	TITLE:	APPLICANT/LICENSEE SIGNATURE:	DATE:
	Administrator	Perris Care LLC	05/09/2026

BALANCE SHEET

GENERAL INFORMATION: To complete the Balance Sheet LIC 403, first complete the LIC 403a, Balance Sheet Supplemental Schedule. The LIC 403a is a worksheet to be used in compiling the detailed information which is then totaled and displayed on the Balance Sheet, LIC 403. Submit the LIC 403a attached to the LIC 403.

Each applicant/licensee (sole proprietorship, partnership or corporation) must submit a LIC 403, and a LIC 403a. Information to be reported is to disclose all the entity's assets and liabilities, not just those related to the operation of the care facility.

FOR SOLE PROPRIETORSHIPS - For a facility operated by a husband or wife individually, information reported must pertain to both, such as individual credit card balances which are listed either solely under one name or under both the husband and wife, and which may be unrelated to the facility's actual operation or the person who will actually operate the facility.

FOR GENERAL PARTNERS - In addition to financial statements for the partnership, each general partner must file a personal Balance Sheet, LIC 403, accompanied with a LIC 403a, to reflect their individual financial position.

Information shown on the LIC 403 and LIC 403a is subject to verification. Additional documentation may be requested to support any or all of the Balance Sheet amounts reported.

INSTRUCTIONS: Include the required information at the top of this form to identify: 1) current date for the Balance Sheet, 2) entity name, (this is the sole proprietorship, partner, partnership or corporate name for whom the information is being reported) 3) facility name and 4) application/license number. Transfer the totals from the worksheet LIC 403a to the corresponding lines on the LIC 403. Below is a brief description of the type of information to be contained on each line.

ASSETS

Line #

1. Cash on hand, not deposited in a financial institution.
2. Cash in checking accounts.
3. CD's, savings account(s) and all other like accounts.
4. Revenues receivable and all short-term notes receivable (less than one year).
5. Stocks, bonds or other securities.
6. Other current assets readily converted to cash, such as the cash surrender value of whole life insurance policies.
7. Add the amounts on lines 1 through 6 and enter here.
8. Real property is buildings, land and structures.
9. Land (developed or undeveloped) not already included on line 8.
10. Improvements to real property or leasehold improvements as appropriate.
11. Business or personal equipment, (other than that being leased).
12. Business or personal furniture and fixtures, as appropriate, (other than that being leased).

13-16. Other Long-Term Assets (Autos, motor homes inventory, etc.)

17. Add the amounts reported on lines 8 through 16 and enter here.
18. Add the amounts on line 7 and line 17 and enter here.

LIABILITIES

19. Credit Accounts (Open, Revolving and Installment).
20. Salaries, wages, bonuses and other benefits payable.
21. Federal, state or local income, sales or payroll taxes.
22. Other notes or payables not included above.
23. Current balances for all of the outstanding mortgages.
24. Vehicle loans.
25. Loans payable for furniture and equipment.
26. Other long-term notes or payables.
27. Add the amounts on lines 19 through 26 and enter here.

EQUITY

28. The equity is the difference between your total assets and total liabilities. Subtract line 27 from line 18 and enter here.

SIGNATURE BLOCK

The name of the preparer is to be printed in the space provided. The applicant or licensee is required to sign this form attesting to the financial information. Failure to sign, date and attest to the accuracy of the information reported on the Balance Sheet (LIC 403) shall constitute non-compliance and the rejection of this report.

CDSS FORM — PART A

Prepared: July 21, 2026

LIC404

FINANCIAL INSTITUTION REFERENCE

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

FINANCIAL INFORMATION RELEASE AND VERIFICATION

NOTE: *APPLICANT(S) COMPLETES SECTION I ONLY AND RETURNS WITH APPLICATION TO LICENSING AGENCY. A SEPARATE LIC 404 IS REQUIRED FOR EACH BANK/FINANCIAL INSTITUTION WITH WHICH THE APPLICANT DOES BUSINESS.*

I. TO BE COMPLETED BY APPLICANT(S)

I/WE Perris Care LLC
NAME(S) (PLEASE PRINT)

HEREBY AUTHORIZE _____
(NAME OF BANK OR FINANCIAL INSTITUTION)

Perris
(ADDRESS) (CITY) (STATE) (ZIP CODE)

TO GIVE INFORMATION ON THE FOLLOWING ACCOUNT(S) TO LICENSING AGENCY IN SECTION II BELOW FOR UP TO ONE YEAR FROM THE DATE OF MY SIGNATURE.

CHECKING ACCOUNT(S) NO. _____ IN THE NAME(S) OF _____

SAVINGS ACCOUNT(S) NO. _____ IN THE NAME(S) OF _____

SIGNATURE(S) OF APPLICANT(S) DATE

432 Orange Ave | Perris | Care
ADDRESS CITY/STATE/ZIP CODE FACILITY NAME

II. TO BE COMPLETED BY LICENSING AGENCY

(a) TO: (NAME AND ADDRESS OF BANK OR FINANCIAL INSTITUTION)

(b) FROM: DEPARTMENT OF SOCIAL SERVICES
(NAME AND ADDRESS OF LICENSING AGENCY)

RE: FACILITY FILE NO.:
FACILITY NAME:

III. TO BE COMPLETED BY BANK OR FINANCIAL INSTITUTION

THE APPLICANT(S) ABOVE HAS MADE APPLICATION WITH THIS DEPARTMENT FOR LICENSE TO OPERATE A COMMUNITY CARE FACILITY, CHILD CARE FACILITY, OR RESIDENTIAL CARE FACILITY FOR THE ELDERLY. THEY HAVE INFORMED US THAT YOU MAY RELEASE THE FOLLOWING INFORMATION TO THIS AGENCY: (ACTUAL DOLLAR AMOUNT - **NO CODES**)

ACCOUNT INFORMATION AND STATUS: ☐ PERSONAL ☐ BUSINESS

DOES APPLICANT HAVE ANY OUTSTANDING LOANS?
☐ Yes ☐ No (If **Yes**, complete below)

TYPE OF LOAN	MONTHLY PAYMENT	PRESENT BALANCE
SECURED—LOAN NUMBER	$	$
	DATE LOAN OPENED	DATE OF FIRST LOAN PAYMENT
UNSECURED—LOAN NUMBER	$	$
	DATE LOAN OPENED	DATE OF FIRST LOAN PAYMENT

APPLICANT'S PAYMENT HISTORY
☐ FAVORABLE
☐ UNFAVORABLE (Explain in Remarks Section below)

CURRENT STATUS OF ACCOUNTS

CHECKING ☐ Yes ☐ No	**SAVINGS** ☐ Yes ☐ No	**LINE OF CREDIT** ☐ Yes ☐ No
ACCOUNT NUMBER(S)	ACCOUNT NUMBER(S)	ACCOUNT NUMBER(S)
DATE ACCOUNT OPENED	DATE ACCOUNT OPENED	DATE ACCOUNT OPENED
PRESENT BALANCE $	PRESENT BALANCE $	CREDIT LIMIT $
AVERAGE MONTHLY BALANCE $	AVERAGE MONTHLY BALANCE $	AVAILABLE BALANCE $ / AS OF (DATE)
Is account other than individual e.g., joint or trust? (If **Yes**, explain in Remarks Section below) ☐ Yes ☐ No	Is account other than individual e.g., joint or trust? (If **Yes**, explain in Remarks Section below) ☐ Yes ☐ No	MINIMUM PAYMENT $ / Any restrictions on this line of credit if so, explain below
IS ACCOUNT SATISFACTORY ☐ Yes ☐ No (If **No**, explain in the Remarks Section below).	IS ACCOUNT SATISFACTORY ☐ Yes ☐ No (If **No**, explain in the Remarks Section below).	

REMARKS:

SIGNATURE OF OFFICIAL OF BANK OR FINANCIAL INSTITUTION	TITLE	TELEPHONE NUMBER	DATE
	Administrator	(951) 555-8742	05/09/2026

RETURN DIRECTLY TO LICENSING AGENCY INDICATED IN SECTION II ABOVE.

CDSS FORM — PART A

Prepared: July 21, 2026

LIC500

PERSONNEL REPORT (STAFFING SCHEDULE)

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

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
Perris Care	ARF	

PREPARED BY	DATE
David Rodriguez	05/09/2026

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 David Rodriguez	06/15/2024	Administrator	Mon-Fri	7:00 AM	3:00 PM						
To Be Hired 1	TBD	Direct Support Professional	Mon,Wed,F	7:00 AM	3:00 PM	Sat	11:00 PM	7:00 AM			
To Be Hired 2	TBD	Direct Support Professional	Mon,Wed,F	3:00 PM	11:00 PM	Sun	7:00 AM	3:00 PM			
To Be Hired 3	TBD	Direct Support Professional	Mon,Wed,F	3:00 PM	11:00 PM	Sun	7:00 AM	3:00 PM			
To Be Hired 4	TBD	Direct Support Professional	Mon,Wed,F	11:00 PM	7:00 AM	Sun	3:00 PM	11:00 PM			
To Be Hired 5	TBD	Direct Support Professional	Tue,Thu,Sa	7:00 AM	3:00 PM	Sun	3:00 PM	11:00 PM			
To Be Hired 6	TBD	Direct Support Professional	Tue,Thu,Sa	3:00 PM	11:00 PM	Sun	11:00 PM	7:00 AM			
To Be Hired 7	TBD	Direct Support Professional	Tue,Thu,Sa	3:00 PM	11:00 PM						
To Be Hired 8	TBD	Direct Support Professional	Tue,Thu,Sa	11:00 PM	7:00 AM						

B. STAFF EXEMPT FROM CRIMINAL BACKGROUND CHECK REQUIREMENTS: The following are believed exempt from criminal background check requirements pursuant to Sections 1522, 1568.09, 1569.17 and 1596.871 of the Health and Safety Code. The licensee or designated representative shall sign below to verify that he or she believes the indicated persons are exempt from criminal background check requirements pursuant to statute.

Signature ____ Date ______________

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

CDSS FORM — PART A

Prepared: July 21, 2026

LIC501

PERSONNEL RECORD

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

PERSONNEL RECORD

(Form to be completed by employee)

DATE

NAME OF FACILITY

FACILITY ADDRESS

FACILITY FILE NUMBER

1. PERSONAL

NAME (LAST FIRST MIDDLE)

TELEPHONE ( )

ADDRESS

ARE YOU 18 YEARS OF AGE OR OLDER? ☐ YES ☐ NO IF NO, PLEASE STATE YOUR AGE _____

SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ONLY) - -

DATE OF LAST PHYSICAL EXAMINATION

DATE OF LAST TB TEST

HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME? ☐ YES ☐ NO IF YES, PLEASE LIST ALL NAMES USED.

DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? ☐ YES ☐ NO

CDL NUMBER D7654321

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN ON BACK OF FORM.

NEAREST LIVING RELATIVE — NAME:

TELEPHONE NUMBER

RELATIONSHIP

ADDRESS

2. POSITION

TITLE

SALARY

HOURS

DATE OF EMPLOYMENT

NAME OF SUPERVISOR

3. PREVIOUS EMPLOYMENT *(List most recent experience first. If additional space is needed, please attach a separate page.)*

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	JOB TITLE AND TYPE OF WORK	REASON FOR LEAVING	DATES FROM	DATES TO

4. EDUCATION

CIRCLE HIGHEST YEAR COMPLETED

6 7 8 9 10 11 12

DIPLOMA

CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE?

☐ NO ☐ YES IF YES, GIVE EXPECTED COMPLETION DATE_____

EMPLOYMENT — RELATED EDUCATION COURSES

COURSE TITLE	NAME OF SCHOOL OR ORGANIZATION AND ADDRESS	NUMBER UNITS COMPLETED	DATE COMPLETED	CURRENTLY ENROLLED

4. EDUCATION (Continued)

NAME UNIVERSITY, COLLEGE OR BUSINESS SCHOOL AND ADDRESS	MAJOR SUBJECT	NO. OF YEARS COMPLETED	NO. OF UNITS COMPLETED	DIPLOMA DEGREE OR CERTIFICATE	DATE COMPLETED

5. REFERENCES

List names of three persons who can give information about your background, character, abilities, etc.

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP TO YOU (FRIEND, EMPLOYER, ETC.)

6. PROFESSIONAL AND TECHNICAL QUALIFICATIONS

A. List Licenses or Certificates of Competence held:

B. Names of Professional Associations of which you are a member:

NOTES:

I hereby certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verification.

SIGNATURE OF EMPLOYEE	DATE

CDSS FORM — PART A

Prepared: July 21, 2026

LIC503

HEALTH SCREENING REPORT

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

HEALTH SCREENING REPORT - FACILITY PERSONNEL

All personnel, including applicant, licensee or employed staff of Residential Care Facilities for the Elderly, Community Care Facilities, Residential Care Facilities for the Chronically Ill, or Child Care Facilities must demonstrate that their health condition allows them to perform the type of work required. This health appraisal is to be completed by or under the direction of a physician.

A health screening, by or under the direction of a physician must have been performed within seven (7) days after employment or not more than six (6) months prior to employment for Residential Care Facilities for the Elderly, and not more than one (1) year prior to employment for Community Care Facilities, Residential Care Facilities for the Chronically Ill, or Child Care Facilities.

Facility Name
Perris Care
Facility Address

Person's Name	Age
Maria Gonzalez	

Position Title	Type of Facility	Workdays per Week	Work Hours per Day
Administrator	ARF	4	8

Duty Statement

As Administrator of Perris Care, I directly support residents and oversee all facility operations. My duties include assisting residents with mobility, requiring the ability to lift up to 25 pounds independently or 50 pounds with assistance for transfers and repositioning during direct hands-on care, such as bathing, dressing, and feeding (§85065). I frequently stand, walk throughout the facility, and bend to perform these tasks and facility upkeep. In emergencies, like an earthquake or fire, I must physically guide and assist residents, including those with mobility impairments, to evacuate safely to an outdoor assembly area, utilizing my current CPR and First Aid certifications to provide immediate care (§85065, §85067). Mentally, I manage critical decision-making for resident care and facility operations, requiring strong stress management skills, particularly given my 24-hour on-call responsibility (§85065). My typical work week averages 40-50 hours, predominantly during day shifts, but my on-call status necessitates constant mental readiness.

TYPES OF PERSONS SERVED (Check appropriate items)

- ☐ Infants
- ☐ Adults
- ☐ Persons with Developmental Disabilities
- ☐ Persons with Physical Disabilities
- ☐ Children
- ☐ Elderly
- ☐ Persons with Mental Health Conditions
- ☐ Persons with Substance Use Disorder
- ☐ Other (specify): _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION CONTAINED IN THIS REPORT.

Signature of Applicant/Licensee or Employee	Address	Date

NOTE TO PHYSICIAN: Personnel in Residential Care Facilities for the Elderly, Community Care Facilities, Residential Care Facilities for the Chronically Ill, or Child Care Facilities shall be free from communicable disease, and capable of performing assigned tasks. Please complete the following information on the above-named person.

Evaluation of general health

Evaluation of ability to perform work described in the above duty statement

Note any health condition that would create a hazard to persons in care or other personnel

Date of T.B. Test	☐ Positive ☐ Negative	Action Taken (If Positive)

Date of Health Screening	Name of Physician (Physician's Stamp)	Date

Health Screening by: (Original Signature)	Telephone	Date

CDSS FORM — PART A

Prepared: July 21, 2026

LIC508D

CRIMINAL RECORD STATEMENT

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

OUT-OF-STATE DISCLOSURE & CRIMINAL RECORD STATEMENT

Foster Family Homes, Certified Family Homes, Resource Families, Tribally Approved Homes
Complete all pages and sign on page 2.

I. INSTRUCTIONS

State law requires that a person associated to a licensed foster family home, certified family home or a resource family home be fingerprinted and sign a declaration under penalty of perjury regarding any prior criminal conviction other than an infraction. A conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere (no contest). The fingerprints will be used to obtain a copy of the individuals criminal history from the Department of Justice.

You must disclose convictions, including reckless and drunk driving convictions, even if:

- They happened a long time ago;
- They were only a misdemeanor;
- You didn't have to go to court (your attorney went for you);
- You had no jail time, or the sentence was only a fine or probation;
- You received a certificate of rehabilitation; or
- The convictions were later expunged, dismissed, set aside, or the sentence was suspended.

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, any infractions, or any convictions for which relief has been granted pursuant to Penal Code section 1203.49.

II. CRIMINAL RECORD STATEMENT

A. Have you ever been convicted of a crime, not including an infraction, in California? ☐ YES ☑ NO

B. Have you ever been convicted of a crime, not including an infraction, in another state, federal court, military, or a jurisdiction outside of the U.S.? (Criminal convictions from another state or federal court are considered as if they occurred in California) ☐ YES ☑ NO

C. For Foster Family and Certified Family Homes & Resource Families only: **Have you ever been arrested for a crime against a child** (including child pornography) **or spousal/cohabitant abuse** (including domestic violence, battery, or willful infliction of corporal injury)**?** ☐ YES ☑ NO

D. For all questions above, please provide details regarding the type of offense(s), location(s), and date(s) in which each crime occurred.

1. What was the offense?

2. In which state and city did you commit the offense?

3. When did this happen?

Senate Bill 354 (Chapter 687, Statutes of 2021) Exemptions: Are you associated to a resource family home or an application for resource family approval (RFA) where the applicant or resource family is seeking or has placement of a child who is their relative? ☐ YES ☐ NO

If **YES**, please check the box that best describes the reason you are fingerprinting and provide the child(ren)s full legal name:

- ☐ I'm an Applicant
- ☐ I'm an adult resident in the applicant's home
  If you are a resident in the home, please provide the applicant(s) full legal name:
  _____
- ☐ I'm regularly present in the RFA applicant's home or a resource family home.

III. OUT-OF-STATE DISCLOSURE

Have you lived in a state other than California within the last five years? ☐ YES ☑ NO
If YES, complete section below. (This question is **not** required for adults regularly present but **not** residing in the home.)

OUT OF STATE ADDRESSES IN THE PAST 5 YEARS

Date From	Date To	Street	City	State

IV. SUBSTANTIATED REPORTS OF CHILD ABUSE OR NEGLECT

Have you ever had a substantiated finding of child abuse or neglect made against you in this state or any state? (For adults regularly present but not residing in the home, please disclose **only** substantiated reports that occurred in California.)

☐ YES (Complete section below)

☑ NO, I have not had a substantiated finding against me in any child abuse or neglect report.

Date	City	State	County	Circumstances (Attach separate page if necessary)

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) MAY RESULT IN AN EXEMPTION DENIAL, APPLICATION DENIAL, LICENSE REVOCATION, DECERTIFICATION, RESCISSION OF APPROVAL, OR EXCLUSION FROM A LICENSED FACILITY, CERTIFIED FAMILY HOME, OR THE HOME OF A RESOURCE FAMILY, OR TRIBALLY APPROVED HOME.

Licensed Facility, Certified Family Home, or Resource Family Name:	Facility Number:	
Perris Care		
Your Name (Print Clearly):		
Maria Gonzalez		
Your Address (Street, City, State, Zip):		
432 Orange Ave, Perris, CA, 92571		
Social Security Number: *(See Privacy Statement on Page 3)*	Driver's License Number/State:	Date of Birth:
000-00-0000	D7654321	04/04/1985

V. DECLARATION

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct to the best of my knowledge.

*Signature:*_____ *Date:*_____

If you have any questions about this form, please contact your local licensing regional office or approval agency.

INSTRUCTIONS TO LICENSEES ONLY:
If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

INSTRUCTIONS TO REGIONAL OFFICES AND FOSTER FAMILY AGENCIES:
If the person discloses that they have lived in another state within the last five (5) years, send this form to the Care Provider Management Bureau, 744 P Street, MS T9-15-62, Sacramento, CA 95814.

PRIVACY NOTICE

As Required by Civil Code § 1798.17

Collection and Use of Personal Information: The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) and the Care Provider Management Branch (CPMB) in the California Department of Social Services (CDSS) collects the information requested on this form as authorized by Penal Code sections 11100-11112; Health and Safety Code sections 1522, 1522.1, 1569.10-1569.24, 1596.80-1596.879; Family Code sections 8700-8720; Welfare and Institutions Code sections 16500-16523.1; and other state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled, or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information: All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request. Notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

Access to Your Information: You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information: In order to be licensed, work at, or be present at, a licensed facility/organization, or be placed on a registry administered by the Department, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department will create a file concerning your criminal background check that will contain certain documents, including personal information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.).

IMPORTANT INFORMATION

Under the California Public Records Act (Government Code section 7920.000 et seq.), the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters (news media).

In addition, the Department is required to tell people who ask, including the news media, if someone in a licensed facility/ organization has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption. This does not apply to Resource Family Homes, Small Family Child Care Homes, or the Home Care Aide Registry. The Department shall not release any information regarding Home Care Aides in response to a Public Records Act request, other than their Home Care Aide number.

The information you provide may also be disclosed in the following circumstances:

- To other persons or agencies where disclosure is necessary for them to perform their legal duties, and their use of your information is compatible and complies with the law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

QUESTIONS ABOUT NOTICE AND RECORD INFORMATION

For questions about this notice, CDSS programs, and the authorized use of your criminal history information, please contact your local licensing regional office. Regional offices can be found by visiting the Community Care Licensing Division (https://cdss.ca.gov/inforesources/community-care-licensing) and choosing the appropriate option under Quick Links - Regional Contacts.

For further questions about this notice or your criminal records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at: https://www.fbi.gov/services/cjis/identity-history-summary-checks.

FEDERAL PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Noncriminal Justice Applicant's Privacy Rights: As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.[2]
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.[3]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[4]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) You can find additional information on the FBI website at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

info@per

1 Written notification includes electronic notification but excludes oral notification.
2 https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
3 See 28 CFR § 50.12(b)
4 See U.S.C. § 552a(b); 28 U.S.C. § 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

CDSS FORM — PART A

Prepared: July 21, 2026

LIC508OOS

OUT-OF-STATE DISCLOSURE

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

OUT-OF-STATE DISCLOSURE

Name (Print Clearly):

Maria Gonzalez

Mailing Address:

432 Orange Ave, Perris, CA, 92571

Social Security Number (See Privacy Statement On Reverse):

000-00-0000

Driver's License/I.D. Number/State:	Date of Birth:
D7654321	04/04/1985
Licensed Facility Name:	Facility Number:
Perris Care	

I. OUT-OF-STATE DISCLOSURE

Have you lived in a state other than California within the last five years? (Check the appropriate box)
☐ **Yes** ☐ **No**
If YES, complete section below.

OUT-OF-STATE ADDRESSES IN THE PAST 5 YEARS

DATE FROM	DATE TO	STREET	CITY	STATE

II. DECLARATION

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct to the best of my knowledge.

Signature:_____ Date:_____

INSTRUCTIONS TO LICENSEES ONLY:

If an applicant discloses that they have lived in another state within the last five (5) years, send this form completed by the applicant, to the Care Provider Management Branch, 744 P Street, MS T9-15-62, Sacramento, CA 95814.

PRIVACY NOTICE

As Required by Civil Code § 1798.17

Collection and Use of Personal Information: The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) and the Care Provider Management Branch (CPMB) in the California Department of Social Services (CDSS) collect the information requested on this form as authorized by Penal Code sections 11100-11112; Health and Safety Code sections 1522, 1522.1, 1569.10-1569.24, 1596.80-1596.879; Family Code sections 8700-87200; Welfare and Institutions Code sections 16500-16523.1; and other state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information: All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request. Notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

Access to Your Information: You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information: In order to be licensed, work at, or be present at, a licensed facility/organization, or be placed on a registry administered by the Department, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department will create a file concerning your criminal background check that will contain certain documents, including personal information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.).

IMPORTANT INFORMATION

Under the California Public Records Act (Government Code section 7920.000 et seq.), the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters (news media).

In addition, the Department is required to tell people who ask, including the news media, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption. This does not apply to Resource Family Homes, Small Family Child Care Homes, or the Home Care Aide Registry. The Department shall not release any information regarding Home Care Aides in response to a Public Records Act request, other than their Home Care Aide number.

The information you provide may also be disclosed in the following circumstances:

- To other persons or agencies where disclosure is necessary for them to perform their legal duties, and their use of your information is compatible and complies with the law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

QUESTIONS ABOUT NOTICE AND RECORD INFORMATION

For questions about this notice, CDSS programs, and the authorized use of your criminal history information, please contact your local licensing regional office. Regional offices can be found by visiting the Community Care Licensing Division (https://cdss.ca.gov/inforesources/community-care-licensing) and choosing the appropriate option under Quick Links - Regional Contacts.

For further questions about this notice or your criminal records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

FEDERAL PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/ biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Noncriminal Justice Applicant's Privacy Rights: As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.[2]
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.[3]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[4]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) You can find additional information on the FBI website at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

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1 Written notification includes electronic notification, but excludes oral notification
2 https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
3 See 28 CFR § 50.12(b)
4 See U.S.C. § 552a(b); 28 U.S.C. § 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

CDSS FORM — PART A

Prepared: July 21, 2026

LIC610D

EMERGENCY / DISASTER PLAN

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

EMERGENCY AND DISASTER PLAN FOR ADULT COMMUNITY CARE FACILITIES AND RESIDENTIAL CARE FACILITIES FOR THE CHRONICALLY ILL (PUBLIC)

EXPLANATION: This form is provided as a courtesy to all adult facility applicants and licensees. An applicant seeking a license for a new Adult Day Program (ADP), Adult Residential Facility (ARF), Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN), Community Crisis Home (CCH), Enhanced Behavioral Supports Home (EBSH), Residential Care Facility for the Chronically Ill (RCFCI), and Social Rehabilitation Facility (SRF) must submit an emergency and disaster plan with their initial license application.

A licensee is required to have an emergency disaster plan pursuant to Health and Safety Code Section 1565, Section 1565.5, Section 1568.044 and California Code of Regulations, Title 22, Section 80023, Section 81023, Section 82023, and Section 87823 Disaster and Mass Casualty Plan. The plan must be in writing and made available upon request to residents/clients onsite, any responsible party for a resident/client, local long-term care ombudsman, and local emergency responders. ***All resident/client and employee information on this form must be kept confidential.***

The plan shall be reviewed annually, updated as necessary, and maintained on file at the facility. A licensee or administrator shall sign and date the plan to show that it has been reviewed and updated as necessary. *A licensee is encouraged, but not required, to have the plan reviewed by local emergency authorities.*

RESIDENTIAL FACILITIES (except ARFPSHNs): A licensee of all residential facilities except ARFPSHNs must provide training on the plan to all staff upon hire and annually thereafter. The training must include staff responsibilities during an emergency or disaster. Drills must be conducted by a licensee at least quarterly for each shift. The type of emergency covered in the drills must vary from quarter to quarter as specified in Health and Safety Code Section 1565 and Section 1568.044. ***An actual evacuation of residents is not required during a drill.***

The licensee shall instruct all clients, age and abilities permitting, and/or volunteers in their duties and responsibilities under the plan. While a licensee may provide an opportunity for residents to participate in a drill, they may not require resident participation. Documentation of drills must include the date, the type of emergency covered by the drill, and the names of facility staff participating in the drill.

Residential facilities (except ARFPSHNs) serving adults will complete the form in its entirety.

ADULT DAY PROGRAMS AND ADULT RESIDENTIAL FACILITIES FOR PERSONS WITH SPECIAL HEALTH CARE NEEDS: All licensees of ADPs and ARFPSHNs must provide training on the Emergency and Disaster Plan to all staff upon hire. They must also conduct drills at least every 6 months as specified in Title 22, Section 80023 and Section 82023 Disaster and Mass Casualty Plan. Completion of drill shall not require travel away from the day program grounds or contact with local disaster agencies. Documentation of the drills shall be maintained in the facility for at least one year.

The licensee shall instruct all clients, age and abilities permitting, and/or volunteers in their duties and responsibilities under the plan.

In order to assist the licensee in meeting all licensing care and supervision requirements, it is a best

practice for applicants/licensees of ADPs and ARFPSHNs to complete this entire form. However, at a minimum, ADP and ARFPSHN applicants/licensees will fill out the following sections, except where noted:

A. Emergency Names and Telephone Numbers
B. Assignments During an Emergency or Disaster
C. Resident/Client Information
D. Utility Shut-Off (required for ADP, best practices for ARFPSHN)
E. Facility Exit Doors
G. Temporary Shelter Locations
I. Evacuation Procedures 2 & 3
J. Emergency and Disaster Procedures 4
K. Administrator Statement

Table of Contents

Name of Facility and License Number			Administrator of Facility	
Perris Care			Maria Gonzalez	
Street Address 432 Orange Ave	City Perris	State CA	Zip Code 92571	Telephone Number (951) 555-8742
Alternate Telephone Number		Cell Phone Number		

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

Emergency Contact Name	Telephone Number
Ambulance/Paramedics	(951) 776-1099
Fire Department	(951) 940-6900
Poison Control	1-800-222-1222
Police/Sheriff	(951) 776-1099
Office of Emergency Services	(951) 955-4700
Red Cross	(951) 657-6060
Transportation Provider(s)	
Community Care Licensing (CCL) Adult and Senior Care Regional Office	(951) 782-4201
Local Long-Term Care Ombudsman (if applicable)	
Adult Protective Services	(800) 491-7123
County Mental Health	(800) 706-7500

Note: *Emergency numbers must be posted at the facility.*

B. ASSIGNMENTS DURING AN EMERGENCY OR DISASTER

Assignment	Name(s) of Facility Staff Member(s) Responsible	Title(s) of Facility Staff Member(s) Responsible
Accessing emergency supplies	David Rodriguez	Administrator
Utility shut-off and if applicable, operation of backup generator	David Rodriguez	Administrator
Provide transportation	To Be Hired 1	Direct Support Professional
Direct evacuation, assembly of residents/clients to predetermined evacuation site, and person count	David Rodriguez	Administrator
Supervision of residents/clients during evacuation and/or relocation	To Be Hired 2	Direct Support Professional
Contact local emergency response agencies, CCL, residents'/clients' representatives, hospice providers, local Long-Term Care Ombudsman, transportation providers, and others as necessary.	David Rodriguez	Administrator

C. RESIDENT/ CLIENT INFORMATION
(TO BE READILY AVAILABLE TO FACILITY STAFF DURING AN EMERGENCY)

Information	Location
Roster of residents/clients with date of birth for each resident/client	Administrator's office, locked file cabinet — top
Appraisal of resident/client needs and services for each resident/ client	Administrator's office, locked file cabinet — secc
Medication list for residents/clients with centrally stored medications	Kitchen medication cabinet (locked), key held by
Contact information for the responsible party and physician for each resident/client	Administrator's office, emergency contact binde

Note: *This information must be located in the facility to ensure all information and records obtained from or regarding resident/clients is kept confidential as required by California Code of Regulations, Title 22, Section 80070 and Section 81070, Client Records.*

D. UTILITY SHUT OFF

Utility	Shut-Off Location	Instructions for Shut-Off
Electricity	Garage, interior wall, gray metal panel box at eye level labeled 'E	Locate the electrical panel in the garage. Open the cover. Grip th
Gas	Right side of house, near kitchen window, yellow gas meter box n	Locate the gas meter on the right side of the house. Find the shut
Sewer	Backyard, near patio, circular white PVC cap, flush with ground	Locate the sewer cleanout cap in the backyard. Place the cap firm
Water	Front yard near curb, concrete water meter box with metal lid star	Lift the metal lid of the water meter box located in the front yard. L

D.1. GENERATOR (VOLUNTARY, NOT REQUIRED)

Location: N/A
Instructions to Turn-On: N/A

E. FACILITY EXIT DOORS

Exit Door	Location
Front Entry Door	Main entrance facing 432 Orange Ave, opens outward to front porch and walkway
Rear Kitchen Door	Rear of house through kitchen, opens to backyard patio
Side Sliding Glass Door	Living room or dining area, opens to side yard and driveway access

F. RESIDENT ASSEMBLY POINTS

Assembly Point	Location
Front Sidewalk Rally Point	Public sidewalk directly in front of Perris Care at 432 Orange Ave, near mailbox
Driveway of Adjacent Property	Neighbor's driveway at 430 Orange Ave, Perris, CA 92571, located at least 50 feet from our f
Perris Senior Center	100 N D St, Perris, CA 92570
Holiday Inn Express & Suites Perris	400 N Perris Blvd, Perris, CA 92571

Note: *A licensee must show the location of all resident assembly points on the facility sketch.*

G. TEMPORARY SHELTER LOCATIONS

Name	Address	Telephone Number
red cross	shelter 1 adress	shelter 1 phone number
perris high school	shelter 2 adress	shelter 2 phone number

Note: *A licensee must list at least two appropriate shelter locations that can house facility residents during an evacuation and are equipped to provide safe temporary accommodations. One of the locations must be outside the immediate area where the facility is located.*

H. SHELTERING IN PLACE PROCEDURES

1. If the facility plans to shelter-in-place, indicate the planned sheltering-in-place procedures. In case one or more utilities, including water, sewer, gas, or electricity, is not available, specify the plan and supplies available to provide alternative resources during an outage.

I have developed a comprehensive shelter-in-place plan for Perris Care, as mandated by §80023(b)(2). This protocol is triggered by specific external threats such as severe air quality alerts (e.g., wildfire smoke), chemical spills in the area, or severe weather warnings (e.g., flash flood, high winds, extreme heat advisories) issued by the Riverside County Office of Emergency Services (OES). Upon receiving such an alert, staff on duty will immediately direct all residents to move to the interior hallway, which is centrally located and away from all exterior windows and doors. Doors and windows will be secured, and all exterior vents will be closed. I will ensure the central HVAC system is turned off to prevent drawing outside air into the facility.

Should utilities fail during a shelter-in-place order, I will prioritize residents' immediate needs. Staff will activate emergency battery-powered lanterns and flashlights to maintain visibility. We will rely on our 72-hour supply of water and non-perishable food. If the air quality permits or conditions change, I will monitor OES alerts and consider opening interior doors and windows for ventilation. Should the threat persist beyond 72 hours, I will coordinate with the Riverside County OES for further instructions or potential relocation.

Our facility is prepared to sustain a shelter-in-place for a minimum of 72 hours using our on-site emergency supplies. This includes sufficient water, non-perishable food, and essential medical supplies to cover all 4 residents and 2 staff members. Staff will maintain communication with emergency services via cell phone, and if cell service is unavailable, I will use a NOAA weather radio to monitor official directives.

2. Specify plan for the facility to be self-reliant for a period of not less than 72 hours immediately following any emergency or disaster, including, but not limited to, a short-term or long-term power failure.

To ensure Perris Care's self-reliance during a disaster, as required by §80023(b)(2)(C), I maintain a 72-hour supply of essential provisions. For water, I calculate 1 gallon per person per day. With 4 residents and 2 staff members, this means 6 people × 1 gallon/person/day × 3 days, totaling 18 gallons of potable water. This water is stored in sealed containers in our garage storage closet.

For food, I keep a supply of non-perishable, easy-to-prepare items. This includes canned goods such as tuna, beans, and fruit, high-protein energy bars, and instant meal packets, providing at least 3 days of sustenance for all 4 residents. These items are rotated every six months to ensure freshness. Medications are managed with a 7-day rolling supply for each resident, maintained within a clearly labeled go-bag stored in my administrator's office.

Our comprehensive first aid kit is located in the kitchen, under the sink, and includes bandages, antiseptic wipes, pain relievers, gauze, medical tape, sterile gloves, and shears. For lighting and communication, I have 4 flashlights, along with spare D and AA batteries, and 2 battery-powered NOAA weather radios. These items are stored together in the emergency supply closet in the garage, ensuring quick access during any power outage.

I. EVACUATION PROCEDURES

1. Indicate the planned evacuation procedures.

In the event of an emergency requiring evacuation, the decision will be made by David Rodriguez, or by the on-duty staff if I am unavailable, based on immediate threats or directives from emergency services. Per §80023(b)(2)(A), staff will conduct a thorough room-by-room sweep, checking all rooms, bathrooms, and closets to ensure every resident is accounted for. Residents with mobility limitations will receive priority assistance, with staff performing a two-person lift or using a wheelchair as needed.

Our primary evacuation route (per §80023(b)(2)(B)) is to proceed north on Orange Ave, then turn left onto F St, and finally turn right onto Perris Blvd, leading us to our primary relocation site. If Orange Ave is impassable, our secondary route involves proceeding south on Orange Ave, turning left onto Rider St, and then right onto Evans Rd to reach an alternative staging area. Our primary relocation site is the Perris Senior Center at 100 N D St, Perris, CA 92570. Our secondary relocation site, if the primary is unavailable, is the Holiday Inn Express & Suites Perris at 400 N Perris Blvd, Perris, CA 92571, where I have pre-arranged potential temporary accommodation.

2. Identify transportation needs.

For resident transportation during an evacuation, I will utilize my personal vehicle, a Honda CR-V, which has a capacity of 4-5 individuals including the driver. Additionally, I will rely on available staff personal vehicles, which generally offer similar capacities. For any residents who are non-ambulatory or require specialized transport, I have pre-identified the Riverside Transit Agency (RTA) Dial-A-Ride and Paratransit services as a critical resource; their contact information is readily available in our emergency binder. Perris Care does not operate a facility van, making these personal vehicles and RTA services our primary and backup transportation solutions.

Note: *If the transportation plan includes use of vehicle(s) owned or operated by the facility, the keys to the vehicle shall be available to staff on all shifts.*

3. Procedures to ensure communication with emergency response personnel and access to information needed to check emergency routes to be used for evacuation and relocation during an emergency or disaster.

Effective communication with emergency personnel is a core component of our plan, as outlined in §80023(b)(2)(E). I will continuously monitor local alerts from the Riverside County Office of Emergency Services (OES) via my cell phone and a battery-powered NOAA weather radio. In any immediate life-threatening emergency, I will first call 911 to alert local police, fire, or medical dispatch. For non-life-threatening situations, I will use the specific non-emergency numbers listed in Section A of this plan.

Before departing for any evacuation, I will verify the accessibility and safety of our planned evacuation routes using real-time traffic and hazard information from Waze or Google Maps on my cell phone. If cell service becomes completely unavailable and communication is critical, I will direct staff to drive to the nearest functioning communication point, which is typically the CAL FIRE/Riverside County Fire Station 105 located at 1205 E 4th St, Perris, CA 92570, to directly report our situation and seek assistance.

J. EMERGENCY AND DISASTER PROCEDURES

List procedures that address:

1. Provisions for emergency power (could include identifying suppliers of, and obtaining back-up generators).

Perris Care does not have a permanent emergency generator, as noted in Section D, field LIC 610d_45. In the event of a power outage, my plan focuses on robust battery backup solutions. I maintain Uninterruptible Power Supply (UPS) units for any critical medical devices requiring continuous power, ensuring they remain operational for their specified battery life. For general lighting, I have four battery-powered lanterns strategically placed throughout the facility, along with three fully charged power banks to keep cell phones operational for extended periods.

Our electricity is provided by Southern California Edison (SCE). I will report any outages by calling their dedicated outage reporting line at 1-800-611-1911. Based on typical experiences in the Perris area, I estimate that SCE's response time for minor outages is generally 4-8 hours. For widespread or major events impacting the region, restoration efforts could extend to 24-48 hours or longer, a scenario for which our 72-hour self-reliance supplies are critical.

2. Responding to individual residents' needs if emergency call buttons are inoperable.

During a power outage, if call buttons or other electronic communication systems become inoperable, staff will implement a direct visual and verbal check on each resident. The on-duty staff will conduct these checks every 15 minutes, carrying a flashlight and a portable phone for immediate communication if a landline or cell signal is present. For the night shift, these checks will occur every 30 minutes at minimum, utilizing a flashlight to ensure resident well-being. To facilitate these checks without disturbing sleep, resident room doors will be left ajar to allow for a line of sight. All checks, including the time and resident status, will be documented on a paper log, which is stored in the emergency binder.

3. Operating assistive medical devices that need electric power for operation, including, but not limited to, oxygen equipment and wheelchairs.

I recognize the critical importance of residents' assistive medical devices during an emergency. For residents using CPAP machines, I have ensured that each resident has a dedicated battery backup unit, capable of providing at least 8 hours of continuous operation. For those using nebulizers, our emergency protocol involves switching to a manual inhaler or an alternative medication as prescribed by their physician, with specific physician protocols pre-approved and documented in each resident's file. Residents relying on oxygen concentrators have a portable oxygen tank backup, capable of supplying a minimum of 4 hours of oxygen, stored securely and readily accessible.

In the event of a power loss that impacts any resident's essential medical equipment, I will notify the resident's physician within one hour of the power interruption to discuss alternative care instructions or medication adjustments. This immediate communication ensures that specialized medical needs are addressed promptly and effectively, minimizing potential health risks to our residents.

4. Communicating with residents/clients, families, hospice providers, and others as appropriate (may include landline telephones, cellular telephones, or walkie-talkies), establish backup communication, and inform residents/clients and their responsible parties of the process for communicating during an emergency or disaster.

My priority for communication with families during an emergency follows a clear chain: after notifying 911, I will contact the CDSS Community Care Licensing regional office, followed by the resident's authorized representative, their Regional Center service coordinator, immediate family members, and finally, their physician. The facility maintains a comprehensive emergency contact list for all residents, which is stored in the emergency binder in my administrator's office, with a duplicate copy kept in the kitchen near the facility phone.

Should telephone services (landline and cell) become inoperable due to widespread outages, I will designate one staff member to drive to the nearest working telephone – whether a neighbor's landline or a public phone at a local business, to establish communication with emergency contacts. I commit to updating families on their loved one's status and the facility's situation every four hours during an active emergency, using all available communication methods to provide timely information.

5. Assisting residents with self-administration of medication and administering medication to residents.

During any emergency or evacuation, medication administration will continue without interruption. I maintain a pre-packed medication go-bag, stored in a locked cabinet within my administrator's office. This go-bag contains current, paper copies of each resident's Medication Administration Record (MAR) and a 72-hour supply of their prescribed medications, clearly labeled and organized by resident. David Rodriguez or any trained staff member will administer medications precisely according to the existing MAR schedule, even under emergency conditions.

For refrigerated medications, I utilize a portable cooler equipped with frozen gel packs, capable of maintaining safe temperatures for up to 12 hours. This cooler is kept ready for immediate deployment. All medication administrations during an emergency will be meticulously documented on the paper MAR backup, ensuring an accurate record is maintained even if electronic systems are unavailable.

6. Storage and preservation of medications, including storing medications that require refrigeration.

The portable medication cooler, a hard-sided unit equipped with frozen gel packs, is stored in the kitchen near the main medication cabinet, always ready for immediate use. Inside, medications are organized in individual, labeled ziplock bags for each resident, clearly indicating the resident's name, medication name, dosage, and administration schedule. Controlled substances are secured within a separate, locked pouch inside the cooler, maintaining strict security and accountability. During transport or relocation, David Rodriguez will maintain direct physical possession of the medication cooler. If medications must be transferred to a receiving facility or emergency shelter, I will obtain a written receipt from the designated receiving staff, detailing all medications transferred, to ensure a clear chain of custody.

7. Identifying residents with special needs, such as hospice services, and a plan for meeting those needs.

I understand that each resident at Perris Care has unique needs, which are thoroughly documented in their Individual Service Plan (ISP). These ISPs specifically identify any mobility limitations, cognitive impairments, known behavioral triggers, and requirements for specialized medical equipment. During an evacuation, any resident with mobility or significant cognitive limitations will be assigned a dedicated 1:1 staff escort to ensure their safe and calm transit.

For residents with dementia or autism, staff will utilize calm verbal cues, avoid sudden loud commands, and strive to maintain a predictable routine as much as possible to minimize agitation and disorientation. Residents who use wheelchairs will be directed to exit via ADA-accessible routes, such as the front door ramp or the level rear exit, ensuring their safe and efficient movement during evacuation procedures.

8. Confirming the location of each resident during an emergency or disaster.

Upon arrival at each assembly point or relocation site, David Rodriguez or the designated senior staff member will conduct a verbal roll call using the printed resident roster from the emergency binder. This headcount will be immediately compared against the daily census to confirm the presence of all 4 residents. If any resident is unaccounted for, I will immediately inform the responding fire or law enforcement personnel, providing a detailed description and a recent photograph of the missing resident from their file. Under no circumstances will staff re-enter the building to search for an unaccounted resident. The time, location, and confirmed status of each resident will be meticulously documented on a paper log, as required by §80023(b)(2)(D), to maintain an accurate record of our residents' whereabouts.

K. ADMINISTRATOR STATEMENT

As licensee or administrator of this facility, I assume responsibility for and have reviewed this plan for providing emergency services, and as necessary, have updated it to reflect any changes in the facility that affect this plan, as indicated below. I shall instruct all residents/ clients, age and abilities permitting, any staff and/or household members as needed on their duties and responsibilities under this plan.

L. REVIEW HISTORY

Reviewed/Updated (Check appropriate box)	Date	Name and Title	Signature
REVIEWED: ☐ UPDATED: ☐			
REVIEWED: ☐ UPDATED: ☐			
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CDSS FORM — PART A

Prepared: July 21, 2026

LIC9163

REQUEST FOR LIVE SCAN SERVICE

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING

Applicant: If you intend to use Guardian, please start this process at the Guardian Applicant site (https://guardian.dss.ca.gov/Applicant). Working with your Facility/Organization, you will be able to retrieve a prepopulated Live Scan form which helps ensure accuracy and reduce possible delays.

1. ORI: A0448

2. Working Title: (Check one) ☐ Adult Resident other than Client ☐ Employee ☐ RFA Relative ☐ License, Certification, Applicant ☐ Volunteer ☐ Home Care Aide Registry Applicant

3. Authorized Applicant Type: _____
(Enter from list on Page 2, "DOJ Abbreviated CCLD Facility/Organization Type")

4. Contributing Agency information:

CA Dept of Social Services	**03502**
Agency authorized to receive criminal history information	Mail Code (*five-digit code assigned by DOJ*)
PO BOX 94244 Mail Station T9-15-62	**N/A**
Street Address or PO Box	Contact Name (*Mandatory for all school submissions*)
Sacramento / **CA** / **94244-2430**	**N/A**
City / State / Zip Code	Contact Telephone No.

5. Applicant Information:

Name of Applicant: (*Please print*) Maria Gonzalez
Last, First, MI.

AKA's: _____

CDL/CA ID No. D7654321

Sex: ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Misc No.: **BIL** -
Agency Billing Number (*If applicable*)

DOB: 04/04/1985 HT: _____ WT: _____

Misc No.: _____
Permanent Resident Card, Out-of-State Driver's License or I.D.

Eye Color: _____ Hair Color: _____

Mailing Address:
(*All applicants must complete*)

POB: _____

432 Orange Ave
Street or P.O. Box

SOC: 000-00-0000
(See Privacy Statement on Page 4)

_____
City, State and Zip Code

6. Facility/Organization No.: _____ Level of Service ☒ DOJ ☒ FBI
(This field is REQUIRED by CCL)
If resubmission, list Original ATI No.: _____ (Must present proof of rejection)

7. Employer: (*Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only*)

Employer Name: _____

Street No. / Street or P.O. Box

Mail Code (*five-digit code assigned by DOJ*)

City / State / Zip Code

Agency Telephone No. (*Optional*)

8. Live Scan Transaction Completed By: _____ _____
Name of Operator / Date

Transmitting Agency / LSID No. / ATI No. / Amount Collected/Billed

GUIDELINES FOR COMMUNITY CARE LICENSING (CCLD) APPLICANTS WHO USE A LIVE SCAN SITE (CCLD or DOJ SITE) FOR FINGERPRINTING Instructions for the LIC 9163

1. **Originating Response Indicator (ORI):** Preprinted
2. **Working Title:** Check the appropriate box
3. **Authorized Applicant Type:** Indicate the facility type where you will be working.

   Select your licensed facility type from the left column, and in the right column find its corresponding DOJ abbreviated facility type. Enter the corresponding DOJ abbreviated facility type on this line.

Note: In the following table you may be able to identify yourself with more than one facility type within each category. Please select only one facility type in any category using the facility that you are most associated with on a day-to-day basis.

If this is your applicable facility type	**→Enter this abbreviated facility type on your application.**
Home Care Aide	Home Care Aide
Home Care Organization	Home Care Organization
Adult Day Care Facility Adult Day Support Center Adult Residential Facility Social Rehabilitation Facility Medical Foster Homes for Veterans	Adult Day/Resident/Rehab
Child Care Center Infant Center Mildly Ill Center School Age Child Care Center Single License Child Care Center	Day Care Center more/6 Child
Family Child Care Home	Family Child Care
Foster Family Agency Foster Family / Adoptions Agency Foster Family Agency Sub Office	Foster Family/Adopt Employment Resource Family RFA Relative
Foster Family Agency - Certified Home Foster Family Home	Foster Family Home
Group Home (6 or less children)	Group Home 6/child less
Group Home (7 or more) Community Treatment Facility	Group Home more/6 child
Residential Care Facility for the Chronically Ill Residential Care Facilities for the Elderly	Residential Care Facility Elderly
Small Family Home Transitional Housing Placement Program	Residential Child Care 6/less

4. **Contributing Agency Information:**

   Agency authorized to receive criminal history information:
   The following information is pre-printed:

   Agency: CA Dept of Social Services **Mail Code:** 03502

   Street Address or PO BOX: P.O. BOX 94244, M.S. T9-15-62 **Contact Name:** N A

   City, State, Zip: Sacramento, CA 94244-2430 **Contact Telephone No.:** N A

5. **Applicant Information:**

   Name of Applicant: Print your full name (last, first, middle initial).

   AKA's: List all other names you have ever used **CDL No.:** CA Drivers License or CA Identification (I.D.) Number

   DOB: Date of Birth **Sex:** Male, Female, OR Nonbinary/Unspecified

   MISC No.: BIL - Enter the agency billing number, if applicable

   HT: Height **WT:** Weight

   MISC No.: Enter any other identification numbers (Permanent Resident, Out of State Driver's License or I.D.)

   Eye Color: Color of eyes **Hair Color:** Color of hair

   Mailing Address: Applicant's mailing address

   POB: Place of Birth (State or Country)

   SOC: Social Security Number (optional) (See Privacy Statement on Page 4)

6. **Facility Number:** Enter the facility number or assigned OCA number (Agency Identifying Number).

   Level of Service: Preprinted

   Note: If a Child Abuse Central Index (CACI) check is required, it will automatically be completed by DOJ and all applicable fees will be charged. There is no entry necessary on the applicant's part.

   If resubmission for fingerprint quality, list Original Applicant Tracking Information (ATI) No.: If your finger- prints were rejected and this is a resubmission of your prints, enter the original ATI number provided on the reject notice to avoid paying an additional processing fee.

7. **Employer:** Enter the facility name and address for which you are being printed.

   Employer Name: Enter the facility organization name.

   Street No.: Enter the facility organization address.

   Mail Code: Enter the facility organization mail code (if applicable).

   City, State, Zip: Enter the facility organization city, state and zip.

   Agency Telephone No.: Enter the facility organization phone number.

8. **Live Scan Transaction Completed By:** The Live Scan operator will complete this section.

   Take two copies of this form with you the day you are fingerprinted. The Live Scan Operator will complete section 8. One copy will be retained by the Operator and the other you may retain for your records.

PRIVACY NOTICE

As Required by Civil Code § 1798.17

Collection and Use of Personal Information: The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) and the Care Provider Management Branch (CPMB) in the California Department of Social Services (CDSS) collect the information requested on this form as authorized by Penal Code sections 11100-11112; Health and Safety Code sections 1522, 1522.1, 1569.10-1569.24, 1596.80-1596.879; Family Code sections 8700-8720; Welfare and Institutions Code sections 16500-16523.1; and other state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information: All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request. Notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

Access to Your Information: You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information: In order to be licensed, work at, or be present at, a licensed facility/organization, or be placed on a registry administered by the Department, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department will create a file concerning your criminal background check that will contain certain documents, including personal information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.).

IMPORTANT INFORMATION

Under the California Public Records Act (Government Code section 7920.000 et seq.), the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters (news media).

In addition, the Department is required to tell people who ask, including the news media, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption. This does not apply to Resource Family Homes, Small Family Child Care Homes, or the Home Care Aide Registry. The Department shall not release any information regarding Home Care Aides in response to a Public Records Act request, other than their Home Care Aide number.

The information you provide may also be disclosed in the following circumstances:

- To other persons or agencies where disclosure is necessary for them to perform their legal duties, and their use of your information is compatible and complies with the law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

QUESTIONS ABOUT NOTICE AND RECORD INFORMATION

For questions about this notice, CDSS programs, and the authorized use of your criminal history information, please contact your local licensing regional office. Regional offices can be found by visiting the Community Care Licensing Division (https://cdss.ca.gov/inforesources/community-care-licensing) and choosing the appropriate option under Quick Links - Regional Contacts.

For further questions about this notice or your criminal records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

FEDERAL PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Noncriminal Justice Applicant's Privacy Rights: As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.[2]
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.[3]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[4]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) You can find additional information on the FBI website at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

1. Written notification includes electronic notification, but excludes oral notification.
2. https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
3. See 28 CFR § 50.12(b)
4. See U.S.C. § 552a(b); 28 U.S.C. § 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

CDSS FORM — PART A

Prepared: July 21, 2026

LIC9165

BOARD OF DIRECTORS ACKNOWLEDGEMENT

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

BOARD OF DIRECTOR OR GOVERNING BODY STATEMENT

IMPORTANT– Before completing, see reverse for instructions.

Licensees are required to provide a copy of the Community Care Licensing's publication, Facts You Need to Know, Group Home and Short-Term Residential Therapeutic Program Board of Directors, to each member of their board of directors or governing body. The members of the board of directors or governing body are required to read and sign the statement below. This form must be completed by all members of the board of directors or governing body. The signing of this form by all members, and prospective members, of the board of directors or governing body is a condition of licensure.

I have read and understand my legal duties and obligations as a member of the board of directors or governing body and I also understand that the group home and short-term residential therapeutic program's operation is governed by laws, regulations, and interim licensing standards that are enforced by the Department of Social Services, as set forth in the publication, Facts You Need to Know, Group Home and Short-Term Residential Therapeutic Program Board of Directors.

I declare that I have received a copy and I have read and understand the information contained in the publication, Facts You Need to Know, Group Home and Short-Term Residential Therapeutic Program Board Of Directors.		
1. Facility Name Perris Care		2. Facility Number
3. Your Name (Print Clearly)		4. Daytime Telephone No. (951) 555-8742
5. Your Mailing Address 432 Orange Ave		
6. City Perris	7. State CA	8. Zip 92571
9. Signature	10. Date You Joined Board	11. Date of Signature

Note: The publication, Facts You Need to Know, Group Home and Short-Term Residential Therapeutic Program Board of Directors booklet is only as current as the initial publishing date or any later revision date. Therefore, the booklet may not include information on the most current law, regulation, and interim licensing standard changes that you may need to know. Members of the Board of Directors or governing body should ensure that they are informed of law, regulation, and interim licensing standard changes

BOARD OF DIRECTOR OR GOVERNING BODY STATEMENT INSTRUCTIONS

General Information

Each member of the board of directors or governing body must sign this form. Prospective members of the board of directors or governing body must read the Group Home and Short-Term Residential Therapeutic Programs Board of Directors booklet and sign the above LIC 9165 form before joining the board or governing body. This form may be copied and given to each of your members for their signature. The signed forms must be kept at the Group Home or STRTP administrative office. All signed forms must be available to Department staff for inspection upon request.

Instructions for LIC 9165 form

Please type or clearly print the information being requested by each item number.

Items 1 - 2: Enter the facility name and number. When a corporate licensee has more than one facility, it is important that the same facility number is used for all members of the board of directors or governing body. This ensures that each and all members are associated and identified with the correct licensee. It is acceptable to enter this on behalf of the member.

Items 3 -10: The member of the board of directors or governing body enters their name, daytime telephone number, complete mailing address, signature and date. **All signatures must be original.**

Perris

CDSS FORM — PART A

Prepared: July 21, 2026

LIC9282

INFECTION CONTROL PLAN

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

RESIDENTIAL INFECTION CONTROL PLAN - Adult Residential Facilities, Enhanced Behavioral Supports Homes, Community Crisis Homes, Residential Care Facilities for the Elderly, Residential Care Facilities for the Chronically Ill, and Social Rehabilitation Facilities

EXPLANATION: This form is provided as a courtesy to the following adult/senior care facility applicants and licensees: Adult Residential Facility (ARF), Enhanced Behavioral Support Home (EBSH), Community Crisis Home (CCH), Residential Care Facility for the Elderly (RCFE), Residential Care Facility for the Chronically Ill (RCFCI), and Social Rehabilitation Facility (SRF). An applicant seeking a license for a new ARF, EBSH, CCH, RCFE, RCFCI, and SRF must submit an Infection Control Plan with their initial license application and keep it updated and may choose to either provide the required information on this form or on a separate written submission. This form is provided as a courtesy and its use is voluntary.

A licensee is required to have an Infection Control Plan pursuant to the applicable Infection Control Requirements section of the California Code of Regulations (CCR), Title 22: Section 81095.5 for SRFs; Section 85095.5 for ARFs, CCHs and EBSHs; Section 87470 for RCFEs; and Section 87895.5 for RCFCIs. The plan must be in writing and made available upon request to residents/clients onsite, any responsible party for a resident/client, the local Long-Term Care Ombudsman, and the California Department of Social Services. The Infection Control Plan shall be included in the Plan of Operation required in the applicable CCR Title 22, Section 81022, Section 85022, Section 87208 and Section 87822. For ARFs, EBSHs, CCHs, RCFCIs, and SRFs, any change to the Plan of Operation which affects services to residents/clients shall be reported to the Department within 10 working days pursuant to the applicable CCR Title 22, Section 80061, Section 81061, Section 85061 and Section 87861. RCFEs are required to have a current Plan of Operation pursuant to CCR Title 22, Section 87208. ***All resident/client and employee information on this form must be kept confidential.***

The Infection Control Plan shall be reviewed annually, updated as necessary, and maintained on file at the facility, pursuant to CCR Title 22, Section 81095.5(c)(1)(D) for SRFs, Section 85095.5(c)(1)(D) for ARFs, CCHs, and EBSHs, Section 87470(c)(1)(D) for RCFEs and Section 87895.5(c)(1)(D) for RCFCIs. A licensee or administrator should sign and date the plan to show that it has been reviewed and updated as necessary.

In the case of an emergency as defined in Government Code Section 8558, or a federal emergency for contagious disease is proclaimed or declared, the Emergency Infection Control Plan shall be reviewed and updated as necessary, or whenever new infection control measures are recommended by the federal, state and local public health authorities, or as determined by the Department, until the proclaimed state of emergency is no longer in effect.

Name of Facility and License Number			Administrator of Facility	
Perris Care			David Rodriguez	
Street Address	City	State	Zip Code	Telephone Number
432 Orange Ave	Perris	CA	92571	(951) 555-8742
Alternate Telephone Number (optional)	Email Address			
	info@perriscare.com			

A. INFECTION CONTROL REQUIREMENTS

1. Specify the plan for meeting the applicable specific infection control requirements of CCR Title 22, Sections 81095.5(a), 85095.5(a), 87470(a), or 87895.5(a).

At Perris Care, safeguarding the well-being of our four cherished residents hinges upon a rigorous application of standard precautions, a practice meticulously overseen by David Rodriguez, our Infection Control Lead (§85070(a)). My staff members understand that immaculate hand hygiene forms the bedrock of our infection defense, a commitment underscored by thorough handwashing with soap and water for at least 20 seconds before and after all direct resident contact, after glove removal, after using the restroom, and before and after preparing or serving food (§85070(a)(1)). When soap and water are unavailable or hands are not visibly soiled, an alcohol-based hand sanitizer with at least 60% alcohol is readily utilized.

Our personal protective equipment (PPE) strategy is finely tuned to the specific tasks performed within our intimate residential setting (§85070(a)(2)). Gloves are always donned prior to any anticipated contact with blood, body fluids, non-intact skin, mucous membranes, or contaminated items, such as assisting with personal care, wound dressing, or handling soiled linens. Masks are worn when residents

2. Specify the plan for meeting the applicable specific infection control requirements of CCR Title 22, Sections 81095.5(b), 85095.5(b), 87470(b), or 87895.5(b).

When faced with the emergence of a potentially transmissible illness at Perris Care, our response escalates immediately to implement transmission-based precautions, tailored precisely to the identified pathogen (§85070(a)). For residents exhibiting symptoms consistent with contact-transmitted pathogens like MRSA or C. difficile, contact precautions are instituted without delay. This involves consistent donning of gloves and gowns upon entering the resident's designated area, meticulous hand hygiene upon exit, and utilizing dedicated or disposable resident care equipment. For C. difficile, the emphasis on thorough handwashing with soap and water over alcohol-based hand rub is specifically reinforced due to spore resistance.

Should we encounter a resident with a suspected or confirmed droplet-spread illness, such as influenza or RSV, droplet precautions are promptly enacted. Staff members will wear a surgical mask upon entering the resident's room or within six feet of the affected individual, in addition to standard precautions. Our compact facility means we prioritize placing the ill resident in their private room to minimize potential exposure to other residents. If a private room is not feasible, cohorting with another resident with the same diagnosis may be considered, but only after consultation with Riverside County Public Health guidance, as our small capacity often means a private room

B. INFECTION CONTROL TRAINING PLAN

1. Infection Control Lead

Staff Member Name	Telephone Number
David Rodriguez	(951) 555-8742

2. Specify the plan for the Infection Control Lead to be trained by a medical professional, local health official, health department, or other research-based medical authority that provides infection control training that includes enforcement of the Infection Control Plan, pursuant to the applicable requirements of CCR Title 22, Sections 81095.5(c)(1)(A)2., 85095.5(c)(1)(A)2., 87470(c)(1)(A)2., or 87895.5(c)(1)(A)2.

David Rodriguez, our dedicated Infection Control Lead at Perris Care, possesses the essential knowledge to spearhead our infection prevention efforts (§85070(c)). His initial foundation in infection control was solidified through a comprehensive California ICP Certification program, which provided in-depth training on regulatory compliance, pathogen transmission, and practical intervention strategies specific to residential care settings. This certification ensured he gained a robust understanding of both federal CDC guidelines and California Department of Public Health (CDPH) mandates.

To ensure David's expertise remains sharp and current, he engages in annual continuing education focusing on evolving infection control paradigms. These topics are strategically chosen to address emerging threats and best practices, encompassing areas such as advanced disinfection techniques, antimicrobial stewardship in non-clinical settings, and the specific challenges of managing respiratory pathogen outbreaks in congregate living environments. His commitment to ongoing professional development is unwavering, reflecting our facility's proactive stance on resident safety.

3. Specify the initial training requirements for new facility staff on the Infection Control Requirements. The initial training shall address the applicable requirements of CCR Title 22, Sections 81095.5(a), (b) and (d), 85095.5(a)(b) and (d), 87470(a)(b) and (d) and 87895.5(a)(b) and (d).

Every new staff member joining the Perris Care team embarks on a thorough Infection Control Plan (ICP) orientation before any direct c

4. Specify the ongoing training requirements for all facility staff on the Infection Control Requirements that shall be provided by the Infection Control Lead. The ongoing training shall at a minimum address the applicable requirements of CCR Title 22, Sections 81095.5(a), (b) and (d), 85095.5(a), (b) and (d), 87470(a), (b) and (d), and 87895.5(a), (b) and (d).

At Perris Care, our commitment to ongoing staff competency in infection control is manifested through a dynamic annual training schedu

5. The licensee shall review the use of infection control procedures in the facility at least annually, if local government public health determines an epidemic outbreak has occurred, or if the review is requested by the local licensing agency pursuant to the applicable section of CCR Title 22, Sections 81095.5(c)(1)(D), 85095.5(c)(1)(D), 87470(c)(1)(D), or 87895.5(c)(1)(D).

Note: Section B.5.a. below is provided as a courtesy as a means for the licensee keep a log of reviews and updates.

5.a. Review and Update History for Infection Control Plan

Reviewed/Updated (Check appropriate box)	Date	Name and Title	Signature
REVIEWED ☐ **UPDATED** ☐	05/13/2026	David Rodriguez - Owner administrator	
REVIEWED ☐ **UPDATED** ☐			
REVIEWED ☐ **UPDATED** ☐			
REVIEWED ☐ **UPDATED** ☐			
REVIEWED ☐ **UPDATED** ☐			

REVIEWED ☐ **UPDATED** ☐			
REVIEWED ☐ **UPDATED** ☐			
REVIEWED ☐ **UPDATED** ☐			
REVIEWED ☐ **UPDATED** ☐			
REVIEWED ☐ **UPDATED** ☐			

C. EMERGENCY INFECTION CONTROL PLAN

1. If an emergency, as defined in Government Code section 8558, or federal emergency for a contagious disease is proclaimed or declared, specify the requirements of the Emergency Infection Control Plan that includes infection control measures that are not already addressed in the Infection Control Plan, to prevent, contain, and mitigate the associated contagious disease pursuant to the applicable requirements of CCR Title 22, Section 81095.5(d), 85095.5(d), 87470(d), or 87895.5(d).

Upon the identification of a contagious illness at Perris Care, my immediate priority is to activate our Emergency Infection Control Plan for Contagious Disease Outbreak, a decisive, step-by-step framework designed to contain transmission and protect our vulnerable resident population (§85070(g)). The very first action involves the immediate isolation of the affected resident to their private room or a designated, well-ventilated area within the facility, ensuring their comfort while simultaneously minimizing contact with other residents. This swift separation is crucial for limiting the initial spread within our small, close-knit environment.

Concurrently with isolation, our next critical step is to promptly notify Riverside County Public Health within the legally mandated timeframe, providing all pertinent details of the suspected or confirmed illness (§85070(h)). This ensures we receive expert guidance tailored to the specific pathogen and local public health landscape. Following their recommendations and based on the pathogen's known transmission route, we immediately implement the appropriate transmission-based precautions—whether contact, droplet, or, in very rare instances, airborne precautions—ensuring staff use the correct PPE and follow enhanced protocols for care, waste disposal, and environmental cleaning (§85070(a)(2), §85070(a)(5)). Simultaneously, the frequency of environmental cleaning throughout the facility is dramatically increased to at least twice daily, utilizing an EPA-registered disinfectant with efficacy against the suspected pathogen, with particular attention to high-touch surfaces in all common areas and especially the affected resident's living space (§85070(a)(3)).

During such an emergency, communal dining and group activities are immediately suspended to prevent further person-to-person transmission. Attending physicians are notified without delay to coordinate medical care, and families of all residents are informed of the situation, maintaining transparency while respecting privacy. Regional center service coordinators are also contacted to ensure continuity of care and support. Every exposure incident and every action taken is meticulously documented in our incident report (SIR) system, creating an accurate record of our response. Crucially, we remain in constant communication with Riverside County Public Health, obtaining their explicit guidance on the precise duration of isolation for the affected resident and the specific criteria for their safe return to communal activities, ensuring our actions are always aligned with the highest standards of public health protection.

2. Specify the applicable infection control measures recommended by the federal, state and local public health authorities for the contagious disease pursuant to the applicable requirements of CCR Title 22, Sections 81095.5(d)(1), 85095.5(d)(1), 87470(d)(1), or 87895.5(d)(1).

At Perris Care, our infection control strategies are dynamically shaped by the most current advisories and mandates emanating from the California Department of Public Health (CDPH), the Centers for Disease Control and Prevention (CDC), and our local Riverside County Public Health Department, ensuring a multi-layered approach to resident safety (§85070(f), §85070(h)). We remain vigilant regarding COVID-19 prevention, meticulously following the current CDPH guidance specifically tailored for residential care facilities. This includes proactively promoting vaccination recommendations for both residents and staff, implementing robust testing protocols as indicated by local prevalence or symptomatic residents, and enforcing masking during periods of increased community transmission or confirmed outbreaks within the facility, always prioritizing the health of our vulnerable population.

Beyond COVID-19, our influenza prevention measures are equally robust. We strongly recommend and facilitate annual flu vaccination for all staff members, understanding their crucial role in preventing transmission to residents. Furthermore, we actively offer and encourage our residents to receive their annual influenza vaccine, collaborating with their physicians to ensure timely administration. This proactive immunization strategy forms a cornerstone of our respiratory illness prevention efforts, significantly reducing the risk of severe outcomes for our residents.

David Rodriguez, our Infection Control Lead, diligently monitors all seasonal advisories and public health alerts issued by the Riverside County Health Department, integrating any localized recommendations or directives into our facility's daily operations and emergency preparedness plans. We strictly adhere to all reporting requirements for communicable diseases as stipulated by California Health and Safety Code §120295, ensuring timely and accurate communication with public health authorities during any outbreak or concerning illness event. To ensure our ICP remains perpetually aligned with state regulations and best practices, David Rodriguez meticulously reviews all applicable CDPH All Facility Letters (AFLs) relevant to Adult Residential Facilities on a quarterly basis, proactively incorporating any new guidelines, requirements, or recommendations into our infection control policies and procedures, thereby fortifying our facility's defense against infectious threats.

3. The Emergency Infection Control Plan shall be reviewed and updated as necessary, or whenever new infection control measures are recommended by the federal, state and local public health authorities, or as determined by the Department, until the proclaimed or declared state of emergency is no longer in effect pursuant to the applicable requirements of CCR Title 22, Sections 81095.5(d)(6), 85095.5(d)(6), 87470(d)(6), or 87895.5(d)(6):

Note: Section C.3.a. below is provided as a courtesy as a means for the licensee keep a log of reviews and updates.

3.a. Review and Update History for Emergency Infection Control Plan

Reviewed/Updated (Check appropriate box)	Date	Name and Title	Signature
REVIEWED ☐ **UPDATED** ☐	05/13/2026	David Rodriguez - owner administrator	
REVIEWED ☐ **UPDATED** ☐			
REVIEWED ☐ **UPDATED** ☐			
REVIEWED ☐ **UPDATED** ☐			
REVIEWED ☐ **UPDATED** ☐			
REVIEWED ☐ **UPDATED** ☐			
REVIEWED ☐ **UPDATED** ☐			
REVIEWED ☐ **UPDATED** ☐			
REVIEWED ☐ **UPDATED** ☐			
REVIEWED ☐ **UPDATED** ☐			

CDSS FORM — PART A

Prepared: July 21, 2026

LIC999

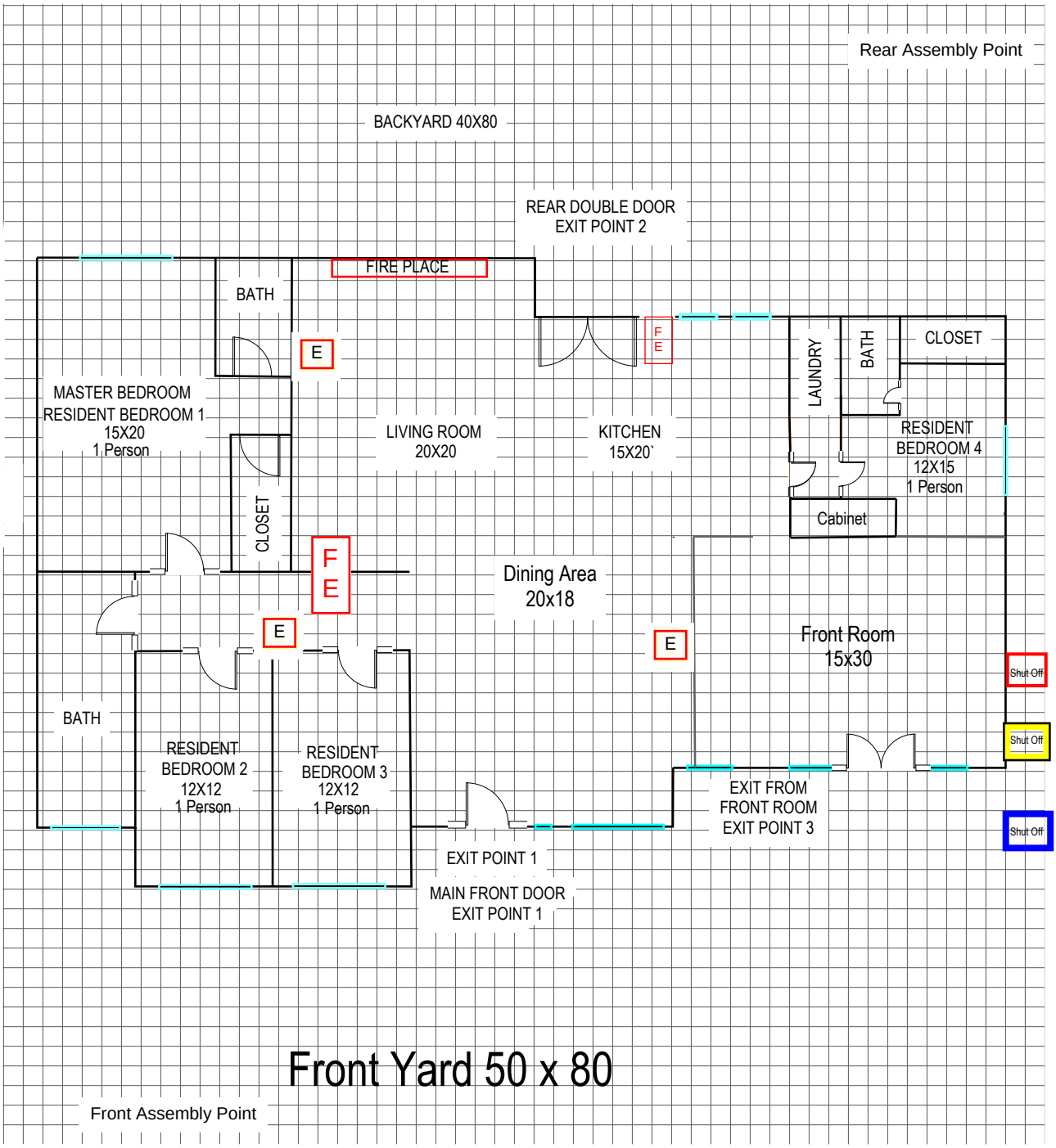
FACILITY SKETCH

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

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:	ADDRESS:
Perris Care LLC	432 Orange Ave. Perris CA. 92571



Shut Off Gas Shutoff

Shut Off Electricity Shutoff

Shut Off Water Shutoff

= Window

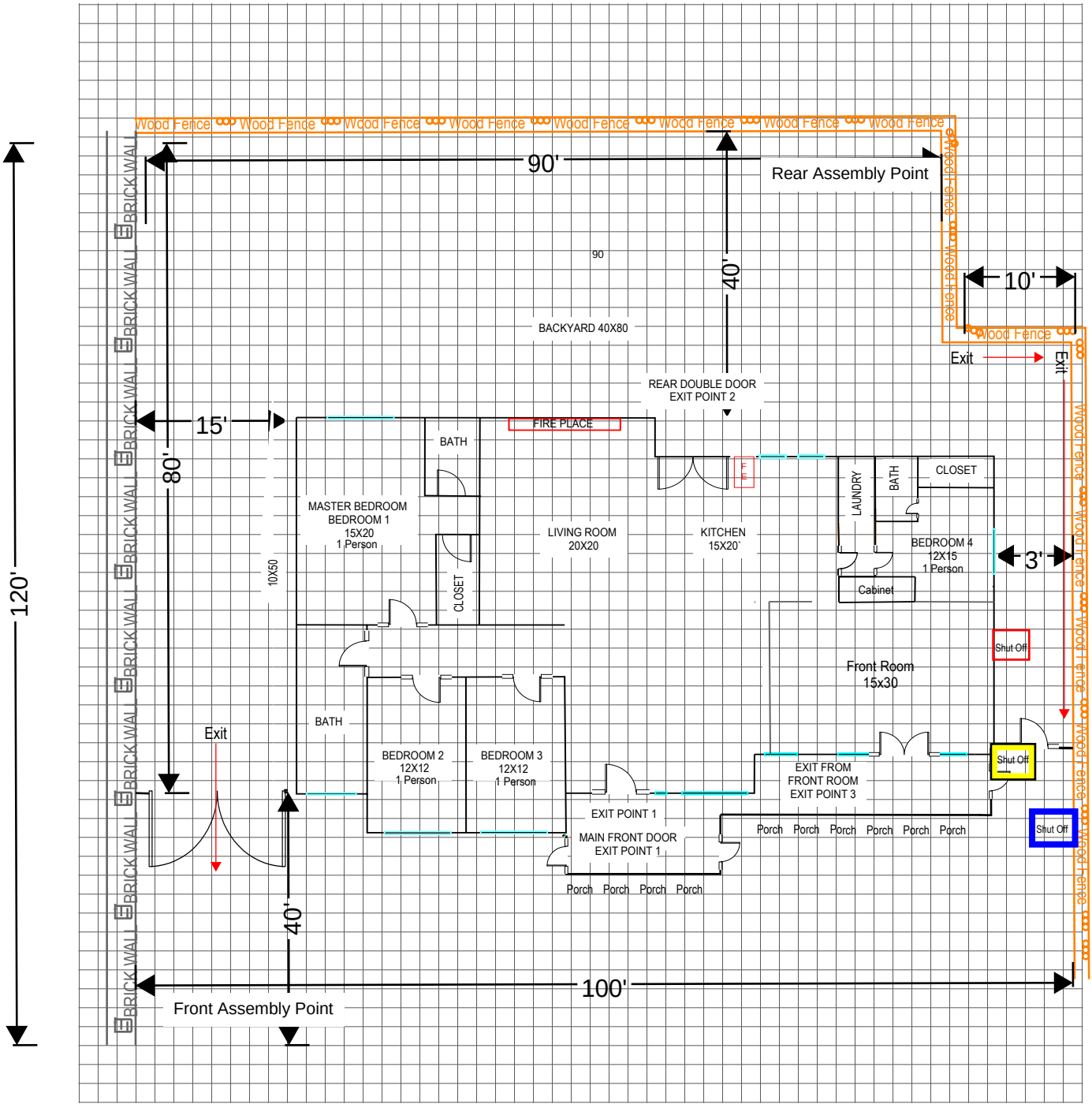
F E = Fire Extinguisher

E =Emergency Plan

FACILITY SKETCH (Yard)

The yard sketch should show all buildings in the yard including the home (with no detail), garage and storage building. Include walks, driveways, play area, fences, gates. Show any potential hazardous area such as pools, garbage storage, animal pens, etc. Show the overall yard size. Try to keep the sizes close to scale. Use the space below.

FACILITY NAME:	ADDRESS:
Perris Care LLC	432 Orange Ave. Perris CA. 92571



Shut Off Gas Shutoff

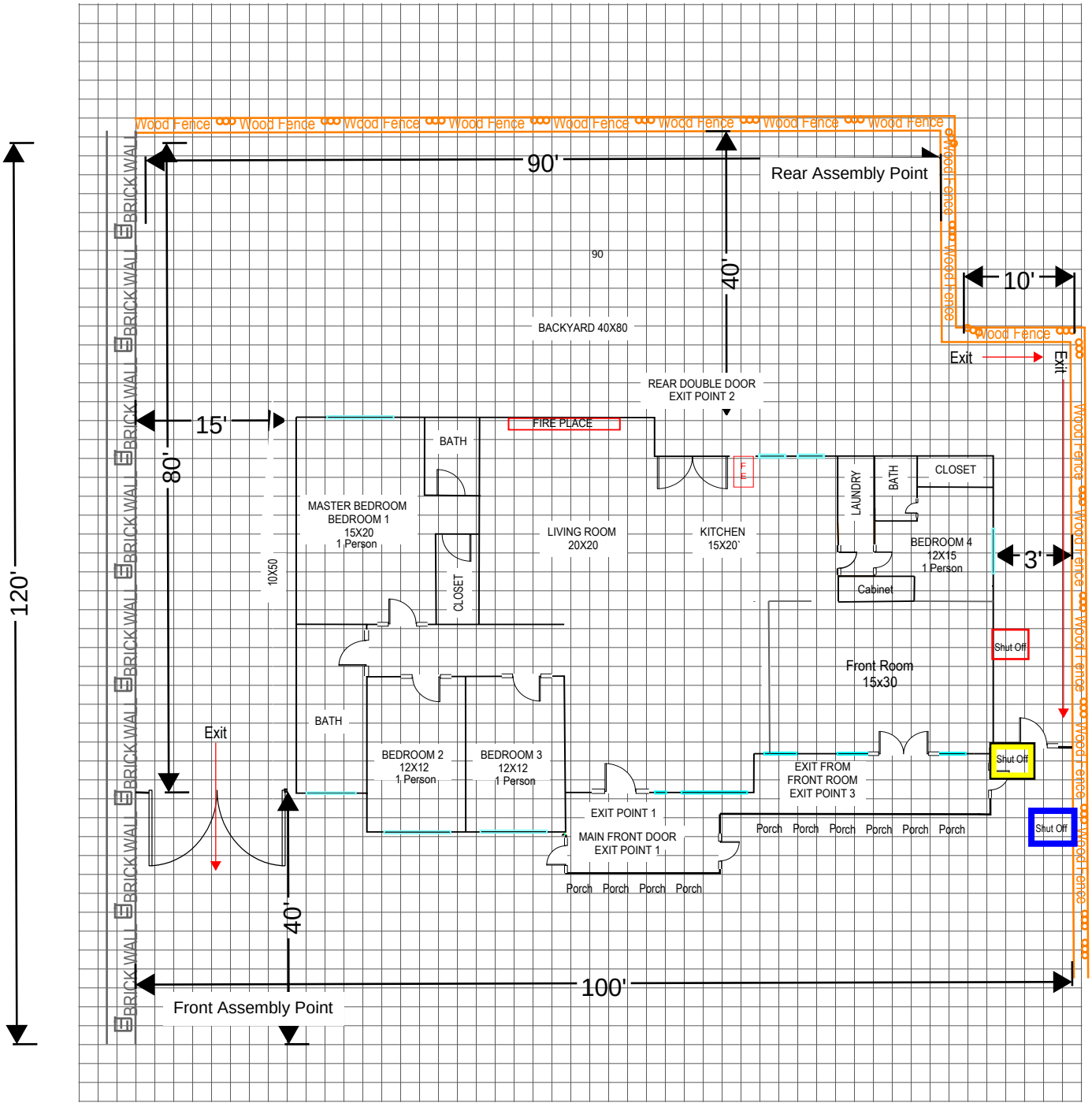
Shut Off Electricity Shutoff

Shut Off Water Shutoff

FACILITY SKETCH (Yard)

The yard sketch should show all buildings in the yard including the home (with no detail), garage and storage building. Include walks, driveways, play area, fences, gates. Show any potential hazardous area such as pools, garbage storage, animal pens, etc. Show the overall yard size. Try to keep the sizes close to scale. Use the space below.

FACILITY NAME:	ADDRESS:
The Behavioral Facility	11643 Pinon Ar Hesperia CA 92345



Shut Off Gas Shutoff

Shut Off Electricity Shutoff

Shut Off Water Shutoff

APPLICATION PACKET CONTENTS

SECTION B

SUPPORTING DOCUMENTS

Form #	Document Name	Status
B1	Partnership Agreement / Articles of Incorporation / Articles of Organization	**Included**
B2	Verification of Administrator Qualifications and Certification	**Included**
B4	Job Descriptions — Each Position	**Included**
B5	Personnel Policies	**Included**
B6	Inservice Training for Staff	**Included**
B7	Facility Program Description	**Included**
B8	Personal Rights	**Included**
B9	Admission Policies	**Included**
B10	Sample Menu	**Included**
B11	Control of Property	**Included**
B14	Theft and Loss Policy	**Included**
B12	Bacteriological Analysis of Private Water Supply	**Included**
B15	Neighborhood Complaint Policy	**Included**
B16	First Aid Card	**Included**
B17	Orientation Certification	**Included**

SUPPORTING DOCUMENT

Prepared: July 21, 2026

B1

PARTNERSHIP AGREEMENT / ARTICLES OF INCORPORATION / ARTICLES OF ORGANIZATION

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

ARTICLES OF ORGANIZATION OF PERRIS CARE LLC

Perris Care LLC commits unconditionally to providing safe, structured, and continuous 24-hour residential care to individuals with severe intellectual and developmental disabilities by establishing a legally sound operating entity that satisfies every mandate of the California Revised Uniform Limited Liability Company Act and the California Department of Social Services Community Care Licensing Division.

ARTICLE I: NAME

The exact legal name of this limited liability company is Perris Care LLC.

ARTICLE II: PURPOSE

• Primary Purpose: The primary specific purpose for which this limited liability company is formed is to own, manage, and operate a licensed Adult Residential Facility (ARF) serving up to four (4) adults with severe intellectual and developmental disabilities, Autism Spectrum Disorder, Traumatic Brain Injury, Cerebral Palsy, and complex behavioral or medical needs in accordance with the Community Care Facilities Act, California Health and Safety Code Section 1500 et seq., and the rules, regulations, and standards set forth in Title 22, Division 6, Chapter 6 of the California Code of Regulations.

• General Purpose: The general purpose of the company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act, California Corporations Code Section 17701.01 et seq., other than the provision of professional services that may be lawfully rendered only pursuant to a license, certificate, or registration authorized by the California Business and Professions Code.

ARTICLE III: INITIAL AGENT FOR SERVICE OF PROCESS

The name and California street address of the company's initial agent for service of process, designated in accordance with California Corporations Code Section 17701.13, is:

Agent Name: David Rodriguez

Physical Street Address: 432 Orange Ave, Perris, CA 92571

ARTICLE IV: MANAGEMENT

Management of Perris Care LLC is vested in one or more managers as authorized under California Corporations Code Section 17704.07. The company is manager-managed. The initial designated Chief Executive Officer and sole executive officer of the company is Maria Gonzalez. Day-to-day residential and administrative facility operations shall be managed by the designated Facility Administrator, David Rodriguez, who shall exercise administrative operational oversight without holding an ownership or equity interest in the entity.

ARTICLE V: COMPLIANCE WITH COMMUNITY CARE LICENSING LAWS

Perris Care LLC shall continuously operate in full compliance with all administrative, operational, fiscal, structural, and care standards established by the California Department of Social Services under Title 22 of the California Code of Regulations and Title 17 of the California Code of Regulations. The company shall execute and maintain all required licensing instruments, including Form LIC 200 (Application for License) and Form LIC 281 (Application Checklist), and shall ensure that its facility premises located at 432 Orange Ave, Perris, CA 92571 maintain an active, unencumbered license and State Fire Marshal fire clearance at all times.

ARTICLE VI: DURATION, LIMITED LIABILITY, AND INDEMNIFICATION

• Perpetual Duration: The duration of Perris Care LLC shall be perpetual from the date of filing these Articles of Organization with the California Secretary of State.

• Limitation of Liability: Pursuant to California Corporations Code Section 17703.04, the debts, obligations, and liabilities of Perris Care LLC, whether arising in contract, tort, or otherwise, shall be solely the debts, obligations, and liabilities of the company. No member, manager, officer,

administrator, or agent of the company shall be personally liable for any debt, obligation, or liability of the company solely by reason of being a member, manager, officer, administrator, or agent.

• Indemnification: The company shall indemnify, defend, and hold harmless its members, managers, officers, administrators, and authorized agents to the maximum extent permitted under California law against any judgments, settlements, penalties, fine, or reasonable expenses incurred in connection with any administrative, civil, or criminal proceeding arising out of the performance of their duties on behalf of the facility, provided their conduct was carried out in good faith and without gross negligence or intentional misconduct.

DECLARATION OF ORGANIZER

I declare under penalty of perjury under the laws of the State of California that I am the person who executed this instrument, which execution is my act and deed.

Executed on May 20, 2024, at Perris, California.

_____

Maria Gonzalez, Organizer and Managing Member

Perris Care LLC

SUPPORTING DOCUMENT

Prepared: July 21, 2026

B2

VERIFICATION OF ADMINISTRATOR QUALIFICATIONS AND CERTIFICATION

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

VERIFICATION OF ADMINISTRATOR QUALIFICATIONS AND CERTIFICATION

Facility: Perris Care

Address: 432 Orange Ave, Perris, CA 92571

Licensee Entity: Perris Care LLC

SECTION 1 - ADMINISTRATOR IDENTIFICATION AND DECLARATION

Documentation regarding administrator qualification and oversight is formally recorded and maintained in the primary administrative file located in the facility office at Perris Care, 432 Orange Ave, Perris, CA 92571. Every credential, health screening, background clearance, and educational transcript is logged in the facility binder and submitted to the California Department of Social Services (CDSS) Community Care Licensing Division to satisfy LIC 281 Section B2 requirements.

- Full Legal Name of Administrator: David Rodriguez
- Role: Designated Administrator (Hired Executive Administrator)
- Licensee / Operating Entity: Perris Care LLC
- Entity Owner / CEO: Maria Gonzalez (100% Owner)
- Facility Name: Perris Care
- Facility Address: 432 Orange Ave, Perris, CA 92571
- Facility Telephone: (951) 555-8742
- Licensed Capacity: 4 Adult Residents
- Target Population: Adults with severe intellectual and developmental disabilities, Autism Spectrum Disorder, Traumatic Brain Injury, Cerebral Palsy, and complex dual diagnoses

• Date of Declaration: July 21, 2026

I, David Rodriguez, submit this official Verification of Administrator Qualifications in compliance with Title 22 CCR 85064. I serve as the designated Administrator employed by the licensee, Perris Care LLC, to manage all daily care operations, regulatory compliance, personnel supervision, and program implementation at Perris Care.

SECTION 2 - REGULATORY COMPLIANCE STATEMENT (85064)

I certify that I meet and exceed every regulatory mandate set forth under Title 22 CCR 85064 for the administrative management of an Adult Residential Facility:

• Age Requirement: In compliance with Title 22 CCR 85064(c), I am over 21 years of age. Proof of age and legal identity is documented in my personnel file.

• Character and Capacity: I possess good moral character, personal integrity, and the operational capacity to administer a residential facility serving adults with complex developmental and behavioral needs.

• Physical and Mental Health: In accordance with Title 22 CCR 85065(g), I am in good physical and mental health. A completed Health Screening Report (Form LIC 503), executed by a licensed physician within required timeframes, confirms that I have no medical or physical limitations that would impair my ability to perform all administrative and managerial responsibilities.

• Criminal Record Clearance: Pursuant to Title 22 CCR 85065, I have completed full Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) Live Scan fingerprinting. I maintain a active, clean criminal record clearance on file with CDSS Community Care Licensing, with no history of criminal convictions or administrative exclusions.

• Tuberculosis Clearance: Documentation verifying a negative tuberculosis test result is recorded on my Health Screening Report (LIC 503) and maintained in my permanent personnel file pursuant to 85065(g)(1).

• Prior Licensure History: I have never had a facility license, administrator certificate, or

professional approval revoked, suspended, or subjected to administrative disciplinary action by CDSS or any other regulatory authority.

SECTION 3 - ARF ADMINISTRATOR CERTIFICATION (85064.2)

I hold a valid Adult Residential Facility Administrator Certificate issued by the California Department of Social Services Community Care Licensing Division, fulfilling Title 22 CCR 85064.2 requirements.

• Certificate Number: 1234567890

• Issuing Agency: CDSS Community Care Licensing Division (Administrator Certification Section)

• Certification Period: January 2023 to Present

• Training Program Status: Successfully completed the state-mandated 35-hour ARF Administrator Initial Certification Training Program through a CDSS-approved vendor.

• Written Examination: Passed the official state administrator examination administered by CDSS within the required timeframe.

Recertification and Continuing Education Plan:

To ensure continuous regulatory compliance under Title 22 CCR 85064.3, I will complete a minimum of forty (40) classroom hours of accredited continuing education during each two-year certification renewal cycle. This continuing education curriculum will cover:

• At least four (4) hours dedicated to California laws, regulations, Title 22 standards, and operational policies governing Adult Residential Facilities per 85064.3(a)(1).

• Required instruction in cultural competency and sensitivity regarding underserved aging communities per 85064.3(a)(2).

• Specialized coursework in positive behavior support strategies, complex medication management, and emergency response for individuals with developmental disabilities.

I will archive all certificates of completion in my administrative binder and submit renewal application Form LIC 9214 along with the processing fee to the CDSS Administrator Certification Section prior to certificate expiration.

SECTION 4 - RELEVANT EXPERIENCE AND PROFESSIONAL BACKGROUND

My professional background in community-based care provides the operational foundation required to manage Perris Care safely and effectively.

Work History Narrative:

• Employer: Sunny Days Care

• Dates of Employment: January 2023 to Present

• Position / Title: General Caregiver

• Core Duties and Responsibilities: Provided direct care, supervision, and daily assistance to residents with functional limitations. Assisted individuals with self-administration of prescribed medications in compliance with physician orders. Supported residents in personal hygiene, dressing, bathing, and mealtime routines. Logged daily progress notes, observed and reported changes in physical or behavioral conditions, and maintained detailed documentation in resident files.

Professional Credentials and Affiliations:

• ARF Administrator Certificate #1234567890 (CDSS/CCL)

• Practical experience documented in residential settings, including Sunshine Care Home.

Total Years of Experience:

I possess over three and a half years of direct hands-on experience providing care, supervision,

and daily living support to individuals in community care settings.

Synthesis of Qualifications and Core Commitment:

My direct care caregiving background gives me a thorough, practical understanding of the daily operational needs of residential clients. Combining this hands-on experience with formal ARF administrator training equips me to lead staff, enforce health and safety standards, and oversee structured behavioral programming. I am firmly committed to upholding resident dignity, defending personal rights under Title 22 CCR 85072, and delivering high-quality, person-centered care at Perris Care.

SECTION 5 - EDUCATION AND TRAINING

My educational qualifications are documented in my personnel records as follows:

• High School Education: Perris High School, Perris, CA

Graduation Date: June 2000

• Post-Secondary Education: Mt. San Jacinto College, San Jacinto, CA

Degree Obtained: Associate of Arts (AA) in General Studies

Completion Date: June 2002

• Mandatory Certification Training: CDSS-Approved 35-Hour ARF Administrator Certification Course

SECTION 6 - OPERATIONAL READINESS STATEMENT

As the designated Administrator of Perris Care, I will maintain daily operational oversight to ensure absolute regulatory compliance, staff competence, and client protection.

• Daily Facility Management: I will be physically present on the facility premises for the number of hours necessary to manage administrative, financial, and care operations pursuant to Title 22 CCR 85064. I will establish clear lines of authority, maintain required facility registers (80071), oversee financial accounting of personal needs allowance funds (80026), and ensure clean, comfortable accommodations (85087, 85088).

• Personnel Recruitment and Supervision: I will manage the recruitment, screening, hiring, orientation, and ongoing evaluation of direct care staff per 80065 and 85065. I will verify that every employee completes Live Scan fingerprinting, receives TB clearance, signs abuse reporting statements, and completes required orientation prior to providing unassisted care.

• Regulatory Staffing Ratios (Two-Tier Structure): I will schedule direct care personnel to satisfy both applicable regulatory standards:

• Layer 1 (Title 22 Minimum Floor): I will enforce Title 22 CCR 85065.5, which sets the California baseline standard of at least one (1) direct care staff member for every six (6) residents (1:6 ratio) during waking hours.

• Layer 2 (IRC Level 6 Regional Center Vendorization Standard): To meet the rigorous service standards required for Inland Regional Center (IRC) Service Level 6 vendorization under Title 17 CCR 56004, I commit to maintaining an elevated waking ratio of one (1) direct care staff member for every three (3) residents (1:3 ratio). This enhanced coverage ensures direct support for residents with complex multi-disability and intensive behavioral support needs.

• Night Supervision: I will ensure night coverage meets Title 22 CCR 85065.6 requirements, with trained staff on premises and on call to handle emergencies.

• Emergency Preparedness: I will implement the facility Emergency Disaster Plan (LIC 610C), conduct bi-annual disaster drills pursuant to 80023, maintain emergency utility shut-off protocols, and keep first aid supplies stocked and accessible (80075).

• Protection of Resident Rights: I will ensure all personnel honor resident personal rights under Title 22 CCR 85072 and Title 17 CCR 50510. Restraints-whether physical, mechanical, or chemical-are strictly prohibited. Resident dignity, privacy, and freedom of communication will be safeguarded at all times.

• Records Maintenance: I will maintain individual resident records (80070, 85070), functional capabilities assessments (80069.2), Needs and Services Plans (85068.2), and centralized staff

records (80066) in locked, secure locations accessible to CDSS licensing evaluators upon request.

SECTION 7 - REFERENCES AND SUPPORTING DOCUMENTS

The following supporting documents are submitted with this verification packet and filed in the facility administrative office:

1. Copy of CDSS ARF Administrator Certificate (#1234567890)

2. Current First Aid and CPR Certification Cards

3. Professional Resume of David Rodriguez

4. DOJ/FBI Criminal Record Clearance / Live Scan Submission Verification

5. Health Screening Report (Form LIC 503) signed by a licensed physician

6. Tuberculosis Test Clearance Documentation

Personal Character References:

• Elena Chavez (Childhood Friend)

Telephone: (951) 555-3341

Address: 1201 San Jacinto Ave, Perris, CA 92570

• Marcus Johnson (Colleague / Former Supervisor)

Telephone: (951) 114-4488

Address: 305 B St, Perris, CA 92571

Financial / Banking References:

• First Bank of Perris

Contact: Banking Representative

Telephone: (951) 555-1100

Address: 100 N D St, Perris, CA 92570

• Inland Valley Credit Union

Contact: Credit Union Representative / Banker

Telephone: (951) 555-2200

Address: 420 Wilkerson Ave, Perris, CA 92571

SECTION 8 - DECLARATION AND SIGNATURE

I declare under penalty of perjury under the laws of the State of California that the information provided in this Verification of Administrator Qualifications and Certification is true, correct, and complete to the best of my knowledge.

_____

David Rodriguez

Designated Administrator, Perris Care

Date: July 21, 2026

DEPARTMENT OF SOCIAL SERVICES REVIEW (FOR STATE USE ONLY)

Document Reviewed By: _____

Licensing Program Analyst / Evaluator

Action Taken: [ ] Approved [ ] Deficient / Pending

Date: _____

Comments / Notes:

_____

SUPPORTING DOCUMENT

Prepared: July 21, 2026

B4

JOB DESCRIPTIONS — EACH POSITION

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

JOB DESCRIPTIONS FOR FACILITY PERSONNEL - PERRIS CARE

LOCATION: 432 ORANGE AVE, PERRIS, CA 92571

OPERATED BY: PERRIS CARE LLC

POSITION 1: ADMINISTRATOR

REPORTS TO: Managing Member / Owner (Perris Care LLC)

PRIMARY ONBOARDING AND TRAINING COMPETENCIES:

Before assuming full operational and administrative oversight of Perris Care, the Administrator must establish and demonstrate complete mastery over facility operations, regulatory mandates, and staff development protocols. The onboarding foundation requires verifying that the Administrator has completed all Department-approved certification requirements, understands the specialized behavioral and developmental needs of the resident population, and is equipped to design and deliver the facility staff training plan pursuant to Title 17 CCR 56036. The Administrator must thoroughly comprehend Title 22 and Title 17 standards, resident personal rights, emergency intervention limits, medication safeguards, and regional center vendorization expectations before directing resident care or managing staff performance.

QUALIFICATIONS:

• Minimum Age: Shall be at least 21 years of age pursuant to Title 22 CCR 85064(a).

• Certification: Shall possess a valid, current Adult Residential Facility Administrator Certificate issued by the California Department of Social Services (CDSS) after completing the approved 35-hour initial certification training program pursuant to Title 22 CCR 85064.2.

• Continuing Education: Shall complete a minimum of 40 classroom hours of approved continuing education every two years to maintain active recertification status in accordance with Title 22 CCR 85064.3.

• Background Clearance: Shall obtain a California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal record clearance prior to employment or presence in the facility pursuant to Title 22 CCR 85065.

• Health Screening: Shall submit documentation of a physical health screening and tuberculosis (TB) clearance performed within the past 12 months in accordance with Title 22 CCR 85065(b).

• Facility Orientation: Shall complete a comprehensive facility orientation prior to supervising staff or providing direct care to residents pursuant to Title 22 CCR 85065(e).

• Emergency Credentials: Shall maintain active certification in First Aid and Cardiopulmonary Resuscitation (CPR) from an approved training provider.

DUTIES AND RESPONSIBILITIES:

• Plan of Operation Management: Ensures that facility operations, service delivery, and staff practices adhere continuously to the approved Plan of Operation pursuant to Title 22 CCR 85022.

• Administrative and Personnel Oversight: Recruits, hires, trains, evaluates, and disciplines facility staff; develops monthly work schedules; maintains complete personnel records pursuant to Title 22 CCR 85063 and 85066.

• Staffing Ratio Compliance: Enforces waking-hour direct care staffing ratios. Under Title 22 CCR 85065.5, the baseline legal floor requires at least one direct care staff member for every six residents (1:6). To maintain regional center Service Level 6 vendorization approval under Title 17 CCR 56004, the Administrator ensures a higher staffing ratio of one direct care staff member for every three residents (1:3) during waking hours to meet the complex needs of the residents.

• Overnight Supervision Enforcement: Guarantees that at least one qualified direct care staff member remains awake, alert, and on duty during all night sleeping hours pursuant to Title 22 CCR 85065.6.

• Resident Admission and Individual Planning: Directs pre-admission appraisals, completes individual admission agreements, coordinates with regional center service coordinators, and oversees the formulation and annual modification of each resident's Needs and Services Plan pursuant to Title 22 CCR 85068 and 85068.2.

• Personal Rights Protection: Ensures that all facility personnel respect and uphold the statutory

and personal rights of every resident pursuant to Title 22 CCR 85072, establishing zero tolerance for coercion, retaliation, or prohibited physical or mechanical restraints.

• Health-Related Services and Medication Supervision: Establishes and monitors strict medication assistance protocols, central storage procedures, and medical appointment scheduling in compliance with Title 22 CCR 85075.

• Emergency Preparedness and Disaster Drills: Maintains the Emergency Disaster Plan (LIC 610D), conducts required bi-annual emergency drills, and maintains facility safety equipment pursuant to Title 22 CCR 85087.

SCHEDULE:

• Shall be present on facility premises for the number of hours necessary to manage and administer operations in full compliance with applicable laws, regulations, and the individual needs of the residents pursuant to Title 22 CCR 85064.

PHYSICAL REQUIREMENTS:

• Must be in good physical and mental health sufficient to perform administrative, supervisory, and emergency response duties pursuant to Title 22 CCR 85065. Physical capabilities must include the ability to stand for extended periods, bend, stoop, climb stairs, respond rapidly to behavioral or medical emergencies, and lift or assist residents weighing a minimum of 50 pounds.

POSITION 2: DIRECT SUPPORT PROFESSIONAL (DSP)

REPORTS TO: Administrator

PRIMARY ONBOARDING AND TRAINING COMPETENCIES:

Newly hired Direct Support Professionals must complete a structured onboarding program before assuming independent responsibilities or direct care duties. Pursuant to Title 17 CCR 56038 and Title 22 CCR 85065(e), every DSP must complete a comprehensive 40-hour on-site orientation within their first 40 hours of employment. This initial instruction emphasizes foundational competencies, including a thorough review of the facility Plan of Operation, emergency disaster evacuation procedures, infection control protocols, medical emergency response, personal rights guarantees under Title 22 CCR 85072, special incident reporting standards under Title 17 CCR 54327, and the specific care instructions detailed in each resident's Needs and Services Plan and Behavior Support Plan. Furthermore, DSPs must participate in the state-mandated 35-hour competency-based training segments pursuant to Title 17 CCR 56033.

QUALIFICATIONS:

• Minimum Age: Shall be at least 18 years of age pursuant to Title 22 CCR 85065.

• Background Clearance: Shall receive DOJ and FBI criminal record clearance or an approved transfer prior to working or residing in the facility pursuant to Title 22 CCR 85065.

• Health Screening: Shall submit a completed health screening report and TB clearance obtained within 12 months prior to employment or within 7 days of hire pursuant to Title 22 CCR 85065(b).

• Initial Orientation: Shall successfully complete the mandatory 40-hour facility orientation prior to providing unsupervised direct care pursuant to Title 17 CCR 56038.

• Continuing Education: Shall complete a minimum of 12 hours of approved continuing education annually to maintain care competency pursuant to Title 17 CCR 56038.

• Emergency Credentials: Shall maintain current First Aid and CPR certifications from an accredited organization.

DUTIES AND RESPONSIBILITIES:

• Care and ADL Assistance: Provides direct assistance and support with activities of daily living (ADLs), including bathing, grooming, dressing, personal hygiene, toileting, and mobility support pursuant to Title 22 CCR 85077.

• Medication Assistance: Assists residents with self-administration of prescribed oral medications

under strict administrative guidelines, ensuring proper logging, hygiene, and verification without administering injections or performing skilled nursing procedures pursuant to Title 22 CCR 85075.

• Meal Preparation and Nutrition: Prepares, cooks, and serves balanced meals and snacks following pre-approved weekly menus, accommodating physician-ordered therapeutic diets and maintaining kitchen sanitation pursuant to Title 22 CCR 85076.

• Plan Implementation: Implements daily care goals, behavioral strategies, and skill-building objectives delineated in each resident's Needs and Services Plan and Behavior Support Plan pursuant to Title 22 CCR 85068.2.

• Activity Facilitation: Organizes, leads, and accompanies residents during planned indoor, outdoor, and community-based recreational and social activities pursuant to Title 22 CCR 85079.

• Rights Advocacy: Upholds and respects every resident's personal rights continuously pursuant to Title 22 CCR 85072.

• Observational Record Keeping: Documents daily progress, shift logs, behavioral observations, medical changes, and special incidents accurately in resident records pursuant to Title 22 CCR 85063.

SCHEDULE:

• Assigned to scheduled day or evening shifts (e.g., 7:00 AM to 3:00 PM or 3:00 PM to 11:00 PM). Shift scheduling adheres to California regulatory standards: Title 22 CCR 85065.5 mandates a baseline waking ratio of one staff per six residents (1:6), while Title 17 CCR 56004 mandates the higher Service Level 6 standard of one direct care staff per three residents (1:3) during all active waking hours.

PHYSICAL REQUIREMENTS:

• Must possess the physical health, strength, and stamina necessary to assist residents with physical mobility, perform housekeeping and meal service, handle crisis redirection, stand or walk for long periods, and lift or support at least 50 pounds pursuant to Title 22 CCR 85065.

POSITION 3: NIGHT DIRECT SUPPORT PROFESSIONAL (NIGHT DSP)

REPORTS TO: Administrator

PRIMARY ONBOARDING AND TRAINING COMPETENCIES:

The Night Direct Support Professional onboarding curriculum focuses heavily on nighttime vigilance, environmental security, nocturnal crisis mitigation, and immediate disaster evacuation response. Prior to working overnight shifts, the Night DSP receives specialized orientation regarding Title 22 CCR 85065.6 awake-night mandates, nocturnal medical emergency procedures, seizure monitoring protocols, and night evacuation tactics per the facility's Emergency Disaster Plan (LIC 610D). Training instructs the staff member on maintaining active environmental supervision without violating resident personal rights, such as ensuring bedroom doors remain unlocked and resident privacy is preserved while guaranteeing continuous safety.

QUALIFICATIONS:

• Minimum Age: Shall be at least 18 years of age pursuant to Title 22 CCR 85065.

• Background Clearance: Shall possess completed DOJ and FBI criminal record clearance prior to working any shift pursuant to Title 22 CCR 85065.

• Health Screening: Shall present a valid health screening and TB clearance pursuant to Title 22 CCR 85065(b).

• Specialized Orientation: Shall complete full facility orientation with specific instruction in overnight monitoring, awake-night standards, emergency evacuation, and nocturnal communication protocols pursuant to Title 22 CCR 85065(e) and Title 17 CCR 56038.

• Alertness Capability: Must demonstrate the physical and operational ability to stay fully awake, alert, and active throughout an 8-hour overnight shift pursuant to Title 22 CCR 85065.6.

• Emergency Credentials: Shall maintain current First Aid and CPR certifications.

DUTIES AND RESPONSIBILITIES:

• Continuous Awake Supervision: Remains awake, alert, and on duty during all resident sleeping hours without exception, fulfilling the mandate of Title 22 CCR 85065.6. Sleeping on shift is strictly prohibited and constitutes grounds for immediate termination.

• Auditory and Visual Safety Checks: Positioned within the residence to hear, observe, and respond immediately to any resident call, distress signal, behavioral escalation, or medical need throughout the night.

• Personal Rights Maintenance: Ensures residents are never locked in their rooms or restricted in movement, honoring personal rights under Title 22 CCR 85072.

• Nighttime Care Assistance: Provides personal care, incontinence management, hydration, or comforting reassurance to residents who wake during the night pursuant to Title 22 CCR 85077.

• Emergency Evacuation Readiness: Maintains immediate readiness to execute disaster response, fire evacuation, or emergency notification procedures pursuant to Title 22 CCR 85087.

• Facility Security and Sanitization: Performs overnight security checks of perimeter doors and windows, conducts light cleaning and preparation for the morning routine, and completes overnight documentation logs pursuant to Title 22 CCR 85063.

SCHEDULE:

• Night Shift (11:00 PM to 7:00 AM). Fulfills the explicit requirements of Title 22 CCR 85065.6, which commands that at least one direct care staff member remain awake and on duty on the premises during all overnight sleeping hours.

PHYSICAL REQUIREMENTS:

• Must be in sound physical condition with the demonstrated capability to maintain complete wakefulness during overnight hours, move swiftly throughout the facility, assist residents during nighttime evacuations or transfers, and lift a minimum of 50 pounds pursuant to Title 22 CCR 85065.

POSITION 4: RELIEF DIRECT SUPPORT PROFESSIONAL (RELIEF DSP)

REPORTS TO: Administrator

PRIMARY ONBOARDING AND TRAINING COMPETENCIES:

Relief Direct Support Professionals undergo the identical comprehensive onboarding and orientation program required of regular full-time staff before being assigned to cover shifts. Because Relief DSPs work across variable day, evening, and night shifts, their initial training must cover the full spectrum of facility routines. Pursuant to Title 17 CCR 56038 and Title 22 CCR 85065(e), Relief DSPs are trained on all resident Needs and Services Plans, Behavior Support Plans, medication assistance workflows, emergency response procedures, and shift-specific responsibilities. This ensures seamless continuity of care, consistent behavioral intervention, and strict compliance with resident rights regardless of shift timing.

QUALIFICATIONS:

• Minimum Age: Shall be at least 18 years of age pursuant to Title 22 CCR 85065.

• Background Clearance: Shall have active DOJ and FBI criminal record clearance prior to facility placement pursuant to Title 22 CCR 85065.

• Health Screening: Shall possess documentation of health screening and TB clearance pursuant to Title 22 CCR 85065(b).

• Comprehensive Orientation: Shall complete the full 40-hour facility orientation, demonstrating familiarity with daytime routines, evening schedules, and overnight awake-monitoring procedures pursuant to Title 17 CCR 56038.

• Emergency Credentials: Shall maintain current First Aid and CPR certifications.

DUTIES AND RESPONSIBILITIES:

• Staffing Ratio Maintenance: Fulfills shift coverage as assigned by the Administrator to prevent staffing shortages and guarantee uninterrupted ratio compliance pursuant to Title 22 CCR 85065.5 and Title 17 CCR 56004.

• Care Plan Execution: Implements individual Needs and Services Plans, special diets, and behavior management protocols with complete fidelity during assigned shifts pursuant to Title 22 CCR 85068.2.

• ADL and Personal Support: Delivers personal care, bathing assistance, grooming, dressing, and hygiene management pursuant to Title 22 CCR 85077.

• Medication Assistance: Provides self-administration medication assistance in exact compliance with physician directions and facility logging rules pursuant to Title 22 CCR 85075.

• Activity and Supervision Support: Leads scheduled recreational activities and provides constant supervision to protect resident safety pursuant to Title 22 CCR 85079.

• Record Keeping: Accurately records shift activities, behavioral notes, and any unusual occurrences in resident logs pursuant to Title 22 CCR 85063.

SCHEDULE:

• Variable / As-Needed shifts (Day, Evening, or Night) assigned by the Administrator. Shift coverage maintains the dual regulatory staffing structure: satisfying the Title 22 CCR 85065.5 baseline floor of 1:6 direct care staff per resident during waking hours, while upholding the Title 17 CCR 56004 Service Level 6 requirement of 1:3 direct care staff per resident during waking hours, as well as the Title 22 CCR 85065.6 awake night supervision standard.

PHYSICAL REQUIREMENTS:

• Must possess physical health and adaptability sufficient to work varying shift hours, assist residents with physical care and mobility, stand for long durations, respond to emergencies, and lift at least 50 pounds pursuant to Title 22 CCR 85065.

SUPPORTING DOCUMENT

Prepared: July 21, 2026

B5

PERSONNEL POLICIES

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

PERRIS CARE - PERSONNEL POLICIES AND PROCEDURES

Facility Address: 432 Orange Ave, Perris, CA 92571

Licensee: Perris Care LLC

Designated Administrator: David Rodriguez

Licensed Capacity: 4 Residents

IRC Regional Center Service Level: 6

SECTION 1: PERSONNEL RECORDKEEPING AND DOCUMENTATION ARCHITECTURE

As Administrator of Perris Care, I will manage all personnel operations through a rigorous, systematic documentation model that captures employee qualifications, required background clearances, health screenings, and continuous competency tracking. Every piece of personnel data will be documented immediately upon receipt, verified for accuracy, and stored in secure, confidential employee files maintained at the facility site in accordance with Title 22 CCR 85066. I will ensure that no staff member is permitted to provide care or supervision to residents until their personnel file contains complete verification of all pre-employment mandatory items.

In compliance with Title 22 CCR 85066 and Title 17 CCR 56059(c), I will establish and maintain a master individual personnel file for every employee, including myself as the administrator, support personnel, direct care staff, and volunteers. Each file will contain the following required records:

• Full legal name, home address, contact telephone number, and driver's license number (if duties include resident transportation).

• Signed statement verifying the employee is at least 18 years of age (or 21 years of age for the administrator position).

• Date of initial hire and, when applicable, formal date of termination.

• Detailed employment application and complete professional resume detailing past work history

and emergency references.

• Formal job description signed and dated by the staff member, acknowledging their duties, lines of supervision, and functional expectations.

• Written documentation of education, degrees, credentials, or past experience required for the specific job classification.

• Health screening report (Form LIC 503) completed by a licensed physician verifying physical ability to perform assigned tasks, executed within required statutory timelines.

• Negative tuberculosis test documentation (PPD skin test or chest X-ray) completed within one year prior to employment or seven days thereafter.

• Live Scan background check verification, including signed Criminal Record Statement (Form LIC 508) and written documentation of California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) clearance or CDSS-approved exemption prior to initial presence in the facility.

• Comprehensive record of orientation and training, including a log of completed competency-based direct support professional (DSP) training segments, ongoing in-service hours, and specialized behavioral intervention credentials.

• Annual performance evaluations and written documentation of any progressive disciplinary actions taken.

Pursuant to Title 17 CCR 56059(c)(6), I will maintain dedicated facility files that verify ongoing regulatory compliance with direct care staff competency training, mandatory orientation schedules, and continuing education logs. In accordance with Title 22 CCR 85066(b), I will develop and post a dated employee master work schedule at least monthly in an area readily accessible to all staff. This schedule will clearly delineate each employee's full name, job classification, exact shift hours, and scheduled days off.

I will ensure that all personnel records are preserved intact at the facility for a minimum of three years following an employee's separation from service, as mandated by Title 22 CCR 85066(d). All records will be immediately accessible on-site during normal business hours for inspection, audit, and review by licensing analysts from the California Department of Social Services (CDSS) Community Care Licensing Division and facility liaisons from the regional center pursuant to Title

17 CCR 56048(c)(3).

SECTION 2: STAFF HIRE AND MINIMUM QUALIFICATION POLICIES

Perris Care LLC will enforce stringent candidate screening standards to ensure that all hired personnel possess the requisite character, maturity, competence, and physical capacity to safeguard the health, safety, and personal rights of residents exhibiting complex developmental disabilities and intensive behavioral support needs. In accordance with Title 22 CCR 85065, all employees will be selected based on their verified ability to deliver person-centered care responsibly and ethically.

Every prospective employee must satisfy the following baseline selection criteria prior to hire:

• Age Requirement: Candidates for direct care positions, support roles, and volunteer service must be at least 18 years of age in compliance with Title 22 CCR 85065(d). The designated facility administrator must be at least 21 years of age pursuant to Title 22 CCR 85064(c).

• Criminal History Clearance: In accordance with Title 22 CCR 85065(i), every prospective staff member, volunteer, or adult residing on the premises must undergo electronic fingerprinting via Live Scan. No individual will be permitted to begin work, undergo on-site orientation, or have contact with residents until an active criminal record clearance or CDSS criminal record exemption is officially confirmed by CDSS. A signed Criminal Record Statement (Form LIC 508) must be executed under penalty of perjury prior to submission.

• Health Screening and TB Clearance: Pursuant to Title 22 CCR 85065(g), all staff must submit a completed Health Screening Report (Form LIC 503) signed by or under the supervision of a licensed physician, confirming they possess the physical, mental, and occupational capability to fulfill assigned duties without posing a hazard to themselves or others. Health screenings must be completed not more than one year prior to or seven days after employment. Clear evidence of freedom from active tuberculosis must be documented prior to resident contact.

• Communication Competency: Staff must possess sufficient oral and written English language skills to understand resident person-centered plans, communicate effectively with emergency responders, maintain daily logs, and comprehend medication instructions. If a resident communicates primarily through alternative modalities (such as sign language, picture boards, or augmentative communication devices), direct care personnel assigned to that resident will be

evaluated for functional proficiency in those specific communication tools.

• Pre-Service Orientation: In compliance with Title 22 CCR 85065(f) and Title 17 CCR 56038(a)(1), every direct care worker will complete a mandatory on-site orientation program within their first 40 hours of employment. Staff will not be left alone with residents until this training is completed, covering facility program design, resident IPPs, personal rights (85072), emergency evacuation procedures, special incident reporting (54327), and mandated abuse reporting protocols under California law.

SECTION 3: ADMINISTRATOR QUALIFICATIONS, CERTIFICATION, AND REGIONAL CENTER OBLIGATIONS

As the designated Administrator of Perris Care, I, David Rodriguez, am personally responsible for the overall daily operational management, regulatory compliance, fiscal oversight, and service quality of the facility pursuant to Title 22 CCR 85064. I am 21 years of age or older, hold a high school diploma or equivalent, and possess a valid Adult Residential Facility Administrator Certificate (#1234567890) issued by the California Department of Social Services in accordance with Title 22 CCR 85064.2.

My administrative duties include, but are not limited to:

• Developing and executing facility operational policies, personnel schedules, and service budgets.

• Recruiting, interviewing, hiring, training, evaluating, and when necessary, terminating facility personnel.

• Supervising the implementation of each resident's Needs and Services Plan and Individual Program Plan (IPP).

• Maintaining continuous compliance with all Title 22 and Title 17 regulations, local fire codes, and regional center vendorization criteria.

• Representing the facility during reviews conducted by CDSS Community Care Licensing, the regional center, and local emergency agencies.

• Establishing emergency coverage arrangements to ensure a qualified designated substitute administrator is on call and capable of managing the home during any period of my absence, in accordance with Title 22 CCR 85064(f).

To satisfy CDSS maintenance requirements under Title 22 CCR 85064.3, I will complete a minimum of 40 classroom hours of approved continuing education during each two-year certification period, ensuring at least four hours are dedicated to California laws, regulations, and facility operational standards.

In addition to state licensing requirements, I will satisfy regional center vendorization qualifications under Title 17 CCR 56037. As an administrator managing a facility that serves individuals with complex behavioral and developmental challenges, I satisfy the experience mandates established across regional center service levels. Title 17 CCR 56037 mandates that administrators possess specific minimum thresholds of prior direct care experience based on facility classification:

• Service Level 2 requires a minimum of 6 months of prior experience providing direct care to individuals with developmental disabilities (56037(d)).

• Service Level 3 requires a minimum of 9 months of prior experience (56037(e)).

• Service Level 4 requires a minimum of 12 months of prior experience (56037(f)).

To support our Service Level 6 commitment for residents requiring intensive behavioral support, I bring verified prior caregiving and leadership experience within residential care environments. Furthermore, pursuant to Title 17 CCR 56037(f)(2), I will complete at least 12 hours of specialized continuing education annually focusing on developmental disabilities, positive behavior support strategies, consumer rights, and emergency intervention protocols. Within six months of assuming administrative duties, I will complete the four-hour specialized training course on HIV and tuberculosis prevention as required by Health and Safety Code 1562.5, followed by mandatory two-hour refresher updates every two years.

SECTION 4: OPERATIONAL STAFFING PATTERNS AND WAKING RATIOS

Perris Care will maintain robust, high-density staffing coverage designed to accommodate four residents presenting with severe developmental disabilities, Autism Spectrum Disorder, traumatic brain injury, cerebral palsy, and complex behavioral needs requiring intensive Behavior Support Plans (BSPs). Staffing deployments are constructed upon a dual-regulatory foundation that integrates state licensing floors with regional center vendorization commitments.

Our operational staffing ratios strictly fulfill both governing regulatory frameworks:

• Legal Regulatory Floor: Title 22 CCR 85065.5 establishes the baseline minimum California staffing requirement for Adult Residential Facilities as one (1) direct care staff member for every six (6) residents during waking hours (a minimum waking ratio of 1:6).

• Vendorization Commitment Standard: To meet the intensive behavioral support needs of our resident population and obtain regional center service level approval under Title 17 CCR 56004, Perris Care LLC commits to providing a continuous direct care staffing ratio of at least one (1) direct care worker for every three (3) residents (1:3 waking ratio) during all waking hours.

For our 4-resident capacity, this commitment guarantees that a minimum of two (2) direct care staff members will be on duty and providing direct supervision throughout all waking hours whenever residents are present in the home or participating in community outings. In accordance with Title 22 CCR 85065.5, I, as the Administrator, may perform direct care duties to satisfy ratio requirements, provided I meet all Direct Support Professional training credentials and my administrative responsibilities do not compromise resident care and supervision.

Additional direct care staff will be scheduled dynamically above baseline ratios during peak operational periods, medical transportation appointments, specialized community excursions, or when heightened behavioral intervention protocols are triggered in accordance with a resident's IPP. If regular staff members are absent due to illness or emergency, shift coverage will be fulfilled immediately by cross-trained relief personnel who meet all pre-employment clearance and training standards, pursuant to Title 22 CCR 85065(k). On-call staff coverage will be maintained 24 hours a day to guarantee seamless operational continuity.

SECTION 5: OVERNIGHT SUPERVISION STANDARDS

Residential safety during sleeping hours is an absolute operational priority at Perris Care. In full compliance with Title 22 CCR 85065.6, the facility will maintain at least one direct care staff person on duty, physically present on the premises, awake, and fully dressed during all night sleeping hours (10:00 PM to 6:00 AM).

Sleeping on duty is strictly prohibited under any circumstances and constitutes grounds for immediate summary termination of employment. The overnight awake supervision worker is responsible for:

• Conducting continuous visual checks of the premises, building perimeters, and common areas to ensure structural security and fire safety.

• Maintaining alertness to immediately hear, detect, and respond to any resident vocalizations, bed alarms, signal systems (pursuant to Title 22 CCR 85088(f)), or requests for personal assistance.

• Providing scheduled or as-needed personal hygiene care, turning/repositioning assistance, or night-time behavioral redirection.

• Executing emergency response and evacuation procedures in the event of fire, earthquake, medical emergency, or facility disaster without relying on external assistance.

Night staff must hold current certifications in American Red Cross First Aid and CPR, demonstrate familiarity with facility disaster plans (LIC 610C), and understand all resident emergency medical profiles. A secondary back-up administrator or designated lead supervisor will remain on call during all night shifts, capable of arriving at the facility within 30 minutes if emergency reinforcement is required.

SECTION 6: EQUAL EMPLOYMENT OPPORTUNITY AND DISABILITY ACCOMMODATION

Perris Care LLC is an equal opportunity employer committed to maintaining a fair, inclusive, and non-discriminatory work environment. All employment practices-including recruitment, hiring, placement, promotion, transfer, compensation, benefits, training, discipline, and termination-are administered without regard to race, color, religion, sex, sexual orientation, gender identity or expression, national origin, ancestry, age, physical or mental disability, medical condition, genetic

information, marital status, military or veteran status, or any other characteristic protected by California or federal law.

In alignment with the Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA), Perris Care LLC will provide reasonable accommodations to qualified employees and job applicants with known physical or mental disabilities, provided such accommodations enable the individual to perform essential job functions without imposing an undue operational hardship or creating a direct threat to the health and safety of residents or staff. Employees seeking workplace accommodations should submit a written request to the administrator. I will engage in a timely, good-faith interactive process with the employee to evaluate functional needs and identify effective accommodation solutions.

SECTION 7: CODE OF EMPLOYEE CONDUCT AND ZERO-TOLERANCE MANDATES

All employees of Perris Care are expected to uphold the highest standards of professional ethics, personal integrity, and compassionate care. Personnel must treat all residents with profound respect, preserving their human dignity, privacy, and personal rights as protected under Title 22 CCR 85072 and Welfare and Institutions Code 4502.

Workplace Standards and Prohibited Conduct:

• Zero Tolerance for Abuse: Perris Care maintains an absolute zero-tolerance policy regarding physical abuse, verbal abuse, sexual abuse, financial exploitation, mental coercion, neglect, abandonment, or intimidation of any resident. Any employee who engages in, witnesses, or fails to report abuse or a rights violation will face immediate termination and referral to law enforcement and state registries.

• Professional Demeanor: Staff must utilize positive, person-centered language at all times. Sarcasm, ridicule, profanity, raised voices, and punitive discipline are strictly forbidden.

• Prohibited Workplace Activities: Employees are prohibited from using personal cell phones or mobile devices for personal communications, social media, or entertainment while actively delivering direct care to residents. Personal phone use is restricted to designated break periods away from care areas, except in emergency circumstances.

• Substance Free Workplace: Reporting to work under the influence of alcohol, illegal drugs, or unauthorized prescription medications is prohibited. Possessing, consuming, or distributing alcohol or controlled substances on facility grounds or during work shifts will result in immediate discharge.

• Sleeping on Duty: Sleeping during scheduled work hours, particularly during night supervision shifts, is a severe safety violation resulting in immediate termination.

• Professional Attire: Employees must report to work cleanly dressed in neat, functional clothing suitable for physical caregiving activities. Closed-toe, non-slip footwear is mandatory in all care and meal preparation environments.

• Confidentiality and HIPAA Compliance: In accordance with Welfare and Institutions Code 4514 and state/federal privacy laws, all resident records, medical diagnoses, behavioral tracking data, and personal histories are strictly confidential. Employees must never disclose resident information to unauthorized third parties, family members without release authority, or public channels, including social media platforms.

SECTION 8: PROGRESSIVE DISCIPLINE AND IMMEDIATE TERMINATION MANDATES

Perris Care utilizes a progressive discipline framework to address minor performance deficiencies, attendance issues, or procedural errors, providing employees with clear notice and opportunities for corrective improvement. However, severe conduct violations or threats to resident safety will bypass progressive steps and lead to immediate discharge.

Progressive Discipline Stages:

1. Verbal Warning: For minor or initial administrative omissions, the administrator will conduct a private verbal counseling session detailing the expectation gap. The discussion will be documented in writing, signed by the employee, and retained in their personnel file.

2. Written Warning: If conduct recurs or a more significant procedural violation occurs, a formal Written Warning will be issued specifying the infraction, required corrective actions, and a mandatory resolution timeline.

3. Final Written Warning / Suspension: Continued non-compliance or serious duty lapses will

result in a Final Written Warning, which may be paired with unpaid administrative suspension pending evaluation.

4. Termination: Failure to correct documented performance failures following prior warnings will result in termination of employment.

Immediate Termination Triggers:

Immediate summary discharge, without prior progressive discipline, will occur for severe violations including, but not limited to:

• Verified or suspected physical, verbal, emotional, financial, or sexual abuse, neglect, or abandonment of a resident.

• Reporting to work under the influence of alcohol or illegal drugs, or possessing substances on site.

• Sleeping while on duty, particularly during overnight supervision shifts (85065.6).

• Theft, conversion, or unauthorized handling of resident cash resources or facility property.

• Falsification of client records, medication administration logs, Live Scan statements, or employment applications.

• Unauthorized departure from the facility, leaving residents unsupervised.

• Severe or willful violation of resident personal rights under Title 22 CCR 85072 or WIC 4502.

Mandatory Abuse Reporting and Investigation Protocol:

Any allegation, observation, or suspicion of resident abuse or neglect triggers immediate operational safeguards. The administrator will instantly suspend the accused employee from all duty without pay, pending investigation. In accordance with Welfare and Institutions Code 15630 and Title 22 CCR 80061, the administrator will report the incident by telephone immediately (within two hours for abuse resulting in serious bodily injury) to local law enforcement, CDSS Community Care Licensing, the regional center, and the local Long-Term Care Ombudsman, followed by a formal written Special Incident Report within 24 to 48 hours. The suspended employee will not be permitted on facility grounds or near residents during the investigation.

SECTION 9: INTERNAL EMPLOYEE GRIEVANCE RESOLUTION

Perris Care LLC is dedicated to maintaining an open, respectful work atmosphere where employee concerns, misunderstandings, or workplace disputes are resolved promptly and fairly. Employees are encouraged to resolve issues informally through direct conversation whenever possible. When informal efforts are insufficient, employees may utilize the following three-step formal grievance procedure:

Step 1 - Administrative Discussion: Within five (5) business days of the occurrence or event giving rise to a complaint, the employee should schedule a formal meeting with the Administrator, David Rodriguez, to verbally present the issue and discuss potential resolutions.

Step 2 - Written Grievance Submission: If the grievance is not resolved satisfactorily at Step 1, the employee may submit a formal written grievance statement to the administrator within five (5) business days following the Step 1 discussion. The document must describe the specific facts, dates, personnel involved, and proposed remediation. The administrator will review the matter thoroughly, conduct interviews if necessary, and deliver a formal written response to the employee within five (5) business days of receiving the document.

Step 3 - Executive Review: If the employee remains unsatisfied with the administrator's written decision, they may request an executive review by submitting the written grievance packet to the Licensee Management Representative, Maria Gonzalez (President/Owner, Perris Care LLC), within five (5) business days of receiving the Step 2 response. Executive management will review the record and issue a final, binding written determination within seven (7) business days.

Anti-Retaliation Protection:

Perris Care LLC strictly prohibits any form of retaliation, discrimination, or adverse action against an employee for filing a good-faith workplace grievance, reporting regulatory non-compliance, or participating in an internal or statutory investigation. Any manager or employee who engages in retaliatory conduct will be subject to immediate disciplinary action, up to and including termination.

DOCUMENTATION ACKNOWLEDGMENT AND ADMINISTRATIVE SIGNATURES

I, David Rodriguez, confirm that as Administrator of Perris Care, located at 432 Orange Ave, Perris, CA 92571, I will rigorously enforce these Personnel Policies across all facility operations to ensure full compliance with Title 22 CCR (85064-85066) and Title 17 CCR (56037-56038) standards.

_____

David Rodriguez, Designated Administrator

Date:

_____

Maria Gonzalez, Managing Member / Owner

Perris Care LLC

Date:

SUPPORTING DOCUMENT

Prepared: July 21, 2026

B6

INSERVICE TRAINING FOR STAFF

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

IN-SERVICE STAFF TRAINING PLAN AND CONTINUING EDUCATION PROGRAM

PERRIS CARE

432 Orange Ave, Perris, CA 92571

Administrator: David Rodriguez

SECTION 1: RESIDENT EXPERIENCE AND INITIAL ORIENTATION PROTOCOL

Every individual residing at Perris Care deserves a daily environment characterized by dignity, safety, personal fulfillment, and high-quality support tailored to their unique strengths and choices. As the Administrator, I am personally responsible for ensuring that every direct support staff member entering this home is fully equipped to preserve these standards from their very first hour of service. Quality care is fundamentally rooted in well-trained, empathetic, and knowledgeable personnel who understand that their primary duty is supporting the personal rights, well-being, and independence of our residents.

Before any newly hired employee performs duties independently or interacts with residents without direct supervision, they must undergo a comprehensive initial orientation. Under Title 22 CCR 85065(e), all new personnel must complete orientation covering facility policies, resident personal rights, emergency and disaster responses, universal precautions, mandatory abuse reporting, and the individual care and behavioral profiles of our residents.

Furthermore, to satisfy the regional center vendorization standards codified in Title 17 CCR 56038(a)(1), each direct support professional (DSP) shall complete an on-site orientation within their first 40 hours of providing consumer services. This 40-hour initial orientation includes in-depth instruction on the following core areas:

• The facility program design and operational philosophy.

• Review of each individual resident's Individual Program Plan (IPP) and Needs and Services Plan.

• Regional center consumers' personal rights and advocacy protections pursuant to Title 22 CCR

85072 and Title 17 CCR 50510 et seq.

• Safe assistance with prescribed self-administered medications, including storage, documentation, and error prevention.

• Health, emergency, and fire safety procedures, including facility evacuation protocols.

• Identification, documentation, and reporting of Special Incidents as mandated by Title 17 CCR 54327.

• Identification and mandatory reporting of suspected elder, dependent adult, or child abuse and neglect pursuant to Welfare and Institutions Code 15630.

SECTION 2: ADMINISTRATOR CERTIFICATION AND PROFESSIONAL DEVELOPMENT

As the designated Administrator of Perris Care, I maintain full responsibility for my own continuous professional development and regulatory certification. I hold a valid ARF Administrator Certificate (#1234567890) issued by the California Department of Social Services (CDSS) Community Care Licensing Division.

In compliance with Title 22 CCR 85064.2, initial administrative qualification requires completion of a state-approved 35-hour ARF Administrator Certification Program and passing the standardized CDSS examination. To maintain valid certification, Title 22 CCR 85064.3 mandates that I complete a minimum of 40 classroom hours of approved continuing education every two years prior to certificate renewal.

To ensure harmony with regional center expectations, Title 17 CCR 56037 establishes continuing education guidelines for facility administrators based on service level. For a Level 4 or Level 6 regional center facility, Title 17 CCR 56037(f) requires a minimum of 12 hours of specialized training per year focused on:

• Consumer services alignment with the approved program design.

• Enhancement of consumer personal rights, health, safety, and community integration.

• Interdisciplinary team (IDT) collaboration, IPP development, and progress tracking.

Pursuant to Title 17 CCR 56037(b), the 40 hours of continuing education I complete for my Title 22 ARF recertification count on an hour-for-hour basis toward satisfying my Title 17 regional center administrator continuing education requirements. I review and update my educational credentials annually and maintain all verification certificates within the facility administrative file.

SECTION 3: DIRECT SUPPORT PROFESSIONAL (DSP) COMPETENCY-BASED TRAINING AND EVALUATION

Direct support staff are the foundation of daily service delivery at Perris Care. In addition to our internal orientation and training programs, all direct support staff must demonstrate objective competence through the state-mandated training and testing framework.

Under Title 17 CCR 56033, direct support staff employed in vendorized residential facilities must successfully pass the California Department of Developmental Services (DDS) competency-based training and testing program. The core operational rules for this requirement include:

• New direct support personnel must take and pass the DDS-approved competency-based test within 120 days of initial hire, or complete the 35-hour Year 1 / Year 2 competency training segments as prescribed by state guidelines.

• The examination assesses core knowledge in resident rights, basic health and safety, positive behavioral supports, IPP implementation, emergency response, Special Incident Reporting, and abuse identification.

• In accordance with Title 17 CCR 56033(d)(2), if a staff member does not pass a competency test, I will receive written notification detailing specific knowledge areas requiring remediation. I will immediately establish a written corrective training plan specifying target deadlines not to exceed one year.

• Pursuant to Title 17 CCR 56033(f)(2), any direct care employee who fails to achieve a passing score within the established regulatory timeframe shall be restricted from providing direct care and supervision unless they are working in the direct physical presence of a fully certified staff

member, or they shall be reallocated to non-direct care roles until certified. Failure to remediate within allowed timelines results in prohibition from providing consumer services at the facility.

• As provided in Title 17 CCR 56033 and Title 17 CCR 56038(f), successful completion of a 35-hour DDS competency training segment satisfies the direct care staff continuing education requirements for the year in which it is completed.

SECTION 4: CONTINUING EDUCATION AND FACILITY STAFF TRAINING PLAN

To ensure that our team's knowledge remains current and aligned with evolving best practices, I have established a comprehensive written facility staff training plan in accordance with Title 17 CCR 56036. This plan details the structure, frequency, instruction methodology, and documentation of all ongoing education delivered at Perris Care.

Under Title 17 CCR 56038, direct care staff must fulfill mandatory annual continuing education requirements based on the facility's service classification:

• Service Level 2 facilities require a minimum of 8 hours of continuing education per employee per year (Title 17 CCR 56038(b)).

• Service Level 3 facilities require a minimum of 12 hours of continuing education per employee per year (Title 17 CCR 56038(c)).

• Service Level 4 and Level 6 facilities require a minimum of 12 hours of continuing education per employee per year, in addition to requiring that staff possess 6 months of prior direct care experience or complete 12 additional hours of instruction within their first 6 months of employment (Title 17 CCR 56038(d)).

Our ongoing educational framework encompasses all elements of program implementation, consumer support, emergency readiness, health maintenance, and rights protection. I conduct structured monthly in-service sessions, utilize qualified external consultants, and schedule specialized workshops to ensure every employee exceeds the minimum statutory hourly thresholds.

SECTION 5: CORE ONGOING IN-SERVICE TRAINING CURRICULUM

Our mandatory in-service training curriculum is designed to systematically refresh and deepen staff knowledge across essential care domains. Pursuant to Title 22 CCR 85065(e), the core subject areas covered repeatedly throughout the operational year include:

• Emergency and Disaster Preparedness: Hands-on review of the facility Emergency Disaster Plan (LIC 610C), primary and secondary evacuation routes, relocation protocols, utility shut-offs, and conduct of quarterly shift drills under Title 22 CCR 80023.

• Personal Rights and Choice: Deep-dive training on Title 22 CCR 85072 and Title 17 CCR 50510, ensuring staff actively promote resident autonomy, privacy, freedom of communication, right to visitors, personal space, and freedom from coercion or restraint.

• Medication Assistance Protocols: Detailed instruction on Title 22 CCR 85075 regarding centrally stored medications, assisting self-administration versus administration, medication log (MAR) entries, PRN authorization rules, pharmacy delivery checks, and immediate reporting of medication errors.

• Abuse Prevention and Mandated Reporting: Comprehensive instruction on Welfare and Institutions Code 15630, defining physical, financial, verbal, and emotional abuse, abandonment, neglect, and isolation. Staff learn to recognize subtle signs of trauma and execute immediate telephonic and written reports to Community Care Licensing, Adult Protective Services, and local law enforcement.

• Special Incident Reporting (SIR): In-depth training on Title 17 CCR 54327, teaching staff to identify reportable incidents (e.g., unexpected hospitalizations, injuries requiring medical treatment beyond first aid, missing persons, victim of crime, alleged abuse/neglect) and adhere to the strict 24-hour telephonic and 48-hour written reporting windows to the regional center and licensing agency.

• Infection Control and Universal Precautions: Instruction adhering to Title 22 CCR 85095.5, detailing hand hygiene standards, personal protective equipment (PPE) donning and doffing, bloodborne pathogen safety, surface disinfection with EPA-approved products, and food handling sanitation.

• First Aid and CPR Maintenance: Verification that all direct care personnel hold active First Aid

and CPR certifications from an approved entity (such as the American Red Cross or American Heart Association), with mandatory renewal every two years.

• IPP Goal Implementation and Progress Tracking: Instruction on Title 17 CCR 56022 and 56026, training staff to implement daily training strategies that support individual IPP objectives, record accurate consumer notes, and log objective data for quarterly and semi-annual reviews.

SECTION 6: SPECIALIZED BEHAVIORAL AND DEVELOPMENTAL DISABILITY INSTRUCTION

Perris Care serves individuals with complex needs, including severe intellectual and developmental disabilities, Autism Spectrum Disorder, Traumatic Brain Injury, Cerebral Palsy, and dual diagnoses. Consequently, general caregiving training is insufficient; staff must receive specialized instruction focused on our specific resident population.

Our specialized behavioral and clinical curriculum includes:

• Developmental Disability Overview: Grounding staff in the definitions under Welfare and Institutions Code 4512, understanding cognitive and neurological conditions, and utilizing person-centered language that emphasizes individual ability, choice, and dignity.

• Positive Behavior Support Strategies: Focus on non-aversive, strength-based behavioral interventions. Staff are trained to identify environmental triggers, early warning signs of distress, and functional communication deficits, utilizing proactive environmental modifications to reduce frustration and eliminate the need for crisis responses.

• Non-Violent Crisis Intervention and De-escalation: Specialized instruction in certified non-violent crisis communication and evasive safety techniques (e.g., Crisis Prevention Institute [CPI] or equivalent). Staff learn verbal de-escalation, maintaining safe interpersonal distance, and strategic redirection. Physical, mechanical, and chemical restraints are strictly prohibited under all circumstances at Perris Care.

• Cultural Competency and Trauma-Informed Care: Training designed to build awareness of diverse cultural backgrounds, communication styles, personal identities, and trauma histories, ensuring care is delivered with deep respect, empathy, and emotional safety.

• Safe Food Preparation and Dysphagia Management: Guidance on Title 22 CCR 85076 and Title 17 CCR food service standards, including proper texture modifications (chopped, minced, pureed), thickened liquid preparation, aspiration precautions, adaptive dining equipment, and ServSafe food handling principles.

SECTION 7: STAFFING RATIOS, SUPERVISION, AND TRAINING VERIFICATION

To maintain a safe, therapeutic environment that fully supports our intensive program design, Perris Care operates under a dual-regulatory staffing framework. Staffing schedules are crafted to ensure that personnel are never overwhelmed and always possess the capacity to execute their training effectively.

When evaluating our facility's staffing structure, two distinct regulatory layers apply:

• Title 22 CCR 85065.5 Floor: The baseline California regulatory standard for Adult Residential Facilities requires a minimum waking direct care staff-to-resident ratio of one direct care staff member for every six residents (1:6).

• Regional Center Service Level 6 Commitment: Because Perris Care is vendored through the Inland Regional Center (IRC) at Service Level 6 to serve residents with complex behavioral and developmental needs, I enforce a stricter waking staffing ratio of one direct care staff member for every three residents (1:3), as authorized under Title 17 CCR 56004 for higher-level regional center service approvals.

Night supervision strictly adheres to Title 22 CCR 85065.6 and Title 17 CCR standards. For our 4-resident facility, at least one qualified direct care staff member trained in emergency procedures and First Aid is on call and present on the premises. If resident needs dictate elevated nighttime support in their IPP, awake night coverage is scheduled accordingly.

I verify that staff duty rosters match our approved program design and that no employee is assigned independent shift duties until all prerequisite orientation and health clearances (TB screening, health questionnaire, Live Scan criminal background clearance per Title 22 CCR 80019) are fully documented in their personnel file.

SECTION 8: TRAINING DOCUMENTATION AND RECORDKEEPING SYSTEM

Systematic documentation is critical to demonstrate continuous compliance and evaluate training effectiveness. In accordance with Title 22 CCR 85066 and Title 17 CCR 56059(c)(6), I maintain comprehensive training records within the facility administrative files and individual employee personnel records.

Our recordkeeping protocol mandates that the facility file contains:

• A copy of our written facility staff training plan, reviewed and updated annually every January (Title 17 CCR 56036).

• Master sign-in sheets for all internal in-service sessions, detailing the date, exact time, hours earned, specific regulatory topic covered, instructor name and credentials, and original signatures of all attendees.

• Individual employee training logs tracking total accumulated hours toward annual continuing education goals (8 or 12 hours depending on service classification).

• Official certificates of completion for all external coursework, including Administrator Certification, DDS DSP Competency Testing results, CPR/First Aid cards, and specialized clinical workshops.

• Documentation of initial 40-hour orientation completion prior to independent assignment.

All personnel and training records are retained on-site at 432 Orange Ave for a minimum of three years following termination of employment, and are immediately available for audit and inspection by representatives of the California Department of Social Services and the Inland Regional Center during normal business hours (Title 22 CCR 80066(c), Title 17 CCR 50604).

SECTION 9: ANNUAL 12-MONTH IN-SERVICE TRAINING CALENDAR

To ensure structured, complete coverage of all mandatory regulatory and clinical subjects, Perris Care operates on the following 12-month training calendar. Each session is conducted monthly for all direct support personnel:

JANUARY

• Topic: Personal Rights Protection and Advocacy (85072, Title 17 50510) & IPP Review Process (56022)

• Focus: Respecting resident choice, privacy, communication rights, dignity, and integrating IPP objectives into daily care routines.

FEBRUARY

• Topic: Safe Medication Assistance Procedures and Error Prevention (85075)

• Focus: Central storage rules, 6 rights of medication assistance, MAR documentation, PRN protocol compliance, and error reporting.

MARCH

• Topic: Fire Safety, Evacuation Protocols, and Disaster Preparedness (80023, 85087)

• Focus: Emergency Disaster Plan review, primary/secondary exit routes, emergency utility shut-offs, and physical evacuation drill execution.

APRIL

• Topic: Abuse and Neglect Identification and Mandated Reporting Protocols (WIC 15630)

• Focus: Recognizing physical, emotional, sexual, and financial abuse or neglect. Mandatory reporting obligations, timelines, and agency contacts.

MAY

• Topic: Special Incident Identification and Reporting Procedures (Title 17 54327)

• Focus: Classifying reportable incidents, immediate telephonic notification steps, and completing accurate 48-hour written SIR forms.

JUNE

• Topic: CPR, First Aid Refresher, and Emergency Medical Response (80075)

• Focus: Hands-on skills review, first aid kit maintenance, identifying acute medical distress, and 911 activation protocols.

JULY

• Topic: Infection Control, Universal Precautions, and Environmental Hygiene (85095.5)

• Focus: Proper handwashing, PPE usage, surface sanitation, bloodborne pathogen safety, and contaminated waste disposal.

AUGUST

• Topic: Positive Behavior Support and De-escalation Techniques

• Focus: Functional behavior assessment concepts, identifying triggers, antecedent controls, non-aversive redirection, and CPI de-escalation skills.

SEPTEMBER

• Topic: Disaster Readiness and Mass Casualty Plan Execution (80023)

• Focus: Disaster kit inspection, alternative shelter coordination, emergency food/water inventory, and physical earthquake response drill.

OCTOBER

• Topic: Cultural Competency, Person-Centered Care, and Trauma-Informed Support

• Focus: Honoring individual heritage, self-identity, non-judgmental caregiving, and trauma-informed interaction strategies.

NOVEMBER

• Topic: Resident Financial Rights, Cash Resource Safeguarding, and Personal Property (80026, 85072)

• Focus: Ledger documentation, receipt retention, personal allowance distribution, and protecting individual personal items.

DECEMBER

• Topic: Annual Facility Training Evaluation and Staff Competency Review (56036)

• Focus: Reviewing yearly training outcomes, identifying individual educational needs, evaluating program effectiveness, and setting next year's calendar.

SECTION 10: NEW EMPLOYEE ORIENTATION AND MANDATORY TRAINING CHECKLIST

The following checklist must be completed for every new employee at Perris Care BEFORE they are permitted to work independently with residents. Completed forms are permanently filed in the employee's personnel record.

Employee Name: _____

Hire Date: _____

Position Title: Direct Support Professional (DSP)

Administrator: David Rodriguez

ORIENTATION ITEM | COMPLETION DATE | INSTRUCTOR INITIALS | EMPLOYEE INITIALS

1. Facility Tour & Emergency Exits Inspection

Review of layout, fire extinguishers, First Aid kits,

and primary/secondary evacuation routes (Title 22 80023).

Date Completed: _____ Instructor: _____ Employee: _____

2. Personal Rights of Residents (85072, Title 17 50510)

In-depth instruction on resident dignity, privacy, freedom

from restraint, and right to voice grievances.

Date Completed: _____ Instructor: _____ Employee: _____

3. Program Design and Target Population Overview

Review of Perris Care's operational goals, IRC Level 6

service structure, and resident characteristics.

Date Completed: _____ Instructor: _____ Employee: _____

4. Individual Program Plans (IPP) & Needs and Services Plans

Review of individual care plans, dietary needs, medical

considerations, and daily routines for all current residents.

Date Completed: _____ Instructor: _____ Employee: _____

5. Abuse Identification and Mandated Reporting (WIC 15630)

Training on recognizing abuse/neglect and executing immediate telephonic and written reporting obligations.

Date Completed: _____ Instructor: _____ Employee: _____

6. Special Incident Reporting (SIR) Protocols (Title 17 54327)

Instructions on identifying reportable incidents and executing 24-hour phone and 48-hour written notifications.

Date Completed: _____ Instructor: _____ Employee: _____

7. Medication Assistance Policies and Documentation (85075)

Training on central storage, assisting self-administration, logging MAR entries, and error reporting.

Date Completed: _____ Instructor: _____ Employee: _____

8. Infection Control & Universal Precautions (85095.5)

Instruction on hand hygiene, PPE use, sanitizing surfaces, and bloodborne pathogen safety.

Date Completed: _____ Instructor: _____ Employee: _____

9. Positive Behavior Support & De-escalation

Review of behavior support plans, identifying distress triggers,

and non-violent de-escalation techniques.

Date Completed: _____ Instructor: _____ Employee: _____

10. Food Handling, Nutrition, and Dining Assistance (85076)

Training on modified diets, aspiration precautions, safe

food storage, and adaptive eating equipment.

Date Completed: _____ Instructor: _____ Employee: _____

11. First Aid and CPR Certification Verification

Valid First Aid and CPR cards presented, verified, and

copied for the personnel file.

Date Completed: _____ Instructor: _____ Employee: _____

12. Live Scan & Health Clearance Verification (80019, 80065)

Criminal background clearance and TB/health screening

verified prior to resident contact.

Date Completed: _____ Instructor: _____ Employee: _____

ADMINISTRATOR AND EMPLOYEE ACKNOWLEDGMENT STATEMENT

I, the undersigned employee, acknowledge that I have received, reviewed, and fully understand each training topic listed in this initial orientation checklist. I agree to abide by all facility policies, state regulations, and ethical guidelines in delivering care to the residents of Perris Care.

Employee Signature: _____ Date: _____

I, David Rodriguez, Administrator of Perris Care, certify that the employee named above has successfully completed all required initial orientation topics listed above under my direct supervision or the supervision of a qualified instructor prior to providing independent care to residents.

Administrator Signature: _____ Date: _____

David Rodriguez, Certified ARF Administrator (#1234567890)

SUPPORTING DOCUMENT

Prepared: July 21, 2026

B7

FACILITY PROGRAM DESCRIPTION

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

FACILITY PROGRAM DESCRIPTION AND PLAN OF OPERATION

1. FACILITY OVERVIEW AND PHILOSOPHY OF CARE

Perris Care, located at 432 Orange Ave, Perris, CA, 92571, is a four-bed Adult Residential Facility (ARF) operated by Perris Care LLC. The facility phone number is (951) 555-8742. Perris Care LLC is owned 100% by Maria Gonzalez, who serves as the entity's Chief Executive Officer, President, Secretary, and Treasurer. Day-to-day administrative authority and operational oversight are delegated to me, David Rodriguez, as the designated Facility Administrator. I hold a valid ARF Administrator Certificate (#1234567890), an Associate of Arts degree in General Studies from Mt. San Jacinto College, and have direct caregiver experience in community residential care.

Perris Care is established to deliver continuous, 24-hour non-medical care and supervision to adults aged 18 through 59 who have severe intellectual and developmental disabilities. The foundational core of our care model rests on the principles of person-centered planning, individual dignity, and active community participation. In accordance with Welfare and Institutions Code (WIC) 4501, we recognize that individuals with developmental disabilities possess fundamental rights to care, treatment, and habilitation that foster maximum independence. Furthermore, per WIC 4503, Perris Care ensures that all support services are delivered in the least restrictive environment, empowering residents to exercise personal choices, build functional life skills, and integrate into the local community. Operating 24 hours per day, 365 days per year, I will ensure the facility maintains structured routines, consistent monitoring, and formal quarterly reviews to continually align facility operations with the individual preferences and goals of each resident.

2. ORGANIZATIONAL CHART AND STAFFING STRUCTURE

Pursuant to Title 22 CCR 85022(b), the administrative hierarchy and line of supervision for Perris Care is structured as follows:

• Licensee / Sole Owner & CEO: Maria Gonzalez (Perris Care LLC)

• Facility Administrator: David Rodriguez

• Direct Support Professionals (DSPs) - Day Shift

• Direct Support Professionals (DSPs) - Evening Shift

• Direct Support Professionals (DSPs) - Night Shift (Awake)

• On-Call / Relief DSPs

As the Administrator, I am responsible for overall operational oversight, personnel management, budgetary administration, program implementation, and regulatory compliance. Per Title 22 CCR 85064, I am over 21 years of age, hold the required educational background, and maintain good health and background clearances. I am on the facility premises during regular business hours (Monday through Friday, 8:00 AM to 4:30 PM) and remain on call 24 hours a day, 7 days a week for emergencies. During any planned absence, a qualified, designated substitute meeting Title 22 CCR 80065 standards assumes administrative responsibility.

Under Title 22 CCR 85064.2, I maintain my active Administrator Certification by completing 40 hours of approved continuing education every two years. To satisfy regional center service level requirements under Title 17 CCR 56037, I complete a minimum of 12 hours of continuing education annually focused on developmental disability care, positive behavior supports, and emergency interventions. I schedule, conduct, and document all staff recruitment, performance evaluations, and monthly shift rosters to ensure complete shift coverage across every 24-hour cycle.

3. TARGET POPULATION AND ADMISSION CRITERIA

In compliance with Title 22 CCR 85040 and 85068.4, as well as Title 17 CCR 56013(b)(2), Perris Care is designed, equipped, and staffed to serve up to four (4) adult residents aged 18 to 59. The target population includes ambulatory individuals diagnosed with severe intellectual disabilities, Autism Spectrum Disorder, Traumatic Brain Injury (TBI), Cerebral Palsy, or complex multi-disability profiles. Residents served may display intensive behavioral challenges, including severely disruptive actions, property destruction, or self-injurious behaviors requiring formal Behavior Support Plans (BSPs) and continuous staff supervision.

Perris Care does not accept or retain individuals who require 24-hour skilled nursing care, those with active communicable tuberculosis, individuals requiring nasogastric or gastrostomy tube feedings unless fully healed and managed within incidental medical protocols, persons with Stage 3 or 4 dermal ulcers, or individuals whose primary diagnosis is an acute psychiatric condition requiring inpatient hospitalization.

Admissions are scheduled in coordination with the Inland Regional Center (IRC). Within 30 days prior to admission, I review the prospective resident's medical assessment, regional center Individual Program Plan (IPP), psychological evaluation, and functional capabilities assessment. I conduct an in-person intake interview with the prospective resident, their conservator or authorized representative, and the IRC Service Coordinator to verify that our facility resources, physical plant, and staffing capabilities can fully meet the individual's identified support needs.

4. SERVICES AND METHODS OF DELIVERY

Pursuant to Title 22 CCR 85022(a) and Title 17 CCR 56013(c), Perris Care provides a comprehensive array of residential and habilitative services delivered through structured daily protocols. Basic services include safe and sanitary room and board, 24-hour personal care and supervision, nutritious meal preparation, assistance with self-administration of prescribed medications, social and recreational activities, behavioral support implementation, transportation coordination, and health monitoring.

Service delivery relies on positive behavior support techniques, systematic prompting hierarchies (visual, verbal, gestural, and physical guidance), task analysis, and functional skill training integrated directly into daily routines. Staff members assist residents in achieving their specific IPP objectives by breaking complex tasks into manageable steps during regular daily activities such as meal preparation, personal hygiene, and household chores.

Pursuant to Title 17 CCR 56026, I evaluate each resident's progress toward their IPP goals continuously. Every 90 days, I compile data collected by DSPs into formal quarterly consumer progress reports. These reports are submitted to the IRC Service Coordinator and the resident's authorized representative to document skill acquisition, behavioral trends, and any

recommended modifications to the Needs and Services Plan.

5. STAFFING PLAN AND RATIOS

Perris Care maintains continuous 24-hour coverage using a structured three-shift operational schedule. Staffing adheres to a dual-regulatory framework that fulfills both state licensing baselines and regional center service level mandates:

• Legal Baseline Floor: Under Title 22 CCR 85065.5, the mandatory minimum direct care staffing ratio for adult residential facilities during waking hours is one (1) direct care staff member for every six (6) residents (1:6).

• Regional Center Service Level 6 Mandate: To satisfy Inland Regional Center vendorization standards for Service Level 6 under Title 17 CCR 56004, Perris Care commits to providing a enhanced waking ratio of one (1) direct care staff member for every three (3) residents (1:3). For our four-bed capacity, this requires two (2) direct care staff members on duty throughout all waking hours whenever residents are present in the home.

• Sleeping Hours Supervision: Pursuant to Title 22 CCR 85065.6, Perris Care maintains at least one (1) direct care staff member awake, on duty, and on the premises throughout all night-time sleeping hours (11:00 PM to 7:00 AM).

The standard shift schedule is configured as follows:

• Morning/Day Shift (7:00 AM - 3:30 PM): 2 Direct Support Professionals

• Evening Shift (3:00 PM - 11:30 PM): 2 Direct Support Professionals

• Night Shift (11:00 PM - 7:30 AM): 1 Awake Direct Support Professional + 1 On-Call Staff

• Executive / Administrative (8:00 AM - 4:30 PM, M-F): David Rodriguez, Administrator

Overlapping 30-minute shift windows are scheduled between incoming and outgoing staff to facilitate thorough verbal debriefs and written shift-handoff logs. As Administrator, I schedule

relief and on-call DSPs to cover planned vacations, sick leave, and emergency absences, ensuring that direct care staffing ratios never drop below our committed 1:3 waking standard.

6. DAILY SCHEDULE AND ACTIVITIES

Pursuant to Title 22 CCR 85022(f) and 85079, Perris Care enforces a structured daily routine that balances functional skill instruction, leisure, personal care, and community integration. The typical daily schedule is maintained as follows:

• 7:00 AM - 8:00 AM: Morning wake-up, personal hygiene, grooming, and dressing assistance (DSPs).

• 8:00 AM - 9:00 AM: Breakfast service, dining assistance, and morning medication administration.

• 9:00 AM - 2:30 PM: Attendance at regional center day programs, competitive integrated employment, or structured home/community-based habilitation activities.

• 12:00 PM - 1:00 PM: Lunch service (at day program or facility for residents staying home).

• 2:30 PM - 3:30 PM: Arrival home from day sites, afternoon snack, shift handoff log update, and relaxation.

• 3:30 PM - 5:00 PM: Individualized IPP goal work, functional communication training, household skill building, and therapeutic recreation.

• 5:00 PM - 6:00 PM: Dinner prep involvement, meal service, and family-style dining.

• 6:00 PM - 7:00 PM: Evening cleanup, kitchen sanitation, and leisure choices.

• 7:00 PM - 8:30 PM: Community outings (e.g., local parks, shopping, library, social clubs) or structured group recreational games.

• 8:30 PM - 9:30 PM: Evening snack, bath/shower routines, personal hygiene, and medication administration.

• 9:30 PM - 10:00 PM: Wind-down, relaxation in personal bedrooms, and preparations for sleep.

• 10:00 PM - 7:00 AM: Night-time sleeping hours with continuous awake night staff monitoring.

DSPs record resident participation, behavioral observations, and progress on IPP activity logs at the conclusion of each shift. Community integration trips are scheduled at least three times per week, with transportation provided via facility-owned vehicles.

7. FOOD SERVICE PLAN

In compliance with Title 22 CCR 85022(d) and 85076, Perris Care delivers three well-balanced, appetizing meals and two snacks daily. Meal schedules are fixed as follows: Breakfast at 8:00 AM, Lunch at 12:00 PM, Dinner at 5:00 PM, and Evening Snack at 8:30 PM. In accordance with regulations, no more than 15 hours elapse between the third meal (dinner) of one day and the first meal (breakfast) of the following day.

Menus are planned at least one week in advance using the USDA Basic Food Group Guide, ensuring proper caloric and nutritional intake. Menus are dated, posted in the dining room where residents and visitors can review them, and kept on file in the facility for at least 30 days. I review all menus prior to implementation. Modified diets prescribed by a resident's physician as a medical necessity are strictly enforced, with specific meal plans developed in consultation with a registered dietitian or physician.

Food storage practices ensure health and safety: staple non-perishable foods for a minimum of one week and fresh perishable foods for a minimum of two days are maintained on site at all times. Refrigerators are maintained at or below 45°F (7.2°C), and freezers are maintained at or below 0°F (-17.7°C). Commercial food items are sourced from licensed distributors.
Home-canned items are strictly prohibited.

8. CARE AND SUPERVISION PLAN

Pursuant to Title 22 CCR 85022(g) and 85078, Perris Care maintains a detailed, continuous 24-hour plan for providing care and supervision to every resident. This operational framework guarantees that care is individualized, continuously monitored, and systematically documented rather than delivered as generic group care.

I ensure that direct care staff conduct visual monitoring rounds every 30 minutes during waking hours and hourly during night-time sleeping hours. Shift handoffs require a mandatory 30-minute overlap where departing DSPs brief incoming DSPs on physical health observations, emotional status, behavioral incidents, and meal intake for each resident. All handoffs are formalized in the facility shift log.

When a resident exhibits a change in physical, mental, or functional condition (such as sudden lethargy, unexplained weight loss, skin redness, or elevated agitation), DSPs are instructed to immediately initiate specialized observation protocols. Staff document objective symptoms every two hours, and notify me within one hour of discovery. As Administrator, I contact the resident's attending physician, authorized representative, and IRC Service Coordinator to report the change and schedule a medical re-evaluation if necessary. All interventions are updated directly in the resident's Needs and Services Plan.

9. PERSONAL CARE SERVICES

In accordance with Title 22 CCR 85022(e) and 85077, direct care staff provide individual assistance and instruction with Activities of Daily Living (ADLs) based on each resident's functional assessment. Personal care support includes assistance with showering/bathing, oral hygiene, hair and skin care, dressing, grooming, and toileting routines. Staff members encourage maximum self-care and independent execution of hygiene tasks, using verbal prompts and physical modeling before providing hands-on assistance.

Basic laundry services are provided by facility staff at least twice weekly, or immediately as needed. Resident clothing is laundered individually, marked with discrete heat-transferred name labels, and returned to private bedroom drawers and closets.

Under Title 22 CCR 85075, health coordination services are managed directly by me. I maintain

a master medical schedule, log all clinical appointments, arrange transportation at least 7 days in advance, and ensure that a trained DSP accompanies residents to all medical, dental, and psychiatric consultations to advocate for the resident and record health practitioner instructions.

10. CONSUMER RIGHTS AND PERSONAL RIGHTS

Perris Care upholds all personal rights guaranteed under Title 22 CCR 85072, as well as consumer rights mandated under WIC 4502 and 4503. Every resident receives respectful, dignified care in a safe, comfortable setting free from corporal punishment, humiliation, verbal abuse, intimidation, financial exploitation, or physical restraint.

Upon admission, I personally review the Personal Rights notification form (LIC 613C) and the regional center Consumer Rights document with the resident, their conservator, and their authorized representative in a language or communication mode they understand. Copies signed and dated by all parties are placed in the resident's record, and a master copy is permanently posted in the main living room.

Residents maintain the right to make private phone calls, receive visitors during waking hours, keep personal belongings, manage personal cash resources (or participate in spending decisions), wear their own clothing, attend religious services of their choice, and contact the California Department of Social Services (CCLD), Disability Rights California, or the regional center Clients' Rights Advocate at any time. I investigate all resident complaints or grievances immediately, conduct a formal review, and provide a written response outlining corrective steps within five (5) business days.

11. SPECIAL INCIDENT REPORTING

In accordance with Title 17 CCR 54327, Title 22 CCR 85038(a)(1)(F), and 56059(b)(9), Perris Care adheres to strict procedures for identifying, documenting, and reporting Special Incidents (SIRs).

A Special Incident includes, but is not limited to:

• Reasonably suspected physical, sexual, verbal, or financial abuse, or neglect.

• Serious injury requiring medical treatment beyond basic first aid.

• Any unplanned hospital admission or emergency room visit.

• Missing resident/unauthorized absence.

• Death of a resident, regardless of cause.

• Outbreak of a communicable disease.

• Incidents involving law enforcement personnel.

• Fires, catastrophes, or severe property damage.

When an incident occurs, staff immediately ensure the resident's physical safety and secure necessary emergency medical care. The DSP on duty must notify me immediately. I am responsible for providing telephone or electronic notification to the Inland Regional Center and CCLD within 24 hours of the occurrence (or the next business day). A formal written Special Incident Report (Form DS 1896 or LIC 624) is completed, signed by me, and submitted to IRC, CCLD, and the resident's conservator/authorized representative within 48 hours. DSPs complete mandatory SIR training during their initial 40-hour orientation and participate in annual refresher courses.

12. EMERGENCY AND DISASTER PREPAREDNESS

Pursuant to Title 22 CCR 85022(h) and 85087, Perris Care maintains an Emergency Disaster Plan (LIC 610D) designed to address earthquakes, fires, floods, power outages, and extended utility disruptions. Floor plans showing primary and secondary evacuation routes, utility shut-off valves, and fire extinguisher locations are posted in the kitchen, hallways, and common areas.

I schedule and conduct simulated fire drills once every three months on each shift (four times per

year per shift) to ensure all DSPs and residents are familiar with rapid exit protocols. Earthquake and mass casualty disaster drills are conducted semi-annually. All drills are documented on facility log forms and retained in our files for three years.

The facility maintains an emergency supply cache stored in a dedicated, secured cabinet. This cache contains non-perishable food and bottled water sufficient to sustain four residents and on-duty staff for at least 72 hours, alongside first aid kits, emergency lighting, battery-powered radios, blankets, and back-up medical supplies. Two off-site emergency relocation centers have been formally designated in our plan in the event of an extended evacuation.

13. INFECTION CONTROL AND PREVENTION

In compliance with Title 22 CCR 85022(j) and 85095.5, Perris Care enforces a rigorous Infection Control Plan (LIC 9282) to prevent the spread of infectious agents and communicable diseases. As Administrator, I serve as the designated Infection Control Lead for the facility.

Universal precautions are enforced across all shifts. Staff members must perform hand hygiene with soap and running water or alcohol-based hand sanitizer before and after direct resident contact, prior to food preparation, after assisting with personal care/toileting, and immediately after removing disposable gloves. Disposable nitrile gloves are worn during any contact with blood, body fluids, non-intact skin, or contaminated surfaces, and are discarded after a single use per resident.

Environmental cleaning schedules require daily sanitization of all high-touch surfaces (door knobs, light switches, handrails, cabinet handles) using EPA-registered disinfectants. Bathrooms are cleaned and disinfected twice daily. Bed linens are washed weekly at temperatures meeting sanitization thresholds or immediately when soiled. Direct care staff complete 4 hours of infection control training upon hire (within 10 days of employment) and annually thereafter. If a resident contracts a communicable illness, isolation protocols are initiated immediately in a private room, and I notify the local public health officer, CCLD, and IRC within 24 hours.

14. MEDICATION MANAGEMENT

Medication support at Perris Care complies strictly with Title 22 CCR 85075. Unlicensed Direct Support Professionals are restricted to assisting residents with self-administration of prescribed oral, topical, and inhalant medications. Staff members are explicitly prohibited from administering injections or performing invasive medical procedures; any injectable medications (such as insulin) must be self-administered by a competent resident or administered by a licensed home health nurse.

Staff assistance is limited to:

• Unlocking the central medication storage cabinet.

• Removing the correct container from the pharmacy packaging.

• Reading the prescription label to the resident.

• Opening the container or blister pack.

• Handing the medication cup or glass of water to the resident.

• Observing the resident swallow the medication.

• Immediately documenting the dose on the Medication Administration Record (MAR).

All medications are centrally stored in a locked cabinet located in a secure administrative area. Refrigerated medications are kept in a locked lock-box inside the refrigerator. Each resident's medication is maintained in its original, labeled pharmacy container. I perform weekly audits of all MARs, controlled substance logs, and pharmacy deliveries. Any medication error, missed dose, or adverse reaction is reported immediately to the prescribing physician, the resident's conservator, CCLD, and IRC via a Special Incident Report.

15. QUALITY ASSURANCE AND REGIONAL CENTER MONITORING COMPLIANCE

Pursuant to Title 17 CCR 56046 through 56052, Perris Care participates fully in all regional

center monitoring, quality assurance evaluations, and service reviews.

I maintain operational compliance through the following scheduled protocols:

• Quarterly Service Coordinator Visits (Title 17 CCR 56047): The IRC Service Coordinator meets with each resident quarterly to evaluate progress toward IPP goals. I, or a designated facility representative, am present for at least two of these quarterly on-site visits per year.

• Annual Facility Liaison Reviews (Title 17 CCR 56048): The IRC Facility Liaison conducts at least one comprehensive annual monitoring visit. I provide full access to facility grounds, personnel files, staff schedules, and consumer records.

• Quality Assurance Evaluations (Title 17 CCR 56051): I cooperate fully with the IRC Quality Assurance Evaluation Team during periodic multi-disciplinary reviews, facilitating private resident interviews and record audits.

If a Quality Assurance review or monitoring visit identifies a finding of substantial inadequacy, I collaborate with the regional center to draft a Corrective Action Plan (CAP) pursuant to Title 17 CCR 56056 within 10 working days. I guarantee that all corrective measures outlined in an approved CAP are fully implemented within 30 calendar days to maintain total regulatory alignment and safeguard resident health and safety.

ADMINISTRATOR DECLARATION AND SIGNATURE

I, David Rodriguez, declare under penalty of perjury that I am the designated Facility Administrator for Perris Care, operated by Perris Care LLC. I have authored and reviewed this Facility Program Description / Plan of Operation, and I commit to operating Perris Care in strict compliance with Title 22 and Title 17 of the California Code of Regulations, as well as all applicable state and federal laws.

_____

David Rodriguez, Facility Administrator

Perris Care (Perris Care LLC)

Date: _____

SUPPORTING DOCUMENT

Prepared: July 21, 2026

B8

PERSONAL RIGHTS

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

PERRIS CARE - PERSONAL RIGHTS AND DISCIPLINE POLICY

OPERATIONAL COMPLIANCE NARRATIVE (85072 & LIC 281 SECTION B8)

FACILITY ADDRESS: 432 ORANGE AVE, PERRIS, CA 92571

LICENSED CAPACITY: 4 RESIDENTS | SERVICE LEVEL: IRC LEVEL 6

LICENSEE ENTITY: PERRIS CARE LLC | ADMINISTRATOR: DAVID RODRIGUEZ

STAFF ORIENTATION AND MANDATORY TRAINING ON RESIDENT RIGHTS

As the Administrator of Perris Care, I, David Rodriguez, require every newly hired direct care employee and volunteer to complete a thorough orientation on personal rights prior to providing unassisted care and supervision to any of our 4 residents. Working with individuals who present with severe intellectual and developmental disabilities, Autism Spectrum Disorder, Traumatic Brain Injury, and complex behavioral needs requires a foundational understanding that personal rights are statutory guarantees, not privileges to be granted, modified, or withheld as behavioral incentives.

During initial onboarding, I personally instruct all staff members that respecting resident rights is the core operational standard of Perris Care LLC. Employees are trained to recognize that every interaction must uphold the resident's dignity and human worth. Staff are instructed on the dual regulatory structure governing our home, which combines Community Care Licensing mandates with the rights established by the Lanterman Developmental Disabilities Services Act. New team members must demonstrate clear understanding that any violation of resident rights constitutes a serious breach of facility policy, grounds for employment termination, and a reportable Special Incident under Title 17 CCR 54327.

PREAMBLE: DUAL REGULATORY FRAMEWORK

Perris Care is licensed by the California Department of Social Services (CDSS), Community Care Licensing Division as an Adult Residential Facility under Health and Safety Code 1500 et seq. and Title 22 CCR Chapter 6. This facility also serves regional center consumers vendored

through the Inland Regional Center under Title 17 CCR, Subchapter 4.

All residents of this facility are guaranteed the rights described below under two independent regulatory frameworks - both are in full force at all times:

• California Code of Regulations, Title 22, Section 85072 - Personal Rights of ARF Residents

• Welfare and Institutions Code Section 4502 - Rights of Persons with Developmental Disabilities

These rights may NOT be waived, suspended, or used as a behavior management tool. Violation of any listed right must be documented and reported to the facility administrator and may constitute a Special Incident requiring reporting to the regional center under Title 17 54327.

DISCIPLINE POLICY AND BEHAVIOR MANAGEMENT FRAMEWORK (LIC 281 CHECKLIST SECTION B8)

In accordance with LIC 281 Section B8, Perris Care maintains a strict discipline policy grounded in positive behavior support principles and full respect for individual rights. Perris Care LLC operates an Adult Residential Facility serving adults aged 18 to 59 who require intensive behavioral supports. As Administrator, I am responsible for ensuring that all staff strictly adhere to non-punitive, positive interventions at all times.

PROHIBITED DISCIPLINARY ACTIONS AND TECHNIQUES

Under no circumstances shall any form of discipline, punishment, or punitive action be utilized at Perris Care. Staff are strictly prohibited from implementing or engaging in any of the following:

• Corporal or unusual punishment, physical striking, slapping, pinching, or inflicting physical pain in any manner.

• Prone containment, floor holds, or any restraint technique that obstructs a resident's airway, impairs breathing, or restricts blood circulation.

• Mechanical restraints, including soft ties, hand cuffs, straps, or restrictive chairs.

• Chemical restraints or unauthorized psychotropic medications used for behavioral control or staff convenience.

• Verbal abuse, ridicule, humiliation, threats, mental abuse, or coercive language.

• Seclusion, locked isolation, or trapping a resident in any room or enclosure from which they cannot voluntarily exit.

• Pain-inducing techniques, joint extensions, arm twisting, or headlocks.

• Interference with fundamental daily living functions, including withholding food, water, shelter, clothing, sleep, or access to toileting facilities.

• Denying or withholding prescribed medications, assistive devices, mobility aids, or communication tools.

• Depriving a resident of visits or contact with family members, conservators, or placement representatives as a disciplinary response.

PERMISSIBLE BEHAVIORAL INTERVENTIONS

Because Perris Care serves residents with IRC Level 6 behavioral challenges, staff utilize individual Positive Behavior Support Plans (BSPs) developed by a qualified behavior consultant. Permissible interventions are strictly non-punitive and limited to:

• Verbal redirection, active listening, and calm de-escalation communication.

• Environmental modifications and reduction of sensory triggers.

• Offering alternative functional activities or quiet, non-locked space for voluntary relaxation (time-out).

• Reinforcement of positive replacement behaviors as defined in the resident's Individual Program Plan (IPP).

STAFFING RATIOS FOR SAFE BEHAVIOR SUPPORT

To maintain resident safety and support positive behavior management, Perris Care operates with high direct-care staffing coverage. Title 22 CCR 85065.5 establishes the legal state baseline ratio of one direct care staff member for every six residents (1:6) during waking hours. However, to meet the higher care and supervision standards required for Inland Regional Center vendorization at Service Level 6 pursuant to Title 17 CCR 56004, Perris Care LLC commits to maintaining a direct care staffing ratio of at least one direct care staff person for every three residents (1:3) during all waking hours. This elevated coverage ensures staff have adequate capacity to implement individual BSPs without compromising rights or safety.

FAMILY AND REPRESENTATIVE COMMUNICATION

I ensure that families, conservators, and placement agency representatives are viewed as essential partners in care. Staff encourage regular communication and coordinate private visits. Any significant behavioral incident or change in care needs is communicated to the resident's authorized representative in a timely manner.

GROUNDS FOR DISMISSAL, RELOCATION, OR EVICTION

A resident may only be discharged or relocated in full compliance with Title 22 CCR 85068.5 and Title 17 CCR 56016. Grounds for involuntary relocation or eviction are strictly limited to:

• Nonpayment of the basic service rate within ten days of the due date.

• Persistent failure to comply with general, documented facility policies stated in the admission agreement.

• Determination through an IPP review that the resident's medical or behavioral needs exceed the care capabilities of the facility, and the home can no longer safely serve the individual.

• Change in the licensed use of the facility.

Except in cases of documented immediate danger where 3-day notice is approved in writing by CDSS, a 30-day written notice to quit will be served to the resident, authorized representative, and placement agency. Perris Care will fully assist the regional center interdisciplinary team to execute a smooth transition plan that minimizes transfer trauma.

PART I - PERSONAL RIGHTS UNDER TITLE 22 CCR 85072

Each resident of this facility has the following personal rights guaranteed under California Code of Regulations, Title 22, Section 85072:

1. To be accorded dignity in personal relationships with staff and other persons.

2. To be accorded safe, healthful and comfortable accommodations, furnishings and equipment.

3. To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature.

4. To be informed, and to have authorized representatives informed, by the licensee of the provisions of law regarding complaints and of procedures for confidentially registering complaints.

5. To be free to attend religious services or activities of choice, and to have visits from the spiritual advisor of choice.

6. Not to be locked in any room, building, or facility premises by day or night.

7. Not to be placed in any restraining device.

8. To have visitors, including advocates and legal representatives, during normal visiting hours and at other reasonable times.

9. To have reasonable access to telephone service.

10. To send and receive unopened mail and correspondence.

11. To have use of individual storage space for private use.

12. To be free from discrimination based on race, color, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, national origin, ancestry, familial status, source of income, disability, or genetic information.

13. To leave or depart the facility at any time.

14. Not to be relocated within the facility without prior notification.

15. To have reasonable, private access to the licensee, staff, authorized representative, and personal physician.

16. To wear own clothes and to keep and use personal possessions.

17. To participate in activities of social, religious, and community groups at the resident's discretion.

18. To be informed of facility rules and regulations.

19. To refuse medical treatment.

20. To receive or reject medical care, dental care, and other services.

21. To have access to individual records and to be informed of all medications and procedures.

22. To manage personal financial affairs or have records of financial transactions available.

23. To be free to exercise all rights of citizenship, including the right to vote, register to vote, and participate in elections.

PART II - RIGHTS OF REGIONAL CENTER CONSUMERS UNDER THE LANTERMAN ACT (WIC 4502)

Residents who receive services through the regional center have the following additional rights under Welfare and Institutions Code Section 4502 and Section 4503:

• The right to treatment and habilitation services and supports in the least restrictive environment.

• The right to participate actively in the development of the Individual Program Plan (IPP).

• The right to have an authorized representative, family member, or advocate accompany them to

all planning meetings.

• The right to choose, to the extent possible, their own goals, services, and living situation.

• The right to be presumed competent regardless of the nature or degree of intellectual or developmental disability.

• The right to prompt medical care and dental treatment.

• The right to religious freedom and religious practice of their own choice.

• The right to social interaction and participation in community activities in natural settings.

• The right to physical exercise and access to recreational programs.

• The right to be free from harm, including unnecessary physical restraint, isolation, or excessive medication.

• The right to receive services in a manner consistent with the IPP and not have those services restricted without formal modification of the IPP through the interdisciplinary planning process.

PART III - HOW TO REPORT A RIGHTS VIOLATION

If a resident, family member, authorized representative, or staff member believes that any personal right has been infringed upon or violated at Perris Care, they may report the concern directly to any of the following entities without fear of administrative action or reprisal:

FACILITY ADMINISTRATOR

David Rodriguez, Certified Administrator

Perris Care

432 Orange Ave, Perris, CA 92571

Phone: (951) 555-8742

COMMUNITY CARE LICENSING DIVISION (CDSS)

Riverside Adult Regional Office

3737 Main Street, Suite 700, Riverside, CA 92501

Complaint Hotline: 1-844-LET-US-NO (1-844-538-8766)

LONG-TERM CARE OMBUDSMAN

Riverside County Long-Term Care Ombudsman Program

Phone: (888) 648-0990 or (951) 686-4402

INLAND REGIONAL CENTER CLIENT RIGHTS ADVOCATE

Disability Rights California / Office of Clients' Rights Advocacy

Inland Regional Center Service Catchment

Phone: (909) 890-0500 or (800) 390-7032

DEPARTMENT OF DEVELOPMENTAL SERVICES

DDS Client Rights Advocate Program

1215 O Street, Sacramento, CA 95814

Phone: (916) 654-1987

RETALIATION PROHIBITION

No resident shall suffer any retaliation, coercion, discipline, change in care, or harassment for filing a complaint, reporting an alleged rights violation, or communicating with Community Care

Licensing, the Long-Term Care Ombudsman, or the client rights advocate.

DISTRIBUTION AND POSTING MANDATE

A copy of this Personal Rights document shall be provided to each resident and their authorized representative at the time of admission and reviewed annually during the IPP update. A full copy of these personal rights, alongside the complaint procedures and visiting policy, shall be prominently posted in a visible, easily accessible common area within the residence at 432 Orange Ave, Perris, CA 92571. Staff members will review this document during initial orientation and during annual in-service training.

ACKNOWLEDGMENT OF RECEIPT OF PERSONAL RIGHTS (85072(b))

RESIDENT / AUTHORIZED REPRESENTATIVE ACKNOWLEDGMENT:

I acknowledge that I have received a written copy of the Personal Rights guaranteed under Title 22 CCR 85072 and Welfare and Institutions Code 4502 for Perris Care. The rights have been provided to me, and a facility representative has read and explained them to me in my primary language. I understand these rights and know how to report any potential violation.

Resident Name (Printed): _____

Resident Signature: _____ Date: _____

(If capable of signing)

Authorized Representative Name (Printed): _____

Authorized Representative Signature: _____ Date: _____

Relationship to Resident: _____

FACILITY REPRESENTATIVE CONFIRMATION:

I, as the facility representative, confirm that I have provided a written copy of these Personal Rights to the resident and/or their authorized representative. I have verbally reviewed and explained these rights to the individual in their primary language and answered any questions regarding these protections.

Facility Representative Name (Printed): David Rodriguez, Administrator

Facility Representative Signature: _____ Date: _____

Note: The original signed copy of this acknowledgment shall be permanently retained in the resident's master record at the facility site, and a copy provided to the resident and authorized representative.

SUPPORTING DOCUMENT

Prepared: July 21, 2026

B9

ADMISSION POLICIES

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

ADMISSION POLICIES AND PROCEDURES

PERRIS CARE

432 Orange Ave, Perris, CA, 92571

Telephone: (951) 555-8742

SECTION 1: INTER-AGENCY COORDINATION AND ADMISSION PHILOSOPHY

Perris Care is a licensed four-bed Adult Residential Facility operated by Perris Care LLC. As the certified administrator, David Rodriguez, I oversee all admissions and intake operations, ensuring strict compliance with California Department of Social Services (CDSS) Community Care Licensing Division (CCLD) regulations and Inland Regional Center (IRC) Service Level 6 vendorization standards. The primary purpose of our admission policy is to establish an integrated, inter-agency intake pipeline that connects CCLD regulatory oversight, IRC case management, primary medical providers, licensed behavioral consultants, and the resident's designated support system.

Our facility specializes in serving adults aged 18 through 59 who exhibit complex developmental and intellectual disabilities, including Autism Spectrum Disorder, Traumatic Brain Injury, Cerebral Palsy, dual diagnoses, and intensive behavioral challenges. Because our target population requires high-level behavioral intervention and comprehensive medical oversight, admission decisions are grounded in inter-agency transparency and systematic capability matching. Prior to accepting any individual, I conduct a collaborative evaluation with IRC service coordinators, healthcare practitioners, and behavior specialists to verify that Perris Care can deliver the precise environment, staffing density, and clinical support required by the individual's Individual Program Plan (IPP).

SECTION 2: PRE-ADMISSION APPRAISAL AND REFERRAL PROCESS

In accordance with Title 22 CCR 85068.1, I perform a thorough pre-admission appraisal before or at the exact time of a consumer's entry into Perris Care. This evaluation assesses the candidate's core functional abilities, ambulatory status, physical health, psychological needs, communication modalities, self-care limitations, and behavioral triggers to confirm that our

program design can safely accommodate them. Simultaneously, pursuant to Title 17 CCR 56017(a), prior to admission or within five calendar days thereafter, I provide the prospective resident and their authorized representative with written intake materials in their primary language. This disclosure packet includes our complete program design, an explanation of personal rights under Title 22 CCR 85072 and Welfare and Institutions Code 4502, contact details for the assigned IRC service coordinator, our internal grievance protocol, and contact information for the regional center's Client Rights Advocate.

To execute a complete pre-admission appraisal, the referring agency or authorized representative must submit the following verified documentation:

• Government-issued identification or birth certificate confirming the applicant is between 18 and 59 years of age.

• Comprehensive regional center referral documentation, including the most recent psychological evaluation, functional assessment, and social history.

• A copy of the current Individual Program Plan (IPP) formulated by the regional center interdisciplinary team.

• A complete medical history, physical examination report, and current immunization record executed by a licensed physician within the preceding 12 months.

• A fully reconciled list of prescribed medications, active physician orders, special dietary requirements, and specialized medical equipment protocols.

• Contact information for all legal representatives, conservators, primary physicians, preferred emergency medical facilities, and pharmacy providers.

SECTION 3: ADMISSION AGREEMENT AND FINANCIAL TERMS

Before or at the time of placement, a binding written admission agreement is executed in full compliance with Title 22 CCR 85068. I review the agreement with the resident and their authorized representative to ensure complete understanding of all operational and financial commitments. The admission agreement explicitly outlines:

• The basic care and supervision services provided by Perris Care, including 24-hour residential

oversight, assistance with activities of daily living, lodging, utilities, food service, routine local transportation, and planned recreational programming.

• The standard monthly fee schedule, funding sources (including SSI/SSP or regional center vendor rates), payment due dates, and billing procedures.

• A 30-day prior written notice requirement for any modification to basic service rates or facility policy terms.

• Clear refund and cancellation conditions, ensuring that unearned pre-paid fees are returned within 14 calendar days of discharge or termination.

• Comprehensive facility rules covering visiting hours, personal property management, cash resource safeguards, and resident personal rights.

• Standard eviction and discharge protocols established in accordance with state licensing laws.

• Bed-hold terms during temporary hospitalizations or therapeutic leaves, detailing rate structures and maximum allowable absence durations.

Pursuant to Title 17 CCR 56019(a), I coordinate directly with the IRC service coordinator during agreement drafting to verify that all placement goals, IPP service specifications, and specialized support mandates are fully reflected within the admission contract. A copy of the fully executed agreement, bearing original signatures and dates, is provided to the consumer and their conservator, while the original is maintained permanently in the resident's administrative record.

SECTION 4: ROLE AND RIGHTS OF THE AUTHORIZED REPRESENTATIVE

In alignment with Title 17 CCR 56018, when a consumer has a court-appointed conservator, legal guardian, or designated authorized representative, Perris Care embeds that representative into every facet of residential planning and oversight. I maintain an open, proactive communication model that respects the legal authority and protective role of the representative. Facility protocols require staff to:

• Involve the authorized representative in all key care decisions, including medical interventions, behavioral support plan modifications, and lifestyle transitions.

• Notify the representative immediately by telephone regarding any significant shift in the resident's physical, mental, or behavioral condition, as well as any special incidents or emergency medical transfers.

• Supply copies of all quarterly progress summaries, incident logs, medical reports, and updated care plans to the representative upon request.

• Ensure the representative receives formal advance notice of all interdisciplinary planning meetings, IPP reviews, and annual reassessments held at or by the facility.

• Maintain current residential, mailing, electronic, and emergency phone details for the authorized representative within the active consumer file as required by Title 17 CCR 56059(b)(1).

SECTION 5: REGIONAL CENTER SERVICE COORDINATOR INTEGRATION

The regional center service coordinator serves as the vital liaison between the funding agency, the interdisciplinary team, and Perris Care. Operating under Title 17 CCR 56019, my interactions with the service coordinator during the admission cycle follow a structured workflow:

• The service coordinator transmits the consumer's official IPP and historical case file to Perris Care within five business days of formal placement commitment.

• I review the IPP objectives with the service coordinator to confirm mutual agreement on which specific outcome goals Perris Care is responsible for implementing.

• The service coordinator verifies that all intake paperwork, regional center placement authorizations, and funding approvals are finalized prior to the physical move-in date.

• The service coordinator schedules and conducts an initial on-site quarterly monitoring evaluation at Perris Care within 90 calendar days of admission.

• I grant the service coordinator unrestricted access to facility grounds, operational logs, staff schedules, and consumer records during all announced and unannounced monitoring visits.

SECTION 6: NEEDS AND SERVICES PLAN DEVELOPMENT AND IPP ALIGNMENT

Within 30 calendar days of a resident's move-in date, I complete a comprehensive, individualized Needs and Services Plan pursuant to Title 22 CCR 85068.2. This document synthesizes baseline appraisal data, physician recommendations, behavioral assessments, and personal preferences into a precise operational roadmap. Under Title 17 CCR 56022(a), because Perris Care serves IRC consumers, the consumer's IPP acts as the primary governing blueprint. The Needs and Services Plan must directly mirror and support the IPP goals assigned to the facility.

To satisfy Title 17 CCR 56022(b), I detail the following elements within the individual file:

• The specific, measurable IPP objectives assigned to Perris Care by the regional center interdisciplinary team.

• The exact instructional methodologies, behavioral supports, and daily care strategies direct care personnel will execute to promote goal attainment.

• The quantitative tracking systems (such as task-analysis sheets, behavior frequency charts, and skill acquisition logs) utilized to evaluate progress.

• The schedule for formal plan reviews, which occur annually or immediately following any significant alteration in the consumer's functional capabilities.

Development of the Needs and Services Plan is a collaborative endeavor involving the resident, their conservator, the IRC service coordinator, our behavior management consultant, and facility leadership.

SECTION 7: CONSUMER PROGRESS DOCUMENTATION AND QUARTERLY REPORTING

Ongoing evaluation is essential to confirm that residential interventions remain effective. In compliance with Title 17 CCR 56026(a), direct care staff at Perris Care record detailed, ongoing consumer notes documenting daily activity participation, community outings, healthcare visits, emotional states, behavioral occurrences, and progress toward skill acquisition. For our Service Level 6 program, staff make written entries at least weekly, with summary entries compiled into monthly progress notes.

Furthermore, per Title 17 CCR 56026(b), as a Service Level 6 facility, I prepare and submit

formal written quarterly progress reports to the IRC service coordinator within 30 days following the end of each calendar quarter. These reports analyze:

• Quantitative data tracking the resident's movement toward achieving individual IPP objectives.

• Notable physical, medical, psychological, or adaptive changes experienced during the reporting period.

• Identified environmental, physiological, or systemic obstacles hindering goal attainment, accompanied by proposed adjustments to care strategies.

• A summary of community integration activities, family contacts, health interventions, and routine medical reviews.

All progress notes and quarterly reports are permanently retained in the resident's file and remain available for review by CDSS licensing evaluators and IRC quality assurance personnel.

SECTION 8: COMPREHENSIVE IN-HOUSE ASSESSMENT AND RESIDENT ORIENTATION

Within the first 30 days of residency, I conduct a comprehensive in-house assessment under Title 22 CCR 85068.1 to evaluate the consumer within our living environment. This evaluation investigates:

• Functional self-care skills, including independent or assisted bathing, dressing, grooming, eating, toileting, and transfer capabilities.

• Communication proficiencies, receptive/expressive language tools, and alternative augmentative communication systems.

• Behavioral profile, identifying specific environmental triggers, early warning signs of distress, and effective de-escalation interventions.

• Medical, neurological, and psychiatric history, including seizure semiology, dietary needs, and side-effect monitoring for complex medication regimens.

• Cultural background, religious affiliations, personal hobbies, social preferences, and preferred leisure pursuits.

Simultaneously, I facilitate a structured orientation tailored to the resident's cognitive and communication level. Staff orient the individual to house layouts, emergency evacuation routes, bedroom customization, dining routines, and community boundaries. I provide a copy of the Title 22 CCR 85072 Personal Rights form to the resident and their authorized representative, explaining each right in detail-including the right to dignity, freedom from coercion, private visits, telephone access, and confidential correspondence. The signed acknowledgment of personal rights is placed immediately in the resident's file.

To maintain the safety and behavioral stability required for our Service Level 6 target population, staffing schedules reflect both statutory and vendorization standards. Under Title 22 CCR 85065.5, California mandates a minimum baseline ratio of one direct care staff member for every six residents (1:6) during waking hours. However, to meet IRC Service Level 6 vendorization mandates established pursuant to Title 17 CCR 56004, Perris Care maintains a heightened waking staff-to-resident ratio of one direct care worker for every three residents (1:3). This enhanced coverage ensures that intensive behavior support plans, proactive de-escalation, and individualized ADL care are delivered continuously without compromising safety.

SECTION 9: PLAN MODIFICATION PROTOCOLS

A resident's Needs and Services Plan is a dynamic document. Pursuant to Title 22 CCR 85068.3, I initiate formal modifications to the plan under any of the following circumstances:

• The resident experiences a marked change in physical health, mental health, cognitive status, or behavioral presentation.

• Ongoing tracking indicates that current staff interventions are failing to achieve the established IPP goals.

• The regional center interdisciplinary team modifies the overarching IPP or alters the facility's scope of responsibility.

• The resident or their authorized representative requests a revision to service approaches or personal routines.

All plan modifications are documented in writing, detailing the rationale for change, the new intervention strategies, and the team members involved. Modifications require formal review and approval signatures from the resident or conservator, the IRC service coordinator, and myself.

SECTION 10: ACCEPTANCE AND RETENTION LIMITATIONS

To protect resident safety and maintain regulatory integrity, Perris Care enforces clear acceptance and retention boundaries pursuant to Title 22 CCR 85068.4. Our facility shall NOT admit or retain any individual who:

• Suffers from a prohibited health condition defined under Title 22 CCR 80091, including active communicable tuberculosis, Stage 3 or 4 dermal ulcers, gastrostomy care requiring continuous skilled nursing, or dependence on nasogastric tubes.

• Requires continuous 24-hour skilled nursing intervention or continuous professional medical monitoring that exceeds the scope of non-medical residential care.

• Manifests primary psychiatric disorders requiring acute, inpatient psychiatric hospitalization.

• Presents severe, unmanageable behavioral behaviors that exceed the intervention capacity of our approved Plan of Operation and Service Level 6 staffing structure, thereby posing an immediate, unmitigable threat of serious bodily injury to self or others.

If a resident's medical or behavioral needs evolve beyond our licensed scope, I consult immediately with the IRC service coordinator, primary physician, and CDSS Community Care Licensing to initiate safe, orderly transfer planning to an appropriately licensed health or specialized facility.

SECTION 11: INVOLUNTARY DISCHARGE AND EVICTION PROCEDURES

When involuntary discharge becomes unavoidable, Perris Care adheres strictly to Title 22 CCR 85068.5. Except in emergency situations involving immediate danger, I issue a formal 30-day written notice to quit. Permissible statutory grounds for eviction comprise:

• Non-payment of agreed-upon basic service fees within ten calendar days of the due date.

• Persistent failure by the resident or representative to comply with state or local laws following formal written notice of the violation.

• Continuous refusal to abide by documented house policies established in the admission agreement to protect communal living.

• Inability of the facility to meet the resident's expanded care needs, as validated by a Needs and Services Plan revision conducted under 85068.3.

• Change in the facility's licensed use or operational status.

Prior to initiating an eviction, I document all administrative, medical, and behavioral efforts undertaken to resolve the underlying issues. Upon deciding to issue a 30-day notice, I transmit written copies simultaneously to the resident, their authorized representative, CDSS Licensing, and the IRC service coordinator. This advance notice enables IRC to convene an interdisciplinary planning team meeting to arrange a smooth, safe transition to an alternative residential setting.

In cases where a resident exhibits behavior that poses an immediate threat to the physical health and safety of themselves or others, I may request CDSS approval for a 3-day notice to quit pursuant to Title 22 CCR 85068.5(b). Such emergency notices require prior approval from Community Care Licensing before service.

SECTION 12: VOLUNTARY DISCHARGE AND TRANSITION PLANNING

When a resident or their authorized representative chooses to relocate voluntarily, Perris Care facilitates an orderly transition:

• The resident or conservator submits a written 30-day notice of intent to vacate the facility.

• I convene a discharge planning conference involving the resident, conservator, IRC service coordinator, and destination facility staff to coordinate transfer details.

• On the date of discharge, all personal property, clothing, personal effects, and safeguarded cash resources are inventoried and surrendered to the resident or representative, accompanied by a signed receipt in compliance with personal property accounting rules.

• Copies of current medical appraisals, immunization records, active medication profiles, and IPP documentation are compiled and securely transferred to the receiving program upon execution of an authorized information release.

• A final, itemized financial accounting and refund of any unearned pre-paid service fees or retained cash resources are delivered within 14 calendar days of move-out.

SECTION 13: ADMISSION FILE DOCUMENTATION AND RECORDKEEPING

In accordance with Title 17 CCR 56059(b), I establish a dedicated, confidential individual consumer file for each resident upon admission. The following documentation must be fully filed within five business days of entry:

• Complete emergency contact details, listing the authorized representative, conservator, primary physician, preferred dentist, hospital preference, local pharmacy, and IRC service coordinator.

• A recent photograph and physical description of the resident.

• Official immunization logs, medical history records, and physician-signed tuberculosis clearance.

• Documented allergy histories, dietary restrictions, and specialized medical protocols.

• Executed consent forms for disclosure of confidential information and emergency medical treatment.

• A copy of the current IRC Individual Program Plan (IPP).

• The fully executed Admission Agreement signed by all required parties.

• The preliminary pre-admission appraisal, initial in-house assessment, and the 30-day Needs and Services Plan.

SECTION 14: HEALTH SCREENING AND MEDICAL CLEARANCE MANDATES

In compliance with LIC 281 Checklist Section B9 and Title 22 CCR 85065(b), Perris Care enforces rigid medical screening standards for all incoming residents to protect group health and confirm residential compatibility:

• Physical Examination Requirement: Prior to or within 30 calendar days following admission, each resident must undergo a comprehensive physical examination performed by or under the direct supervision of a licensed physician. The resulting medical report must document current physical health status, primary and secondary diagnoses, ambulatory capability, physical limitations, ongoing medical treatments, and a professional certification that the individual's health is compatible with group placement in a non-medical residential setting.

• Tuberculosis Screening and Clearance: All incoming residents must present verified documentation of a negative tuberculosis (TB) skin test (Mantoux) or chest X-ray completed within the timeframes established by Title 22 CCR 85065(b). Residents who cannot produce prior written TB clearance must complete screening prior to or immediately upon admission to prevent communicable health risks within the four-bed facility.

• Integration of Physician Orders: All physician-prescribed special diets, medication administration schedules, specialized health routines, and physical restrictions identified during the admission medical examination are immediately integrated into the resident's Needs and Services Plan and communicated to direct care personnel.

• Documentation Maintenance: Original copies of the health screening report, physician orders, and TB clearance certificates are permanently archived in the resident's active medical folder.

SECTION 15: FACILITY SIGN-IN AND SIGN-OUT PROCEDURES

Pursuant to LIC 281 Checklist Section B9, Perris Care maintains strict accountability for resident movement to ensure safety and continuous oversight:

• Facility Log Structure: Perris Care maintains a centralized, bound Sign-In/Sign-Out Register located in the primary entryway to track all departures from and returns to the premises.

• Independent and Accompanied Departures: Whenever a resident exits the facility-whether independently, accompanied by staff, or under the care of family or an authorized representative-the departing party or supervising staff member must log the date, exact departure time, destination, contact telephone number, expected return time, and the signature of the person assuming temporary supervision.

• Return Documentation: Upon returning to Perris Care, the staff member on duty records the exact arrival time, inspects the resident for any observable health or emotional changes, and initial-signs the register log.

• Non-Ambulatory and Assisted Transportation: Residents who are non-ambulatory or who lack independent community navigation skills do not leave the premises unassisted. For scheduled medical appointments, day program transport, or facility outings, staff log the departure details and driver identification in the master sign-in/sign-out register.

• Administrative and Inspection Availability: The Sign-In/Sign-Out Register is reviewed daily by myself to verify resident accountability and remains immediately accessible on-site for review by CDSS Community Care Licensing analysts and IRC monitoring staff during facility evaluations.

ADMINISTRATOR DECLARATION AND SIGNATURE

I, David Rodriguez, declare under penalty of perjury that I am the certified administrator for Perris Care, located at 432 Orange Ave, Perris, CA, 92571. I have authored and reviewed these Admission Policies and Procedures, and I will ensure that all facility intake procedures, admission agreements, medical clearances, and inter-agency coordination efforts strictly adhere to Title 22 CCR 85068 et seq., Title 17 CCR 56017 et seq., and Inland Regional Center Service Level 6 operational standards.

_____

David Rodriguez

Certified Facility Administrator, Perris Care

Administrator Certificate #1234567890

Date: _____

SUPPORTING DOCUMENT

Prepared: July 21, 2026

B10

SAMPLE MENU

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

SAMPLE MENU AND FOOD SERVICE PLAN

As the administrator of Perris Care, I, David Rodriguez, recognize that structured, predictable meal times are a cornerstone of a stable environment for the four individuals we serve. Operating at 432 Orange Ave, Perris, CA 92571, our facility provides comprehensive care for adults with severe intellectual and developmental disabilities. The daily rhythm of food preparation and service not only ensures optimal nutrition but also provides temporal grounding for our residents. I will ensure that all food service operations comply strictly with Title 22 CCR 85076 and the general requirements of 80076, focusing heavily on scheduled routines, timely preparation, and consistent delivery.

MEAL AND SNACK SCHEDULE

Our daily schedule is engineered to guarantee consistent nourishment and prevent prolonged periods without food. I will ensure that no more than 15 hours elapse between the third meal of one day and the first meal of the following day, as mandated by 80076(a)(2)(A).

- Breakfast: 7:30 AM to 8:30 AM
- Morning Snack: 10:30 AM
- Lunch: 12:30 PM to 1:30 PM
- Afternoon Snack: 3:30 PM
- Dinner: 6:00 PM to 7:00 PM
- Evening Snack: 8:30 PM

SEVEN-DAY SAMPLE MENU

The following weekly menu demonstrates our commitment to providing balanced nutrition, incorporating the four basic food groups with appropriate portion sizes for adults.

DAY 1 (MONDAY)

• Breakfast: 1 cup cooked oatmeal, 1/2 cup sliced strawberries, 1 scrambled egg, 1 cup 2% milk

• Morning Snack: 1 medium apple, 1 oz cheddar cheese

• Lunch: 3 oz sliced turkey breast, 2 slices whole wheat bread, 1 cup mixed green salad with 1 tbsp dressing, 1 cup water

• Afternoon Snack: 1/2 cup carrot sticks, 2 tbsp hummus

• Dinner: 3 oz baked chicken breast, 1/2 cup brown rice, 1/2 cup steamed broccoli, 1 cup 2% milk

• Evening Snack: 1/2 cup graham crackers, 1/2 cup unsweetened applesauce

DAY 2 (TUESDAY)

• Breakfast: 2 slices whole wheat toast, 1 tbsp peanut butter, 1/2 banana, 1 cup 2% milk

• Morning Snack: 1/2 cup low-fat yogurt, 1/4 cup granola

• Lunch: 1 cup lentil soup, 1/2 cup mixed fruit cup, 4 saltine crackers, 1 cup water

• Afternoon Snack: 1/2 cup celery sticks, 1 oz ranch dip

• Dinner: 3 oz baked cod, 1/2 cup quinoa, 1/2 cup roasted zucchini, 1 cup 2% milk

• Evening Snack: 1/2 cup cottage cheese, 1/4 cup diced peaches

DAY 3 (WEDNESDAY)

• Breakfast: 1 cup bran flakes, 1/2 cup blueberries, 1 hard-boiled egg, 1 cup 2% milk

• Morning Snack: 1 orange, 12 almonds

• Lunch: 3 oz tuna salad, 1 whole wheat pita, 1/2 cup cherry tomatoes, 1 cup water

• Afternoon Snack: 1/2 cup sliced bell peppers, 2 tbsp guacamole

• Dinner: 3 oz lean ground beef patty, 1/2 cup mashed potatoes, 1/2 cup green beans, 1 cup 2% milk

• Evening Snack: 3 cups air-popped popcorn, 1/2 cup water

DAY 4 (THURSDAY)

• Breakfast: 1 whole wheat English muffin, 1 oz cream cheese, 1/2 grapefruit, 1 cup 2% milk

• Morning Snack: 1/2 cup mixed berries, 1 hard-boiled egg

• Lunch: 3 oz grilled chicken, 1 cup romaine lettuce, 1/2 cup sliced cucumbers, 1 tbsp vinaigrette, 1 cup water

• Afternoon Snack: 1 medium pear, 1 string cheese

• Dinner: 3 oz roast pork loin, 1/2 cup baked sweet potato, 1/2 cup steamed cauliflower, 1 cup 2% milk

• Evening Snack: 1/2 cup unsweetened fruit cocktail, 1 graham cracker sheet

DAY 5 (FRIDAY)

• Breakfast: 2 whole grain pancakes, 1 tsp butter, 1/2 cup melon slices, 1 cup 2% milk

• Morning Snack: 1/2 cup unsweetened applesauce, 1 oz walnuts

• Lunch: 3 oz egg salad, 2 slices rye bread, 1/2 cup baby carrots, 1 cup water

• Afternoon Snack: 1/2 cup sliced radishes, 2 tbsp hummus

• Dinner: 3 oz baked salmon, 1/2 cup wild rice, 1/2 cup asparagus, 1 cup 2% milk

• Evening Snack: 1/2 cup low-fat yogurt, 1/4 cup sliced bananas

DAY 6 (SATURDAY)

• Breakfast: 1 cup cream of wheat, 1/2 cup sliced peaches, 1 scrambled egg, 1 cup 2% milk

• Morning Snack: 1 medium plum, 1 oz cheddar cheese

• Lunch: 3 oz low-sodium ham, 1 whole wheat roll, 1 cup spinach salad, 1 tbsp dressing, 1 cup water

• Afternoon Snack: 1/2 cup sugar snap peas, 1 oz ranch dip

• Dinner: 3 oz turkey meatloaf, 1/2 cup egg noodles, 1/2 cup roasted Brussels sprouts, 1 cup 2% milk

• Evening Snack: 1/2 cup cottage cheese, 1/4 cup pineapple chunks

DAY 7 (SUNDAY)

• Breakfast: 1 whole wheat waffle, 1 tbsp sugar-free syrup, 1/2 cup mixed berries, 1 cup 2% milk

• Morning Snack: 1 medium apple, 1 tbsp peanut butter

• Lunch: 1 cup vegetable minestrone, 4 whole wheat crackers, 1/2 cup fruit salad, 1 cup water

• Afternoon Snack: 1/2 cup cherry tomatoes, 1 string cheese

• Dinner: 3 oz baked chicken thigh, 1/2 cup couscous, 1/2 cup steamed carrots, 1 cup 2% milk

• Evening Snack: 1/2 cup sliced kiwi, 1/2 cup milk

MENU PLANNING AND POSTING ROUTINE

I will ensure that menus are written at least one week in advance, as required by 80076(a)(5). The schedule for menu planning will occur every Thursday afternoon. The finalized menu will be posted in the kitchen area where it is visible to our residents and the direct care staff. Any substitutions made on the day of service will be recorded directly on the posted menu to maintain an accurate historical record. I am responsible for collecting the completed menus at the end of each week and keeping them on file at Perris Care for a minimum of 30 days to allow for regulatory review.

SPECIAL DIET ACCOMMODATIONS

Because our target population includes individuals with complex medical and developmental profiles, I will routinely review all physician orders for dietary modifications. Whenever a physician prescribes a modified diet as a medical necessity, I will implement it immediately pursuant to 80076(a)(6). My routine includes updating the resident's Needs and Services Plan and communicating the specific dietary restrictions (such as mechanical soft, pureed, low-sodium, or diabetic diets) to the food service personnel before the next scheduled meal. Documentation of these dietary modifications will be permanently maintained in the individual's facility file.

FOOD SAFETY AND STORAGE INTERVALS

Maintaining safe food temperatures and managing inventory are daily responsibilities. I will oversee the food storage systems to ensure compliance with 80076(a)(14), keeping all perishable foods capable of supporting rapid microbial growth in covered containers at 45 degrees F or less. Freezers will be monitored daily to ensure they maintain a maximum temperature of zero degrees F, as dictated by 85076(d)(2). I will conduct a weekly inventory every Wednesday to guarantee that Perris Care maintains a minimum of one week's supply of staple nonperishable foods and at least a two-day supply of fresh perishables on the premises at all times, satisfying 85076(d)(1). All kitchen areas will be cleaned after every meal service, and a deep cleaning of the food storage areas will be scheduled weekly to prevent contamination and ensure a safe, sanitary environment.

UPLOADED ATTACHMENT

Prepared: July 21, 2026

B11

CONTROL OF PROPERTY

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

CONTROL OF PROPERTY

FACILITY: Perris Care

ADDRESS: 432 Orange Ave, Perris, CA 92571

LICENSEE: Perris Care LLC

ADMINISTRATOR: David Rodriguez

Establishing operational authority over a residential care environment begins with precise, verifiable documentation. The paperwork that legally binds the physical site to our programmatic mission must be meticulously drafted, executed, and filed before a single resident crosses the threshold. As the administrator of Perris Care, I ensure that all deeds, lease agreements, and maintenance contracts are maintained on-site in our administrative records and formally submitted to the California Department of Social Services to prove our absolute authority over the physical plant.

Pursuant to the requirements outlined in Title 22 CCR 80001(c)(17), the licensee, Perris Care LLC, possesses full control of the property located at 432 Orange Ave, Perris, CA 92571. This legal control grants us the unrestricted right to enter, occupy, maintain the grounds, perform necessary structural modifications, and operate an Adult Residential Facility.

PROPERTY OWNERSHIP AND LEASE DOCUMENTATION

• The physical real estate utilized for this facility is owned by Maria Gonzalez, whose address of record is 123 Sunshine Way, Perris, CA 92570.

• A formal, written lease agreement has been executed between the property owner and the applicant entity, Perris Care LLC. A complete, signed copy of this lease agreement is attached to this application packet for licensing review.

• The written agreement explicitly authorizes the use of the premises as a licensed Adult Residential Facility serving individuals with severe intellectual and developmental disabilities.

• I have thoroughly reviewed the lease to ensure there are no clauses, restrictive covenants, or

conditions that would preclude the property's use as a community care facility. Furthermore, there are no stipulations that would prevent the licensee or me from achieving and maintaining strict compliance with all Community Care Licensing regulations.

MAINTENANCE AND REGULATORY COMPLIANCE

Having documented control of the property is only the first step; executing that control to preserve a safe, sanitary, and compliant environment is where daily operations take over. While Perris Care LLC holds the legal lease, the entity has delegated the day-to-day physical plant management to me.

• I maintain a comprehensive facility maintenance log that tracks all repairs, physical plant inspections, and environmental upgrades.

• I hold the operational authority to immediately dispatch repair vendors, authorize emergency plumbing or electrical work, and direct landscaping services to ensure the building and grounds remain in good repair at all times, as mandated by Title 22 CCR 80087.

• All environmental safety features required for our specific population-including secure perimeter fencing, locked storage for hazardous materials, and emergency disaster preparedness equipment-are fully under our operational control. The property owner cannot alter, restrict, or remove these features.

Through this documented chain of authority, Perris Care LLC and I guarantee that the physical environment at Perris Care will continuously support the intensive behavioral and complex medication management needs of the individuals we serve, entirely free from external hindrance or property-level restrictions.

SUPPORTING DOCUMENT

Prepared: July 21, 2026

B14

THEFT AND LOSS POLICY

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

THEFT AND LOSS POLICY

For the individuals transitioning into our four-bed home at 432 Orange Ave, Perris, CA 92571, the ability to surround themselves with familiar, cherished belongings is fundamental to their dignity and comfort. As the administrator of Perris Care, I, David Rodriguez, recognize that the individuals we serve live with severe intellectual and developmental disabilities, autism spectrum disorder, and other complex conditions that require intensive behavioral support. Because our residents may face unique challenges in tracking or protecting their own items, Perris Care LLC has established rigorous protocols to respect and protect their physical possessions. I will ensure that every resident exercises their right to keep and use personal possessions as guaranteed by Title 22 CCR section 85072(a)(8). To fulfill this duty and satisfy the requirements of LIC 281 B14, the facility will implement the following comprehensive theft and loss program.

1. INVENTORY OF PERSONAL PROPERTY AT ADMISSION

To establish a baseline of ownership and accountability as required by LIC 281 B14, my staff and I will conduct a thorough written inventory of all personal belongings brought into the facility.

• I will ensure this inventory is completed within 24 hours of a resident's admission to Perris Care.

• The inventory record will comprehensively detail all clothing items including type, quantity, and description, as well as jewelry, electronics, cash, financial instruments, medication containers, and any other possessions of value.

• To guarantee transparency, the inventory form will be signed by the resident or their authorized representative, alongside the signature of the facility staff member who performed the count.

• I will provide one copy of this completed document to the resident or their representative, while the original will be securely retained in the resident's facility file to uphold their rights under Title 22 CCR section 85072(a)(8).

2. MODIFICATION OF THE INVENTORY

Personal property is dynamic; residents will naturally acquire new items and discard old ones. In accordance with LIC 281 B14, I will maintain an accurate, living record of these changes.

• I will require the inventory to be updated immediately whenever a significant new item is

purchased or brought to the facility, whenever an item is discarded or removed, or when the authorized representative takes items home.

• Facility staff will document all inventory modifications in writing, securing signatures from both the resident or representative and the recording staff member.

• The newly updated inventory will replace the older version in the active resident file, while I will ensure that all prior versions are archived and retained for a minimum of one year.

• Furthermore, I will mandate a comprehensive, full-file review of the personal property inventory during each resident's annual Needs and Services Plan review.

3. PRACTICES FOR SAFEGUARDING PROPERTY UPON DEATH OF A RESIDENT

During the difficult transition following a resident's passing, protecting their estate is a critical facility responsibility under LIC 281 B14.

• In the event of a death at Perris Care, I will ensure that all personal property is immediately gathered, secured, and locked away to prevent any unauthorized access.

• I will personally notify the resident's authorized representative or next of kin within 24 hours of the passing.

• Within 48 hours, I will assign two facility staff members to jointly complete a comprehensive written inventory of all property present at the facility.

• I will release these belongings solely to the authorized representative or verified next of kin, requiring a signed receipt upon transfer.

• If no authorized representative or next of kin can be located within 30 days, Perris Care LLC will strictly follow the procedures set forth in the California Probate Code for the handling and disposition of unclaimed property.

• I will retain a copy of the final property release inventory and any related receipts in the archived resident file for a minimum of three years.

4. DOCUMENTATION AND REPORTING OF LOSS OF PERSONAL PROPERTY

Prompt action is essential when an item goes missing. To satisfy LIC 281 B14, I have established a strict reporting mechanism for lost or stolen goods.

• Any staff member who discovers or is notified of a missing item must report it to me within 24 hours of the discovery.

• Upon notification, I will generate a formal written loss report that includes a detailed description of the item, its last known location, its estimated financial value, the date the loss was discovered, and the names of the staff members documenting the incident.

• I will notify the resident and their authorized representative of the loss within 24 hours of the initial discovery.

• Should any evidence suggest that the item was stolen, I will immediately report the incident to local law enforcement and to the CDSS Community Care Licensing division via the toll-free line at 1-844-LET-US-NO (1-844-538-8766).

• I will ensure all loss reports are securely retained in the facility's administrative files for at least three years, ensuring they are readily available for review by the CDSS licensing analyst during our annual inspections.

5. METHOD OF MARKING PERSONAL PROPERTY

Because our IRC Level 6 program serves individuals with severe cognitive and behavioral challenges, items can easily be misplaced. I will enforce a systematic labeling protocol to satisfy LIC 281 B14.

• Staff will label all resident clothing with the individual's first and last name utilizing permanent fabric markers, iron-on tags, or heat-transfer labels.

• All electronic devices, such as tablets or specialized communication tools, will be marked with the resident's name using tamper-evident labels affixed to the back or bottom of the device.

• For jewelry and other small valuables where physical labeling is impractical, staff will photograph the items and attach the images to the written inventory.

• I will require this labeling process to be completed at the time of admission for all existing belongings, and immediately applied to any newly acquired items before they are introduced into regular use at the facility.

• To prevent mixing or loss during routine chores, direct care staff will visually verify resident labels when sorting and processing laundry.

6. METHOD OF PROVIDING A SECURE AREA FOR SAFEKEEPING OF RESIDENT PERSONAL PROPERTY

Ensuring the physical security of valuables is a dual requirement under LIC 281 B14 and Title 22 CCR section 85072(a)(8).

• Perris Care LLC will maintain a centralized, locked storage area, such as a heavy-duty safe or locked file cabinet, which will be accessible exclusively to myself and specifically authorized management staff.

• High-value possessions, including cash, jewelry, and vital identification documents, will be placed in this secure area at the direct request of the resident or their representative, or in situations where the resident's complex disabilities prevent them from reliably safeguarding their own items.

• Additionally, I will ensure that each of our four residents is provided with an individual locked storage space within their own bedroom for their private, everyday use.

• The keys to these individual room storage units will be held by the resident or their authorized representative, while the facility will retain a secured master key exclusively for emergency access.

• I will maintain a strict access log for the facility-level secure storage, detailing every instance an item is deposited or withdrawn.

7. FINANCIAL AFFAIRS

Financial autonomy is a core component of normalized living.

• I will uphold every resident's right to manage their own personal financial affairs as mandated by Title 22 CCR section 85072(a)(11).

• If a resident or their regional center team requests that the facility assist with financial management, I will ensure that meticulous, ledger-based records are maintained for all monetary

transactions.

• I will provide a comprehensive monthly financial accounting statement to the resident and their authorized representative.

• Facility staff will retain all original receipts for purchases made on the resident's behalf, filing them chronologically in the resident's financial record.

8. DISCHARGE PROPERTY RETURN

When a resident transitions out of our program, their belongings must follow them safely and completely.

• Upon a resident's discharge or transfer from the facility, staff will conduct a final, comprehensive inventory to ensure all property is accounted for and returned.

• This final inventory document will be signed by the resident or their authorized representative, as well as the discharging staff member.

• I will personally investigate and document any discrepancies found between the admission inventory, the ongoing modifications, and the final discharge inventory.

• If a resident leaves property behind after their departure, I will securely hold the items for 30 days and mail a formal written notice to the resident's last known address before proceeding with any lawful disposal or donation of the unclaimed goods.

UPLOADED ATTACHMENT

Prepared: July 21, 2026

B12

BACTERIOLOGICAL ANALYSIS OF PRIVATE WATER SUPPLY

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

BACTERIOLOGICAL ANALYSIS OF PRIVATE WATER SUPPLY

As the Administrator of Perris Care, I, David Rodriguez, establish the primary accountability checkpoint for environmental safety by verifying the exact source and quality of our water supply prior to the admission of any resident. It is my direct responsibility to ensure that the individuals living in this home have uninterrupted access to clean, safe, and potable water for all consumption, hygiene, and daily living needs.

Currently, the property at 432 Orange Ave, Perris, CA, 92571, is serviced exclusively by a regulated public municipal water system. The facility does not draw water from a well, spring, or any other private source. Because Perris Care LLC relies entirely on a municipal supply, the specific private water source testing requirements detailed in Title 22 CCR 80021 are inherently satisfied by the local water authority, which performs continuous bacteriological and chemical analyses to guarantee public safety.

If future structural, geographic, or environmental changes ever require the facility to transition to or utilize a private water supply, I will personally oversee the immediate implementation of full regulatory compliance protocols prior to human consumption. Under such circumstances, I will procure an initial on-site inspection of the private water source. I will also secure a certified bacteriological analysis conducted by the local health department, the State Department of Health Services, or an approved commercial laboratory to definitively establish the safety of the water.

Following the initial clearance of a private water supply for our four-bed capacity, I will ensure ongoing safety in strict accordance with Title 22 CCR 80021. For a facility licensed for six or fewer residents, subsequent periodic analyses are not explicitly required unless environmental evidence supports the need for such testing to protect the clients. However, I will maintain vigilant oversight of the water system. Any indication of compromised water quality, such as changes in clarity, odor, or local environmental hazard alerts, will trigger an immediate suspension of the private water use, the provision of bottled water for all residents and staff, and a mandatory re-testing cycle to protect the health and safety of the individuals residing in our home.

SUPPORTING DOCUMENT

Prepared: July 21, 2026

B15

NEIGHBORHOOD COMPLAINT POLICY

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

NEIGHBORHOOD COMPLAINT POLICY FOR PERRIS CARE

PURPOSE AND SCHEDULING OF COMMUNITY RELATIONS

As the designated administrator for Perris Care, located at 432 Orange Ave, Perris, CA, 92571, I, David Rodriguez, am committed to maintaining a highly structured schedule of daily operations that respects our surrounding community. Because Perris Care LLC operates this four-bed Adult Residential Facility with a non-resident owner, we are required under Health and Safety Code Section 1524.5 and Title 22 CCR Section 80018(d)(4) to establish a formal, time-bound procedure for responding to neighborhood incidents and complaints. My objective is to ensure that any valid concerns from our neighbors are addressed on a prompt, predictable timetable, fostering a positive and transparent relationship between our residents and the local community.

CONTACT INFORMATION AND AVAILABILITY SCHEDULE

To ensure neighbors always know when and how to reach facility leadership, I maintain a strict availability schedule. I can be reached directly regarding any community concerns.

• Administrator: David Rodriguez

• Direct Telephone: (951) 555-8742

• Business Hours: Monday through Friday, 8:00 AM to 5:00 PM

• After-Hours: The facility telephone is monitored 24 hours a day, 7 days a week by awake night staff who can contact me immediately for urgent issues.

• Written Correspondence: 432 Orange Ave, Perris, CA, 92571

• Scheduled Community Office Hours: Pursuant to Health and Safety Code Section 1524.5(b), I will be physically present at the facility every Wednesday from 3:00 PM to 5:00 PM specifically to be available to meet with neighborhood residents and learn of any local problems.

SCHEDULED COMPLAINT RESOLUTION PROCESS

When a neighbor brings an issue to my attention, I will execute the following scheduled sequence of actions to guarantee a timely resolution, in accordance with the mandates of Title 22

CCR Section 85001.1 and Section 80018(d)(4).

• Step 1: Initial Contact. The neighbor contacts me via phone, mail, or during my scheduled Wednesday community hours.

• Step 2: 24-Hour Acknowledgment. I will personally acknowledge receipt of the complaint within 24 hours of it being filed, ensuring the neighbor knows the issue is actively being reviewed.

• Step 3: Immediate Investigation. I will launch an investigation into the matter on the same day it is received and implement any necessary corrective actions immediately to halt the disturbance.

• Step 4: Seven-Day Follow-Up. Within seven calendar days of the initial complaint, I will contact the neighbor with a formal update detailing the specific actions taken to resolve the issue, or provide a clear reason why no action was deemed necessary.

• Step 5: Regulatory Escalation. If the timeframe elapses and the neighbor remains unsatisfied with my resolution, they are encouraged to contact the state licensing authority for further intervention.

ANTICIPATED COMPLAINT CATEGORIES AND MITIGATION SCHEDULES

Our daily facility schedule is designed to proactively prevent the most common neighborhood grievances, ensuring we remain in compliance with the property maintenance standards of Title 22 CCR Section 85087.

• Vehicle Traffic and Parking: Shift changes are scheduled to avoid peak neighborhood traffic times. All staff and visitors are instructed to utilize our adequate off-street parking to keep the street clear.

• Noise Control: We enforce a strict quiet hours schedule from 10:00 PM to 7:00 AM daily. During this window, outdoor activities are suspended, and indoor noise is kept to an absolute minimum.

• Property Maintenance Appearance: Landscaping, waste disposal, and exterior property upkeep are scheduled on a weekly basis to ensure the home remains visually consistent with the highest standards of the surrounding neighborhood.

ONGOING FACILITY COMMITMENTS AND STAFFING TIMETABLES

Because our facility serves individuals with severe intellectual and developmental disabilities, autism spectrum disorder, and intensive behavioral needs, maintaining a highly structured staffing schedule is critical to preventing neighborhood disruptions. Under Title 22 CCR Section 85065.5, the baseline requirement for an Adult Residential Facility dictates a minimum ratio of one direct care staff per six residents during waking hours. However, to fulfill our obligations as an Inland Regional Center Service Level 6 provider, I will ensure that our daily schedule maintains a much stricter ratio of one direct care staff for every three residents during all waking hours, as required by Title 17 CCR Section 56004. This intensive, scheduled supervision guarantees that our residents receive continuous behavioral support, thereby eliminating potential disturbances before they can affect our neighbors.

DOCUMENTATION AND RECORD RETENTION SCHEDULE

I will maintain a continuous, chronological written log of all neighborhood complaints received. This log will track the date and time the complaint was received, the exact nature of the issue, the timeline of my investigation, the specific corrective actions implemented, and the date the final resolution was communicated to the neighbor. This log will be updated immediately upon the conclusion of any complaint process and will remain available on-site at all times for routine inspection by the licensing agency, in compliance with the inspection authority granted under Title 22 CCR Section 80044.

COMMUNITY CARE LICENSING ESCALATION TIMELINE

If a neighbor feels that I have not addressed their concerns within the promised timeframes, they have the right to contact the California Department of Social Services at any time to request an independent review.

• Agency: Community Care Licensing Division

• Complaint Hotline: 1-844-LET-US-NO (1-844-538-8766)

• Online Submission: www.cdss.ca.gov/inforesources/community-care-licensing

SUPPORTING DOCUMENT

Prepared: July 21, 2026

B16

FIRST AID CARD

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

FIRST AID CARD

FACILITY NAME: PERRIS CARE

FACILITY ADDRESS: 432 ORANGE AVE, PERRIS, CA 92571

ADMINISTRATOR: DAVID RODRIGUEZ

ENTITY: PERRIS CARE LLC

DOCUMENT HEADER AND DECLARATION

As the administrator of Perris Care, I, David Rodriguez, recognize that safeguarding the health and safety of our residents requires seamless, proactive inter-agency coordination between our facility, Community Care Licensing (CCL), the Inland Regional Center (IRC), and our residents' primary healthcare providers. Because our four-bed facility serves individuals with complex multi-disabilities, severe intellectual and developmental disabilities, and seizure protocols, immediate and competent medical emergency response is a foundational operational requirement. In strict adherence to Title 22 CCR 85065(e), I will ensure that this facility is fully equipped to provide necessary first aid and that all personnel are rigorously trained to respond effectively to any medical crisis before external emergency responders arrive.

EMERGENCY CONTACT INFORMATION

Rapid communication with external emergency agencies and healthcare providers is critical during any medical event. Pursuant to Title 22 CCR 85075(h), I will ensure that a comprehensive and highly visible emergency contact roster is posted in a central location accessible to all personnel at Perris Care.

• At least one staff member on duty at all times will be designated and fully capable of communicating clearly with emergency dispatchers and medical personnel.

• The posted contact list will include Fire Department and Law Enforcement (911), Poison Control (1-800-222-1222), the nearest hospital emergency department, my direct administrator telephone number, and the CDSS Community Care Licensing regional office (1-844-538-8766).

• I will personally review this emergency contact roster on a quarterly basis, and I will update it immediately should any agency phone number or facility contact detail change.

FIRST AID AND CPR CERTIFICATION REQUIREMENTS

Because our residents require intensive behavioral and medical support, the competency of our direct care team is paramount. While Title 22 CCR 85065.5 mandates a minimum baseline ratio of one direct care staff member for every six residents (1:6) during waking hours, Perris Care operates under the much stricter Inland Regional Center Service Level 6 standard, which requires one direct care staff member for every three residents (1:3) during waking hours. I will ensure that every individual fulfilling these ratio requirements possesses top-tier emergency response credentials.

• I, along with all direct care personnel, shall maintain current and valid First Aid and Cardiopulmonary Resuscitation (CPR) certifications at all times.

• All certifications must be issued by a highly qualified, universally recognized training provider, such as the American Red Cross, the American Heart Association, or an equivalent EMSA-approved agency.

• Initial First Aid and CPR certification must be fully secured before any employee assumes direct care duties. Under no circumstances will a staff member provide unsupervised direct care to our residents without these active credentials on file.

• Certifications shall be renewed prior to their expiration dates, which typically occur every two years.

• Legible copies of the front and back of all current certification cards will be maintained securely in each employee's personnel file for immediate review by CCL or IRC evaluators.

FIRST AID TRAINING CONTENT AND COMPETENCY

To adequately protect our specific target population, the training our staff receives must be comprehensive and practical.

• Staff certification courses shall thoroughly cover wound care and bleeding control, burn

treatment, fracture and sprain stabilization, heat exhaustion and heat stroke, and allergic reaction and anaphylaxis response.

• Given the medical profiles of our residents, training must heavily emphasize choking response (adult Heimlich maneuver), diabetic emergency response, seizure protocols, adult CPR, and the operation of an Automated External Defibrillator (AED) should the facility maintain one on-site.

• Competency in these life-saving measures must be demonstrated through the successful completion of in-person, hands-on skills testing administered by the certified training provider.

• Any staff member who fails the hands-on competency testing shall be immediately removed from the schedule and must be completely retrained and retested before they are permitted to resume any unsupervised direct care duties.

FIRST AID SUPPLY MAINTENANCE

A rapid response requires immediate access to the proper medical supplies. I will ensure that a fully stocked, commercial-grade first aid kit is maintained in a clearly marked, universally known, and easily accessible location within the facility.

• The kit shall contain, at a minimum: assorted adhesive bandages, sterile gauze pads and rolls, adhesive tape, elastic bandages, scissors, tweezers, latex-free disposable gloves, antiseptic wipes, antibiotic ointment, instant cold packs, a CPR breathing barrier mask, a comprehensive first aid manual, and an emergency thermal blanket.

• I, or a specifically designated shift lead, will conduct a thorough inventory of the first aid kit contents on a monthly basis.

• Any expired, compromised, or depleted items shall be replaced immediately upon discovery to ensure the kit is always at full readiness.

• A physical inventory log will be kept with the kit, detailing the date of inspection and the signature of the reviewer, which will remain available for CDSS inspection at any time.

EMERGENCY RESPONSE PROCEDURES

When a medical emergency occurs, staff must act decisively while remaining strictly within their

scope of training.

• In the event of any medical emergency, staff will first assess the scene for safety, immediately dial 911 if the situation is life-threatening, and administer first aid or CPR as dictated by their certification.

• Staff are strictly prohibited from administering medications or performing any invasive medical procedures that exceed the boundaries of standard first aid and CPR training.

• All administered first aid must be thoroughly documented using a facility First Aid Incident Report form before the end of the shift.

• As the administrator, I must be notified immediately of any medical emergency if I am not physically on-site.

• I will ensure that the resident's authorized representative and primary physician are notified within 24 hours of the event.

• If the medical event meets the criteria of a Special Incident pursuant to Title 17 CCR 54327, I will ensure that a formal Special Incident Report is submitted to the Inland Regional Center within the legally required timeframes.

CERTIFICATION TRACKING AND COMPLIANCE MONITORING

Administrative oversight is the only way to guarantee continuous compliance with training mandates.

• I will maintain a centralized Certification Tracking Log that records each staff member's full name, the specific type of certification held (First Aid and CPR), the issuing agency, the date the certification was earned, and the exact expiration date.

• I will review this tracking log on the first business day of every month to identify any credentials approaching expiration.

• Employees will be issued a formal written notice 60 days prior to the expiration of their certifications, along with a list of approved local renewal training options.

• I will strictly enforce a policy wherein no staff member is permitted to work an unsupervised direct care shift if their First Aid or CPR certification has lapsed for even a single day.

ATTACHED DOCUMENTATION

To verify immediate compliance with these regulations, physical copies of the following credentials are included as attachments to this application packet:

• A copy of my current First Aid certification card (front and back).

• A copy of my current CPR certification card (front and back).

• Copies of current First Aid and CPR certification cards for all additional direct care staff currently employed by Perris Care LLC.

SUPPORTING DOCUMENT

Prepared: July 21, 2026

B17

ORIENTATION CERTIFICATION

APPLICATION DETAILS	
Applicant / Licensee:	**Perris Care LLC**
Facility Name:	**Perris Care**
Date Prepared:	**July 21, 2026**

ORIENTATION CERTIFICATE

FACILITY NAME: PERRIS CARE

FACILITY ADDRESS: 432 ORANGE AVE, PERRIS, CA 92571

LICENSEE ENTITY: PERRIS CARE LLC

ADMINISTRATOR: DAVID RODRIGUEZ

LICENSED CAPACITY: 4

TELEPHONE: (951) 555-8742

DOCUMENT HEADER AND DECLARATION

Operating a highly specialized Service Level 6 Adult Residential Facility like Perris Care requires seamless inter-agency coordination between the Community Care Licensing Division (CCLD), the Inland Regional Center (IRC), and our network of specialized healthcare providers. As the designated administrator, I recognize that this collaborative framework begins with a foundational, comprehensive understanding of state licensing requirements and oversight mechanisms. I have completed the mandatory CCL orientation session as a primary prerequisite for the initial licensure of this four-bed facility, ensuring that our operational practices will align perfectly with state mandates from the very first day of service.

ORIENTATION COMPLETION DETAILS

I have successfully attended and completed the required in-person orientation provided by the California Department of Social Services (CDSS), Community Care Licensing Division. I fully understand that participating in this session is an essential prerequisite for establishing and operating an ARF in the State of California. To satisfy the requirements of the LIC 281 application checklist, specifically Section B17, the official orientation completion certificate verifying my attendance is attached to this application packet.

ORIENTATION CONTENT SUMMARY

The comprehensive CCL orientation provided a detailed overview of the operational, legal, and ethical responsibilities involved in managing a community care facility. The curriculum covered essential topics, including:

• An overview of the Community Care Licensing Division's overarching role, statutory authority, and inspection methodologies to ensure the health and safety of vulnerable populations.

• The foundational laws and regulations governing our operations, specifically Health and Safety Code Section 1500 et seq. and Title 22 of the California Code of Regulations, Division 6.

• Specific facility licensing categories, focusing heavily on the distinct requirements and operational standards for Adult Residential Facilities.

• The complete application procedure, detailing the proper submission of the LIC 200, the LIC 281 checklist, and all associated Part A forms and Part B narrative documents.

• The strict protection of the personal rights of residents in accordance with Title 22 CCR Section 85072, and my absolute obligation as the administrator to safeguard these rights against any infringement.

• Mandatory reporting duties, encompassing abuse and neglect reporting obligations as a mandated reporter, as well as the strict timelines and protocols for submitting Special Incident Reports (SIRs).

• The facility inspection process, ongoing compliance monitoring, and the procedures for complaint investigations and the execution of corrective action plans.

• Stringent record-keeping requirements and documentation standards for both consumer files and facility personnel records.

• Administrator certification mandates and the continuing education framework required under Title 22 CCR Sections 85064.2 and 85064.3.

REGULATORY KNOWLEDGE AFFIRMATION

I affirm my comprehensive understanding of all Title 22 CCR Chapter 6 regulations applicable to Adult Residential Facilities. As the administrator of Perris Care, I acknowledge my direct responsibility for maintaining continuous, uncompromised compliance with all CDSS licensing regulations. I commit to fully cooperating with licensing analysts during routine inspections, unannounced evaluation visits, and any complaint investigations that may arise. Furthermore, I am responsible for implementing any required corrective action plans within the designated timeframes, maintaining all mandated facility and client records, and ensuring these documents are readily available for official review. I completely understand that any failure to adhere to licensing regulations may result in administrative actions, including citations, civil penalties, or the forfeiture or revocation of the facility license.

COMMITMENT TO ONGOING COMPLIANCE

My commitment to regulatory excellence extends far beyond this initial licensure process. I will maintain current and accurate knowledge of all regulatory changes, statutory updates, and policy shifts affecting ARF operations. To ensure my qualifications remain active and highly relevant to the complex needs of our residents, I will complete all required continuing education, securing at least 40 hours of approved instruction every two years as mandated by Title 22 CCR Section 85064.3. I will proactively attend any additional CCL trainings, vendor briefings, or regional center workshops that are required or recommended to enhance facility operations and inter-agency coordination. Additionally, I will ensure that a current copy of the Title 22 CCR Chapter 6 regulations is maintained on-site at the facility and remains fully accessible to all direct care staff at all times.

ATTACHED DOCUMENTATION

Please find the following documentation attached to this application package to verify my fulfillment of the orientation requirement:

• The original or certified copy of the CCL Orientation Completion Certificate issued to David Rodriguez.

• The specific date of my orientation attendance as printed on the certificate.

• The name of the CDSS Community Care Licensing office and region where the orientation was completed.