INLAND REGIONAL CENTER — VENDORIZATION PACKET

PROGRAM DESIGN

Inland Regional Center

Perris Care

Applicant / Licensee: Perris Care LLC
Contact Person: Maria Gonzalez
Facility Address: 432 Orange Ave, Perris, CA, 92571
Facility Phone: (951) 555-8742
Email: info@perriscare.com
Service Level: Level 2
Prepared For: Inland Regional Center – New Residential Services
Date Prepared: July 22, 2026

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General Information

Section 1: Cover Page / Title Page

This program design document serves as the formal, written record of operations for Perris Care. It is prepared by the facility administrator, submitted to Inland Regional Center for vendorization approval, and maintained on file at the physical facility for continuous reference by direct care staff, regional center representatives, and Community Care Licensing evaluators. The following identifying information reflects the official facility data recorded with all regulatory agencies pursuant to Title 17 CCR 56013.

- Facility Name: Perris Care
- Facility Address: 432 Orange Ave, Perris, CA 92571
- Owner and Licensee Name: Perris Care LLC (Maria Gonzalez)
- Contact Person for Program Design: Maria Gonzalez, Administrator
- Email Address: info@perriscare.com
- Main Facility Number: (951) 555-8742

Section 3: Supplemental Information Sheet

Before a new Direct Support Professional at Perris Care even steps onto the floor, they must understand exactly who they will be supporting. A DSP cannot effectively provide care, supervision, and incidental training without a comprehensive, baseline understanding of the individuals who will call this facility home. Therefore, the very first component of our staff training program begins here, with our facility profile.

This Supplemental Information Sheet serves as the foundational blueprint for our program design. It establishes the baseline demographics, diagnoses, and behavioral realities that our staff will be trained to support. Perris Care is currently applying for vendorization, and the data below provides a clear, accurate picture of the consumer population we will serve. All information detailed in this section is completely consistent with the facility's formal entrance criteria.

FACILITY DEMOGRAPHICS AND SERVICE LEVEL

- Facility Name: Perris Care
- Facility Address: 432 Orange Ave, Perris, CA 92571
- Main Facility Telephone: (951) 555-8742
- Licensee: Perris Care LLC

- Administrator: Maria Gonzalez
- Service Level: Level 2 Adult Residential Facility
- Total Capacity: 4 consumers
- Age Range: Adults, ages 18 through 59
- Ambulatory Status: 4 Ambulatory, 0 Non-ambulatory

DIAGNOSTIC PROFILE

Our DSPs will be thoroughly trained to understand and support individuals living with complex developmental and co-occurring psychiatric diagnoses. Perris Care will serve individuals with the following primary and secondary conditions:

- Intellectual Disability (ranging from Mild to Profound)
- Autism Spectrum Disorder (ASD)
- Cerebral Palsy
- Epilepsy and Intractable Seizure Disorders
- Dual Diagnosis (Developmental Disability with a Co-Occurring Psychiatric Disorder)
- Bipolar I and Bipolar II Disorders
- Schizoaffective Disorder
- Major Depressive Disorder (Recurrent, Severe)
- Post-Traumatic Stress Disorder (PTSD) and Complex Trauma
- Intermittent Explosive Disorder (IED)
- Generalized Anxiety Disorder and Obsessive-Compulsive Disorder (OCD)

FUNCTIONAL CAPABILITIES AND ASSISTANCE REQUIRED

To provide effective incidental training, staff must know where the consumers require the most support. We will serve individuals who require daily assistance and supervision due to the following functional deficits:

- Non-verbal or complex communication impairments requiring alternative communication modalities
- Fine and gross motor deficits, including general mobility impairments
- Dysphagia and swallowing impairments requiring specialized meal preparation and monitoring
- Sensory Processing Sensitivity and Sensory Integration Dysfunction

CHALLENGING BEHAVIORS AND SUPERVISION NEEDS

Direct Support Professionals must be prepared for the realities of the environment. Our training emphasizes proactive supervision, positive redirection, and consistent care routines to address the following challenging behaviors safely and effectively:

- Physical aggression directed towards self, staff, peers, or property
- Self-Injurious Behaviors (SIB), including head-banging, severe skin-picking, or self-striking
- Severe property destruction, such as breaking furniture or damaging fixtures and walls
- High risk of elopement and wandering into unsafe areas
- Pica (the ingestion of non-food or non-nutritive items)
- Severe verbal aggression, threats, and emotional dysregulation
- Inappropriate sexual behaviors or boundary violations
- Resistance or complete refusal of essential self-care and personal hygiene routines
- Medication refusal and resistance to prescribed medical treatment plans
- High frequency and high intensity tantrums or meltdowns
- Continuous 1:1 direct supervision and intervention needs

By mastering this profile from day one, our staff will be fully equipped to deliver the Level 2 care, supervision, and incidental training required to help these individuals safely integrate into their home and community.

Program Description

Section 4: Statement of Purpose

The foundational purpose of Perris Care is established first in documentation. Before an individual transitions into the facility, their service trajectory is written down in the Individual Program Plan (IPP) and translated by the Administrator into a facility-specific Needs and Services Plan. These documents dictate every aspect of care, supervision, and incidental training provided in the home. Embedded in this operational framework is the core commitment of the agency: Perris Care will provide services and supports to individuals residing in the home based on Title 17 and 22 requirements, IRC Best Practices and individual consumer wants and needs in a Level 2 Adult Residential Facility. Services and supports will be provided in a home like environment.

Pursuant to Title 17 CCR §56013(b)(2) and §56013(b)(3), every admission is documented and cross-referenced against the facility's approved entrance criteria. Perris Care is seeking

vendorization to serve up to four ambulatory adults, ages 18 through 59. The individuals served will possess developmental disabilities, primarily Intellectual Disability, Autism Spectrum Disorder, Cerebral Palsy, and Epilepsy. Secondary documented diagnoses may include dual diagnosis with psychiatric disorders such as Bipolar Disorder, Schizoaffective Disorder, Major Depressive Disorder, or Post-Traumatic Stress Disorder. While consumers may have documented histories of complex challenges, including physical aggression, self-injurious behaviors, elopement risks, or pica, admissions will be strictly limited to those whose current IPPs indicate they require Level 2 care, supervision, and incidental training, rather than the professionally supervised behavioral intervention required at higher service levels.

The services recorded in each consumer's file are explicitly designed to operationalize the principles of normalization and the Lanterman Act. In compliance with Title 17 CCR §56013(a), Direct Support Professionals will record daily data on consumer participation in integrated, age-appropriate activities occurring in natural environments. Services will encompass assistance with activities of daily living, continuous supervision, self-advocacy encouragement, and community integration. Incidental training will be documented as staff guide consumers in developing functional life skills, managing emotional dysregulation, and accessing local community resources safely.

Expected service outcomes are tracked and recorded systematically. The objective of Perris Care is to assist each consumer in achieving the specific goals outlined in their IPP, fostering maximum independence while ensuring their health and safety. Facility staff will maintain written observation logs and submit required reports to the Inland Regional Center to verify that the homelike environment is actively promoting skill retention, honoring the documented choices and preferences of the individual, and fulfilling the primary purpose of the facility as detailed in the operational design.

Section 5: Philosophy of Service

At Perris Care, our philosophy of service will be evident the moment you walk through the front door. The physical environment at 432 Orange Ave has been intentionally designed to look and feel like a true home, not a clinical institution. From the comfortable seating in our shared living spaces to the fully equipped, accessible kitchen and the private bedrooms, every square foot of the facility reflects our core belief that the physical space profoundly shapes the individual. We have integrated necessary safety features seamlessly into the house, ensuring that the physical environment will provide a secure foundation without compromising the warmth, comfort, and dignity of a natural residential setting.

We believe that this homelike environment is the necessary canvas for fostering dignity, respect, choice, and self-determination. Our philosophy is rooted in the conviction that individuals with developmental disabilities thrive when they are empowered to have a direct

say in their own lives. We will not just house people; we will support them in living meaningfully. By carefully balancing safety with autonomy, we will empower the individuals we serve to make daily choices regarding their routines, whether that means selecting what to eat, choosing a leisure activity in the backyard, or deciding how to arrange their personal bedroom furniture.

Because Perris Care is seeking vendorization as a Level 2 facility, our approach to skill building will be woven naturally into the rhythm of everyday life. We will utilize incidental training to encourage individuals in developing skills toward greater independence. Instead of utilizing rigid drills, learning will happen organically within the physical setup of the home. When a consumer expresses interest in a meal, our Direct Support Professionals will guide them in the kitchen to practice basic food preparation. When it is time for household chores, staff will gently prompt and assist individuals in operating the laundry machines or tidying their rooms. This ongoing, naturalistic support will build confidence and practical life skills at a pace that matches each consumer's unique capabilities.

Our philosophy will extend beyond the physical boundaries of the home and into the surrounding neighborhood. We view community integration as a fundamental right and a core value of our program. Perris Care will actively support consumers in exploring local parks, utilizing local services, shopping at nearby stores, and participating in community events. We believe that true independence is realized when an individual feels they are a visible, valued member of their broader community.

This approach to fostering independence, personal choice, and natural community participation forms the definitive foundation of our program design, in accordance with Title 17, Section 56013 (b) (2). By anchoring our services in person-centered principles, we will ensure that every interaction, every shared meal, and every community outing serves as a genuine opportunity for personal growth, self-advocacy, and a fulfilling life.

Service Description

Section 6: Daily Activities & Community Involvement

Perris Care guarantees that every individual will have continuous access to a rich, person-centered array of recreational, educational, and community-based activities tailored to their unique preferences and functional abilities. All activities provided will be based on individual choice and IPP goals. Activities will encourage participation in the community and opportunities to involve each individual circle of support.

In strict alignment with HCBS Final Rule 42 CFR Section 441.301(c)(4)(i) and Welfare and Institutions Code Section 4503, individuals will always dictate their level of participation. Consumers maintain the absolute right to refuse any activity, choose an alternative, or simply

relax at home. Staff will never coerce participation, and the right of refusal is respected without consequence.

ACTIVITY PLANNING AND DOCUMENTATION

Activity planning is a dynamic, collaborative process driven entirely by the individuals we serve. Staff will facilitate weekly house meetings every Sunday evening where consumers gather to brainstorm, request, and select the upcoming week's events. We will seamlessly incorporate input from Individual Program Plan (IPP) goals, Interdisciplinary Team (IDT) meetings, and spontaneous daily requests. All consumer choices, weekly house meeting notes, and daily participation levels will be documented in the facility's daily activity logs and the weekly house meeting binder. This ensures we capture emerging interests and track progress toward social integration goals per Title 17 Section 56013(b)(4).

IN-HOME ACTIVITIES

To foster skill-building and leisure within the home, Perris Care will offer a robust daily schedule of in-home activities that align with Title 17 Section 56013(b)(2) expectations for Level 2 support. These activities will be offered daily in the morning, late afternoon, and evening based on consumer interest:

- Interactive meal preparation and basic culinary skill-building in the facility kitchen
- Arts and crafts sessions, including painting, drawing, and seasonal decorating
- Movie and entertainment nights in the main living area
- Board games, card games, and interactive video games to promote social turn-taking
- Gardening and basic yard care in the outdoor activity space
- Exercise routines including stretching, yoga, or dance movement
- Personal hobby time for listening to music, reading, or journaling

COMMUNITY INTEGRATION

Community integration is critical to normalization and developing natural supports, consistent with Title 17 Section 50510. Perris Care will facilitate a minimum of two to three community outings per week for each individual. Staff will arrange transportation and provide incidental supervision to ensure safety while maximizing independence. Community activities will vary based on seasonal events and individual requests, but will regularly include:

- Shopping for personal items or groceries at local stores such as Target, Walmart, or Dollar Tree in Perris, offered twice weekly

- Recreational outings to local parks, such as Lake Perris State Recreation Area or Foss Field Park, for picnics and walking, offered weekly
- Dining at local restaurants, cafes, or coffee shops to practice ordering and money management, offered bi-weekly
- Visits to the Perris Public Library for reading, computer access, or community classes, offered weekly
- Entertainment outings such as bowling, visiting the movie theater, or attending local community events, offered on weekends
- Facilitated attendance at religious services or spiritual centers of the individual's choice, offered weekly or as requested

A detailed, representative monthly facility schedule reflecting these options, structured entirely around consumer choice and IPP goals, is attached in the Appendices under Monthly Facility/Activity Schedule.

Section 7: Circle of Support Statement

During the pre-admission appraisal phase and within the first 30 days of placement, the administrator takes direct accountability for identifying, verifying, and documenting every member of an individual's support network. Before services commence, facility leadership establishes exactly who is involved in the consumer's life, what their legal authority might be, how they prefer to be contacted, and what specific role they will play in the individual's ongoing care and supervision.

Every consumer arrives at Perris Care with a unique history, and their network is highly individualized based on their background, relationships, and personal preferences. An individual's circle of support may include but is not limited to, consumer service coordinator, care provider, day program staff, family, conservator, friends, and anyone else the individual chooses. Perris Care will include each individual's circle of support in all ISP and/or IDT meetings, facility events, and any other activity the individual chooses. By mapping out this network immediately upon intake, we ensure that no vital connection is lost during the transition into the facility.

To keep the circle of support actively engaged, facility staff will implement consistent and transparent communication protocols. The administrator or designated direct support professionals will maintain routine contact with network members through weekly telephone updates, scheduled emails, or in-person check-ins, scaling the frequency and method to match the preferences of each participant and the individual consumer. Furthermore, circle members will receive regular updates on the consumer's progress toward their Individual Service Plan objectives. Facility staff will maintain a welcoming environment for authorized visitors, encouraging family, friends, and conservators to visit, participate in facility

celebrations, and join the consumer on community outings.

In alignment with Title 17 Section 56019(a)(2) regarding individual choices and Section 56013(b)(2) regarding program design outcomes, active participation from the circle of support is essential to crafting meaningful, person-centered goals. When developing or updating the Individual Service Plan, the interdisciplinary team relies heavily on the historical context and personal insights provided by the consumer's closest advocates. Perris Care will actively solicit input from the circle of support to determine which daily living skills to target, which behavioral interventions have historically been most effective, and what long-term life outcomes the consumer desires. During formal IDT meetings, the facility will ensure the circle of support has a prominent voice in reviewing data, evaluating progress, and adjusting objectives so that all services remain completely aligned with the individual's evolving needs and aspirations.

Section 8: Nutrition Statement

At 7:00 AM on a typical morning at Perris Care, the day will begin with the smell of breakfast being prepared in the kitchen, following a menu that the individuals living in the home helped design just days prior. Food is more than just sustenance; it is a source of comfort, routine, and personal expression. We recognize that giving individuals control over what they eat is one of the most fundamental ways to promote independence and dignity.

Menu will conform to consumer choice and/or dietary standards in accordance with Title 22. Menu will be accessible for review at all times.

To ensure this standard is met in daily practice, we will hold weekly menu planning meetings where individuals can voice their preferences, share cultural dishes, or request favorite meals. Direct Support Professionals will assist consumers in selecting balanced meals that meet the daily USDA Basic Food Group Plan requirements. The resulting weekly menu will be written at least one week in advance, posted in a prominent location in the kitchen or dining area in a format accessible to all individuals, and retained on file for at least 30 days to meet the documentation requirements of Title 22 CCR 80076.

Because Perris Care will support individuals with complex needs, including those with dysphagia, swallowing impairments, or food-related behaviors such as Pica, customized nutritional support is critical. When an individual requires a modified diet prescribed by a physician as a medical necessity, our staff will strictly adhere to those medical orders. Whether the requirement is a mechanically altered diet of pureed or chopped foods, a diabetic-friendly regimen, or strict allergen avoidance, our team will prepare meals that safely accommodate these needs without sacrificing taste or presentation. We will maintain open communication with each consumer's primary care physician and consult with a registered dietitian when needed to ensure all specialized nutritional plans are executed safely.

Maintaining a safe and sanitary food environment is a non-negotiable operational standard. Facility staff will receive rigorous on-the-job training in food preparation, hygiene, and safe storage practices. All food supplies will be properly transported, stored, and prepared to prevent contamination or spoilage. To safeguard the health of the individuals we serve, we will uphold the following food service standards:

- A minimum of one week of staple, non-perishable foods and at least two days of fresh perishable foods will be maintained on the premises at all times
- Cold storage will be strictly monitored, with refrigerators maintained at a maximum of 45 degrees Fahrenheit and freezers kept at zero degrees Fahrenheit
- All toxic substances, cleaning compounds, and pesticides will be securely locked away and stored completely separate from food preparation and storage areas
- All dishes and utensils will be cleaned and sanitized after each use, utilizing a dishwashing machine that reaches 165 degrees Fahrenheit during the washing or drying cycle

We will serve at least three nutritious meals per day, with no more than 15 hours elapsing between the third meal of one day and the first meal of the following day. Between-meal nourishment and healthy snacks will always be available to individuals unless restricted by a physician's explicit order. We will encourage individuals to dine together to foster socialization and community within the home, and we will provide any necessary adaptive utensils to support self-help in eating. By treating mealtime as an opportunity for choice and connection, we will ensure that nutrition at Perris Care nourishes both the body and the individual.

Section 9: Advocacy & Self-Advocacy / Individual Rights

At Perris Care, every operational decision and daily routine is driven directly by the consumer's Individual Support Plan. Because these plans represent the voices, goals, and choices of the people we support, safeguarding their right to self-determination is the foundation of our program.

It is the strict policy of Perris Care that the personal and civil rights of every individual living in this home are fully protected, unconditionally respected, and will not be violated under any circumstances. We recognize and uphold the rights afforded to persons with developmental disabilities under Title 17 CCR Section 50510, Title 22 CCR Section 85072, and Welfare and Institutions Code Section 4502. These fundamental protections include the right to dignity, privacy, freedom from harm or coercion, religious freedom, and the right to make meaningful choices about their own lives and living environments.

Empowering consumers to speak for themselves requires active and intentional facilitation. Staff will create consistent opportunities for individuals to participate in local and regional self-advocacy groups, such as People First. We will assist by researching local chapters,

coordinating meeting schedules, providing transportation, and offering support during events if requested by the individual. Furthermore, we will hold weekly in-house meetings where consumers can openly voice their preferences regarding house menus, weekend activities, and shared guidelines, ensuring they maintain a central, governing role in shaping their home environment.

Staff will provide information, education and access to resources on advocacy opportunities and rights; such as, contact information to the Clients' Rights Advocate and assistance with voter registration and election materials.

To ensure these protections remain at the forefront of our daily operations, individual rights will be formally reviewed with each consumer and their circle of support upon admission, and at least annually thereafter during the planning team meeting. These reviews will be conducted verbally and visually, utilizing the consumer's preferred method of communication to ensure true comprehension. For our workforce, consumer rights will be a mandatory training topic during the initial onboarding orientation before any direct care is provided. Additionally, rights and advocacy facilitation will be formally reviewed with all staff semi-annually during facility in-service meetings to continuously reinforce our commitment to ethical and respectful support.

To provide continuous visibility and access to this critical information, the DSP 304 form will be posted in a prominent location in the home where it can be easily seen and read by all individuals, staff, and visitors.

Section 10: Privacy Statements (HCBS Final Rule)

At Perris Care, safeguarding an individual's privacy will begin on a Direct Support Professional's first day of orientation. Before any DSP provides hands-on support, they must master the foundational principle of our program: the absolute right of every consumer to maintain control over their personal life, body, and living space. Staff will be rigorously trained on the HCBS Final Rule, Title 17 section 50510, and Title 22 section 85072 to ensure these regulations are translated into daily, observable practices. Our training curriculum dictates that the home and all services provided ensure that all individuals have a right to privacy, dignity, respect, and freedom from coercion and restraint. By leading with this training, we guarantee that every employee understands that privacy is a non-negotiable operational standard, not just a regulatory concept.

Because Perris Care will serve adults with severe intellectual disabilities, non-verbal constraints, and complex communication impairments, staff training will focus heavily on how to teach and reinforce these rights using accessible modalities. DSPs will be instructed to use visual aids, social stories, and customized communication boards to explain privacy concepts in ways each person can process. This ensures that every individual, regardless of their receptive or expressive language barriers, comprehends that their body and their space

belong to them. Staff will be taught to watch for non-verbal cues that indicate a desire for privacy and to respect those boundaries immediately.

Orientation will also cover the sanctity of a consumer's physical environment. DSPs will learn to always knock and wait for permission before entering a bedroom or bathroom. To fully comply with HCBS standards and empower individual autonomy, at the request of the individual a lock will be provided for each bedroom door, with only appropriate staff having keys to doors as needed. Furthermore, we recognize that a bedroom is a personal sanctuary. Individuals have the freedom to furnish and decorate their bedroom as they choose within the guidance of the admissions agreement. Staff will actively assist consumers in selecting bedding, hanging artwork, and arranging their furniture to reflect their unique personalities and sensory preferences, supporting their right to a customized, comfortable living space.

Finally, DSP training will establish strict protocols for maintaining dignity during personal care and securing private information. The administrator will regularly evaluate staff on their ability to execute the following daily privacy practices:

- Closing doors and window coverings fully during all bathing, dressing, and hygiene routines to ensure the consumer is never exposed to housemates or visitors
- Conducting medical discussions, medication administration, and behavioral interventions discretely and out of earshot of other individuals
- Providing a quiet, unmonitored space for individuals to use the telephone or visit with friends, family, and conservators
- Securing all personal files, Individual Program Plans, medical records, and financial documents in locked cabinets within the administrative office

Through continuous education and vigilant administrative oversight, Perris Care will seamlessly integrate these privacy rights into the fabric of our daily operations, ensuring every individual feels respected and secure in their own home.

Section 11: Safeguarding Cash Resources

As the Administrator of Perris Care, I will hold the primary responsibility for overseeing and safeguarding the personal finances of the individuals we serve. Managing someone else's money requires absolute transparency and profound trust. I will personally implement and monitor a structured, secure system for handling all cash resources, ensuring that every individual is protected from financial exploitation while actively exercising their right to participate in their own financial decisions, as mandated by Title 17 Section 50510.

When Perris Care is vendored, the handling of all personal funds will follow a strict protocol to ensure accuracy and accountability. This includes the management of Personal and Incidental monies, vocational earnings, monetary gifts, and any other cash resources belonging to the consumers.

To maintain security and adhere to strict regulatory standards, the total amount of funds per individual shall not exceed $300.00 at any time. If a consumer's funds begin to approach this limit, I will work with the individual, their conservator, and the Inland Regional Center service coordinator to arrange for excess funds to be safely deposited into the consumer's personal bank account or a designated special needs trust.

The safeguarding process at Perris Care will operate under the following sequential procedures:

1. Receipt and Logging

Whenever cash, earnings, or gifts are received on behalf of a consumer, the funds will be immediately counted by staff in the presence of the consumer and logged into their individual financial ledger.

2. Secure Storage

All cash resources will be stored in a locked, fireproof safe located in the facility office. Access to this safe will be strictly limited to myself and designated shift leads. In strict compliance with Title 22 Section 80026, a consumer's personal funds will never be commingled with facility operating accounts, staff funds, or the funds of any other consumer.

3. Access and Expenditures

Consumers will have access to their personal funds upon request. When an individual wishes to make a purchase, staff will assist them in accessing their money and support them during the community outing. Every withdrawal will be documented in the individual's ledger.

4. Receipts and Verification

Store receipts for every purchase will be required and permanently attached to the corresponding ledger entry. To ensure full transparency, both the staff member facilitating the transaction and the consumer will sign or initial the ledger to verify that the funds were used exactly as the individual requested.

5. Monthly Reconciliation

At the end of each month, I will personally audit and reconcile every consumer's financial ledger, cross-referencing the logged balances against the physical cash in the safe and the attached store receipts. Copies of these reconciled ledgers will be maintained in the facility records and made readily available for review by the consumer, their conservator, and the regional center.

Beyond simply locking money in a safe, our direct care staff will use financial transactions as natural teaching moments. We will support consumers in understanding the value of their earnings, planning for desired purchases, and developing the functional budgeting skills necessary for greater independence. By keeping our processes entirely transparent and directly involving the individuals in how their money is managed, Perris Care will ensure their cash resources are completely secure while their personal rights and dignities are fully

honored.

Section 12: House Rules

In close coordination with Inland Regional Center, Community Care Licensing, and our consulting professionals, Perris Care has established house rules designed to foster a cooperative, respectful, and adult-oriented living environment. We recognize that an effective home environment relies on clear, shared expectations that support the diverse needs of adults with developmental disabilities while maintaining the harmony of a shared space. These guidelines act as the foundation for daily interactions, ensuring that the home remains a welcoming and comfortable place for everyone.

To guarantee that these guidelines are fully understood and embraced, House rules will be reviewed and agreed upon during or prior to admission with the individual and/or authorized representative. In strict adherence to Title 17 Section 50510 and Title 22 Section 85072, House rules will not violate consumer rights. We believe that fairness and consistency are paramount in a shared environment; therefore, House rules apply to individuals residing in the home, facility staff, administrator, licensee, and all visitors. We view these guidelines as living agreements that can adapt to the evolving dynamics of the home. Because of this, House rules may be changed at any time that either the individuals choose or staff determine, however any changes must be agreed to by all individuals before implementation.

PERRIS CARE HOUSE RULES

- Please respect the personal space and privacy of others by knocking on closed bedroom and bathroom doors and waiting for a response before entering
- To support a restful environment for everyone, please keep music, television, and conversation volumes at a considerate level during the nighttime hours of 10:00 PM to 7:00 AM
- We encourage everyone to help keep our shared living areas comfortable by picking up personal items and clearing spaces after use
- When you would like to use an item that belongs to another individual in the home, please ask for their permission first and return it promptly when finished
- You are welcome to enjoy the kitchen and pantry at any time; we simply ask that you clean up any personal spills or place used dishes in the sink or dishwasher after your snack
- Please share the communal television and entertainment systems fairly, ensuring that everyone gets an opportunity to choose their preferred programs or games

• To keep our shared furniture in good condition, we ask that meals be enjoyed in the dining room or outdoor patio areas

• Please practice common courtesy by using polite language and maintaining a respectful tone when communicating with other individuals in the home, staff, and visitors

• If you are expecting visitors, we appreciate a brief notice so that staff can ensure the common areas are ready and other individuals in the home are aware of visitors

• Please coordinate with staff when you wish to use the laundry machines so we can ensure everyone has fair and timely access to wash their personal clothing

Section 13: Medical/Dental Care Statement

MEDICAL AND DENTAL CARE

When an individual wakes up feeling unwell or simply needs to attend a routine health screening, their focus should be on feeling better and maintaining their health, not on the logistical burdens of scheduling, transportation, or record-keeping. At Perris Care, we believe that accessing healthcare must be a seamless, supportive experience for the consumer. We manage the administrative framework so the individual can focus entirely on their well-being. To ensure this level of comprehensive support, the home will arrange, coordinate and facilitate medical and dental care, to include any specialty care according to individual IPP.

ROUTINE SCHEDULING AND TRACKING

Behind every successful healthcare visit is a rigorous tracking system. The Administrator and trained Direct Support Professionals will actively monitor each consumer's health status and preventive care schedule. Perris Care will utilize a centralized calendar and filing system to track annual physicals, biannual dental cleanings, and any required specialized follow-up appointments. When a consumer communicates a medical need or staff observe signs of illness, appointments will be scheduled promptly to ensure early intervention and consistent health maintenance.

TRANSPORTATION AND APPOINTMENT SUPPORT

Getting to the doctor safely and on time is a critical part of the healthcare experience. Perris Care staff will provide or secure reliable transportation to and from all medical, dental, and specialty appointments. A familiar staff member will accompany the consumer to provide emotional support, assist with communication if desired, and ensure that the individual feels

comfortable and respected throughout the waiting and examination process.

HEALTHCARE PROVIDER COMMUNICATION

Effective healthcare requires clear, accurate, and two-way communication. Under Title 22 regulations, we recognize the critical necessity of sharing vital health information with treating professionals. Before an appointment, facility staff will prepare a summary of the consumer's current health status, active medications, and any observed symptoms. During the visit, staff will support the individual in expressing their needs and concerns to the practitioner. Staff will also ensure that the physician's instructions, treatment plans, and any medication changes are clearly understood and documented in writing before leaving the medical office.

RECORD KEEPING AND TEAM COORDINATION

Once the consumer returns to Perris Care, the focus shifts to follow-through and documentation. In accordance with Title 17 requirements, the facility file will contain comprehensive and continuously updated medical records for each consumer. This includes physician visit summaries, updated medication logs, and annual health assessments. The Administrator will promptly communicate any significant changes in health status, new diagnoses, or altered treatment plans to the consumer's circle of support. This includes notifying the Inland Regional Center service coordinator, the conservator, and the Interdisciplinary Team, ensuring that all planning remains perfectly aligned with the consumer's current medical realities.

EMERGENCY MEDICAL INTERVENTIONS

While our day-to-day focus is on preventive and routine health coordination, Perris Care is fully prepared to handle urgent health crises. The specific steps for addressing immediate, life-threatening medical events and urgent hospital transports are detailed thoroughly in the MEDICAL EMERGENCY PROCEDURES section of this program design.

Section 14: Visitors Policy Statement

In alignment with Community Care Licensing regulations and Inland Regional Center expectations for community integration, Perris Care recognizes that maintaining strong connections with family, friends, and consultants is vital to the well-being of the people we will serve. As we seek vendorization, our inter-agency coordination with regional center service coordinators, clinical consultants, and community partners forms the foundation of a visitation

policy that promotes natural supports while ensuring a safe, therapeutic environment.

Title 17 Section 50510 and Title 22 Section 85072 establish the fundamental rights of individuals in residential care to maintain personal relationships without unnecessary barriers. To uphold this standard, individuals may have visitors as requested, at any time and a private visitation area will be provided at the individual's request. We will ensure that our physical plant includes comfortable, designated spaces where residents can meet with their guests privately, whether they are hosting a family member or consulting with a behavioral specialist.

For the safety, security, and emergency preparedness of all residents and staff, we will implement a standard visitor sign-in procedure. Upon arrival, all guests will be asked to sign the facility visitor log and respect the privacy, dignity, and personal space of other individuals residing in the home. Visitors must adhere to the established house rules, which will be discussed upon admission and prominently available in the facility.

While we encourage open and frequent visitation, the health and safety of the entire household remains our paramount responsibility. Direct support professionals will be trained to monitor the home environment to ensure visitations do not disrupt the daily routines or specialized interventions of others. Should a visitor violate house rules or negatively effect any residents in the home they will be asked to leave, or visitations may be canceled.

To maintain compliance with our licensed capacity limits and respect the shared living environment of all individuals, overnight guests will not be permitted. Any exceptions regarding overnight stays must be explicitly authorized through the interdisciplinary team process, documented in the individual's Individual Program Plan, and approved in advance by the Administrator to ensure the arrangement does not compromise the stability of the household.

Section 15: Medication

INCIDENT RESPONSE AND MEDICATION DEVIATIONS

Because the margin for error in healthcare is nonexistent, Perris Care leads its medication protocols by defining exactly how staff must respond when deviations occur. Medication administration and all policies will be in accordance with Title 17 & 22.

A missed medication occurs when facility staff fail to administer a prescribed dose at the designated time. Should this happen, staff will immediately contact the prescribing physician or pharmacist for instructions, closely monitor the individual for any adverse health reactions, and document the error. Because this constitutes a lapse in facility care, missed medications require a Special Incident Report (SIR) submitted to the Inland Regional Center and Community Care Licensing within 24 hours.

Conversely, individuals possess the fundamental right to refuse their medical care, including prescribed medications. When an individual refuses their medication, staff will never force or coerce them. Instead, staff will wait a brief period, attempt to offer the medication a second time with positive encouragement, and calmly explain the physician's reason for the prescription. If the individual continues to refuse, staff will secure the medication and notify the prescribing physician. Medication refusal is an exercise of personal rights and requires an observation report, which is submitted to the individual's Consumer Services Coordinator within 48 hours. Medication refusal does not require an SIR.

Should medication be used in an emergency situation to address a behavior, as a form of restraint, a report will be filed to IRC and DDS, utilizing DDS' online form. Perris Care strictly prohibits the use of chemical restraints under all circumstances; this protocol ensures absolute reporting compliance if emergency medical personnel ever administer such interventions during a severe psychiatric or medical crisis.

MEDICATION STORAGE AND DISPENSING

As a residential facility licensed with Community Care Licensing, all medications will be centrally stored and dispensed by facility staff. Individuals are not allowed to store or self administer their own medications.

Upon an individual's admission or the introduction of a new prescription, the Facility Administrator verifies the medication directly against the physician's orders and the pharmacy-issued label to ensure absolute accuracy. All medications are securely locked in a central cabinet accessible only to trained Direct Support Professionals on duty. Dispensing is meticulously tracked using a Medication Administration Record. Staff document each dose immediately after observing the individual swallow the medication, ensuring real-time tracking and eliminating the risk of duplicate dosing.

ADMINISTRATIVE OVERSIGHT AND QUALITY ASSURANCE

To intercept potential errors and guarantee compliance, the Facility Administrator conducts internal administrative oversight of all medication dispensing practices. This oversight requires a weekly review of the Medication Administration Records, pill counts, and prescription labels. During this weekly audit, the Administrator reconciles the remaining medication supply against the documented doses to verify that staff are strictly adhering to physician orders.

OVER THE COUNTER AND PRN MEDICATIONS

Over-the-counter and pro re nata (PRN) medications are treated with the same strict controls as routine prescriptions in accordance with Title 22. No PRN or over-the-counter medication

will be administered without a current, written order from a physician detailing the exact symptoms indicating the need for the medication, the maximum dosage, and the minimum time between doses. If an individual cannot clearly communicate their symptoms or determine their own need for a PRN medication, facility staff will contact the prescribing physician prior to administering the dose to describe the observable symptoms and receive direct authorization.

STAFF TRAINING ON MEDICATION SIDE EFFECTS

Direct Support Professionals undergo comprehensive medication training prior to providing any direct care. This includes explicit instruction on the intended effects and potential side effects of every medication prescribed to the individuals residing in the home. Training on medication side effects is conducted upon the individual's admission, whenever a new medication is introduced, and formally reviewed on an annual basis. Staff are trained to immediately report any observed side effects to the Administrator and the prescribing physician to ensure rapid medical intervention.

COMMUNITY OUTINGS AND FAMILY VISITS

When individuals participate in community outings, their medication schedule remains uninterrupted. Facility staff will prepare the exact dosages required for the duration of the outing, transporting them in a secure, labeled lockbox kept under direct staff control at all times. The administering staff member will document the dose on the Medication Administration Record immediately upon returning to the facility, or utilize a portable log during the outing.

During family visits or home passes, medication continuity is maintained through structured hand-offs. The Facility Administrator or designated staff will package the exact amount of medication required for the duration of the visit, attaching the original pharmacy label instructions. The medication is handed directly to the individual's family member or authorized representative, who is briefed on the administration requirements. The family member must sign the facility's medication release log, acknowledging receipt of the medications and assuming responsibility for their administration during the visit.

MEDICATION DISPOSAL

To prevent unauthorized access or environmental hazards, expired, discontinued, or contaminated medications are promptly and safely disposed of. The process requires the following sequential steps:

1. The Facility Administrator and one other adult staff member visually verify the medication to be destroyed

2. The medication is rendered unusable by mixing it with an undesirable substance, or it is securely transported to an authorized pharmacy take-back program

3. Both the Administrator and the witnessing staff member sign a medication destruction log detailing the individual's name, the prescription number, the quantity destroyed, and the exact date of disposal

Section 16: Telephone Use Policy Statement

As the Administrator, I ensure that our communication policies fully support the rights of every individual to maintain meaningful connections with their circle of support. Maintaining open lines of communication is essential to the well-being of the individuals we serve. To guarantee this, individuals will have access to a facility phone when requested. Whether they need to reach out to a loved one, a conservator, or a professional advocate, our direct support professionals are trained to facilitate these connections. Individuals will be assisted by staff in making calls to their regional center CSC, family, friends, or anyone else they choose.

We recognize that privacy is a fundamental right under Title 17 and Title 22 regulations, especially when communicating with personal contacts. Individuals have the right to make phone calls in private and staff will ensure that an area is provided. For individuals facing communication challenges, such as non-verbal or complex communication impairments, staff will utilize adaptive equipment, visual aids, and individualized support strategies to help them initiate and participate in phone calls effectively. Furthermore, individuals are fully permitted and encouraged to possess and use personal cell phones, tablets, or other communication devices within the home.

To further support modern connectivity, Perris Care provides digital communication support, including access to facility Wi-Fi for personal devices, enabling individuals to use video calling platforms, emails, and messaging applications. Staff will provide prompt assistance with digital interfaces, charging devices, and navigating applications as needed. The primary facility telephone plan covers nationwide calling, meaning no long-distance charges will be billed to the individuals for domestic calls, ensuring that financial barriers never prevent an individual from reaching out to their designated support system.

Admission Policies & Transition Planning

Section 17: Entrance Criteria / Level of Support

Perris Care will admit only those individuals whose documented needs align precisely with our approved Level 2 program design and our capacity to provide safe, effective care and supervision. Under Title 22 CCR Section 85023, the admissions process is governed by a thorough pre-admission appraisal to ensure that every accepted consumer will thrive in a setting designed to provide robust support and incidental training in a home-like environment.

ENTRANCE CRITERIA AND CONSUMER DEMOGRAPHICS

We are seeking vendorization to serve a maximum capacity of 4 adults. The consumer profile for admission is specifically defined by the following demographic criteria:

- Age range: 18 through 59 years of age
- Gender: All genders
- Ambulatory status: Ambulatory Only
- Service level: Level 2

FUNCTIONING LEVEL AND DAILY LIVING ASSISTANCE

Perris Care will support individuals with a functioning level ranging from mild to profound. Because this is a Level 2 facility, staff will provide care, supervision, and incidental training for all activities of daily living. Assistance will typically involve verbal reminders, visual cues, modeling, and occasional physical guidance to ensure consumers maintain their personal hygiene, dress appropriately, and successfully participate in daily household routines and community activities.

COMMUNICATION SKILLS

Consumers admitted to the home may present with a wide spectrum of expressive and receptive language skills. This ranges from individuals who are fully conversational and able to clearly articulate their wants and needs, to those who experience profound deficits and rely on alternative communication modalities, gestures, or individualized communication devices.

TARGET POPULATION AND DISABILITIES SERVED

In accordance with Title 17 CCR Section 56013, Perris Care is designed and staffed to support individuals diagnosed with the following specific conditions:

- Intellectual Disability (Mild, Moderate, Severe, or Profound)
- Autism Spectrum Disorder (ASD)

- Cerebral Palsy
- Epilepsy & Intractable Seizure Disorders
- Dual Diagnosis (Developmental Disability with Co-Occurring Psychiatric Disorder)
- Bipolar I & Bipolar II Disorders
- Schizoaffective Disorder
- Major Depressive Disorder (Recurrent, Severe)
- Post-Traumatic Stress Disorder (PTSD) & Complex Trauma
- Intermittent Explosive Disorder (IED)
- Generalized Anxiety Disorder & Obsessive-Compulsive Disorder (OCD)
- Sensory Processing Sensitivity / Sensory Integration Dysfunction
- Non-Verbal or Complex Communication Impairments
- Dysphagia & Swallowing Impairments
- Fine and Gross Motor Deficits / Mobility Impairments

BEHAVIORAL CHARACTERISTICS

Consumers admitted to the facility may exhibit the following types, intensities, and frequencies of challenging behaviors that require consistent supervision and targeted staff intervention:

- Physical Aggression towards self, staff, peers, or property
- Self-Injurious Behaviors (SIB) including head-banging, severe skin-picking, or self-striking
- Severe Property Destruction (breaking furniture, damaging fixtures/walls)
- High Risk of Elopement / Wandering into unsafe areas
- Pica (ingesting non-food / non-nutritive items)
- Severe Verbal Aggression, Threats, and Emotional Dysregulation
- Inappropriate Sexual Behaviors or Boundary Violations
- Resistance / Refusal of Essential Self-Care and Hygiene
- Medication Refusal / Resistance to Medical Treatment Plans
- High Frequency / High Intensity Tantrums or Meltdowns
- Continuous 1:1 Direct Supervision and Intervention Needs

MEDICAL NEEDS AND RESTRICTED HEALTH CARE CONDITIONS

While specific baseline medical needs are not specified as a primary limiting entrance criterion, the facility is fully equipped to assist consumers with centrally stored medications and coordinate all routine and specialized health appointments.

Individuals with Restricted Health Care Conditions, as defined by Title 22, will be accepted on a case by case basis. However, prior to accepting a referral where a Restricted Health Care Plan (RHCP) is needed, the home will contact their IRC QA Liaison, the individual's CSC, and Community Care Licensing to ensure that this plan is in place before the individual is admitted into the home.

Section 18: Restricted Health Care Conditions

Every specialized service provided at Perris Care begins with precise, comprehensive documentation. When an individual requires support for a complex medical need, the paper trail starts with a thorough medical assessment completed by a licensed physician and the individual's Individual Program Plan (IPP) developed by the interdisciplinary team. These documents dictate the exact parameters of care. If an individual requires assistance with a condition classified as restricted under Title 22 regulations, a formal Restricted Health Care Plan (RHCP) is drafted by a licensed medical professional, signed by all involved parties, and securely maintained in the individual's master file at the facility. This documentation serves as the exact blueprint for facility staff to follow.

Individuals with Restricted Health Care Conditions, as defined by Title 22, will be accepted on a case by case basis. However, prior to accepting a referral where a Restricted Health Care Plan (RHCP) is needed, the home will contact their IRC QA Liaison, the individual's CSC, and Community Care Licensing to ensure that this plan is in place before the individual is admitted into the home.

DEFINING RESTRICTED HEALTH CARE CONDITIONS

Under Title 22 regulations, restricted health conditions are specific, stable medical conditions that require specialized care, monitoring, or assistance that goes beyond basic first aid. Examples of these conditions include, but are not limited to:

- Use of inhalation-assistive devices
- Colostomy or ileostomy care
- Insulin-dependent diabetes
- Management of healing wounds or stage one and two dermal ulcers
- Catheter care
- Gastrostomy feeding and hydration

We recognize that while our staff are highly trained Direct Support Professionals, they are not licensed medical practitioners. Therefore, Perris Care will only accept or retain an individual with a restricted condition if the condition is chronic and stable, or temporary and expected to resolve, and the individual remains under the active, documented care of a licensed medical professional.

PLAN DEVELOPMENT AND APPROVAL

The creation of the RHCP is a collaborative process that ensures services remain highly individualized, consistent with Title 17 regulations. The plan is developed by a licensed medical professional in coordination with the facility administrator, the individual, their conservator, and the Inland Regional Center Consumer Services Coordinator (CSC).

The written plan will explicitly detail the stability of the medical condition, the specific procedures required, the individual's ability to participate in their own care, and the designation of who will perform the necessary medical assistance. If a procedure legally requires a licensed professional, the plan will identify that professional and outline their visitation schedule. The final, approved RHCP is integrated directly into the individual's Needs and Services Plan and kept accessible for immediate staff reference in the facility records.

STAFF TRAINING REQUIREMENTS

Documentation of competency is just as critical as the care plan itself. Before any facility staff member provides assistance to an individual with a restricted health condition, they will receive specialized, hands-on training directly from a licensed medical professional.

This training will cover both general infection control protocols and the specific, step-by-step procedures outlined in the individual's RHCP. The licensed professional will evaluate each staff member's competency, and I will ensure that written verification of this training, signed by the instructing professional, is placed permanently in each employee's personnel file. Furthermore, the licensed professional will conduct an annual review of staff performance, which I will document and track in our facility training logs to ensure compliance remains current.

MONITORING AND REPORTING

Care does not end with the implementation of a plan; it requires continuous, documented vigilance. Facility staff will actively monitor the individual's health status and their ongoing ability to assist in their own care. Any changes in the individual's physical capabilities, or any signs that the condition may be deteriorating, will be recorded in the daily observation logs.

If significant changes occur, I will immediately report these observations to the individual's physician, their conservator, and the regional center CSC. If the individual's condition evolves to a point where it requires 24-hour nursing care or falls into the category of a prohibited health condition, I will initiate an immediate interdisciplinary team meeting to discuss a safe, structured transition to a more appropriate level of medical care that can properly support their changing health needs.

Section 19: Exit Criteria / Transition Planning

OVERSIGHT AND ACCOUNTABILITY OF THE TRANSITION PROCESS

The Administrator holds primary accountability for verifying each consumer's ongoing appropriateness for placement at Perris Care. On a continuous, day-to-day basis, and formally during quarterly and annual Individual Program Plan (IPP) reviews, the Administrator evaluates behavioral data, medical assessments, and direct staff feedback. This ongoing verification ensures that the facility's Level 2 service design continues to safely and effectively meet the consumer's needs in accordance with Title 17 §56019(b). If it is determined that a consumer's needs exceed our licensed capabilities, or if the living arrangement is no longer mutually beneficial, structured transition planning will commence.

CRITERIA FOR EXIT AND RELOCATION

An individual may no longer be appropriate to reside at Perris Care for several reasons. Exit criteria include:

- Individual choice, where the consumer or their authorized representative requests a transition to a different living arrangement
- Health conditions that escalate beyond the scope of a Level 2 setting, such as the development of prohibited restricted health conditions or a new requirement for 24-hour skilled nursing care
- Behavioral challenges that escalate in type or frequency, presenting an unmanageable risk to the safety of the consumer, peers, or facility staff
- Changes in ambulatory status, as the facility is currently cleared exclusively for ambulatory individuals
- Sustained non-payment of the agreed-upon rate for basic services

INTERVENTION AND PRE-RELOCATION PROTOCOLS

Before considering relocation, the Administrator and direct care staff will proactively address any emerging health or behavioral changes. Health changes will be addressed by scheduling immediate medical evaluations, coordinating medication reviews with the consumer's primary care physician, and ensuring all prescribed interventions are followed. Behavioral changes will be addressed by requesting regional center funding for a behavioral consultant to conduct a functional assessment, update the behavior plan, and train facility staff on new positive support strategies.

PLANNED TRANSITIONS AND 30-DAY NOTICE PROCEDURES

After all measures are expended, an IDT meeting will be held with the individual's circle of support to discuss relocation. The circle of support will collaboratively review the effectiveness of the attempted interventions and explore alternative placement options that better align with the consumer's evolving profile.

If the IDT agrees that a transition is the most appropriate course of action, a 30-day notice for relocation will be issued pursuant to Title 22 §85068.5. This written 30-day notice will be explicitly provided to:

- The consumer
- The Authorized Representative or Conservator
- Inland Regional Center (IRC)
- Community Care Licensing (CCL)

CONTINUITY OF CARE AND TRANSITION SUPPORT

When it is determined that an individual will be relocated, Perris Care will take any measures necessary to meet the individual's health and safety need until the relocation has been accomplished.

To ensure a seamless transition for the consumer and the receiving facility, the following services and supports will be provided:

- Before Relocation: Staff will assist the consumer with packing personal belongings, inventorying safeguarded cash resources, and preparing them emotionally for the move. The Administrator will compile all necessary documentation, including current medical records, IPP data, physician orders, and medication logs, to forward to the receiving facility.
- During Relocation: Facility staff will coordinate or directly provide transportation to the new residence. We will conduct a thorough, in-person handoff with the new facility's intake staff, physically transferring all medications, funds, and final transition paperwork to ensure immediate continuity of care.

• After Relocation: The Administrator will remain available for consultation with the new facility's staff to answer any questions regarding the consumer's routines, preferences, and baseline behaviors. We will also maintain communication with the IRC service coordinator to confirm the consumer has successfully settled into their new environment.

EMERGENCY RELOCATION AND 3-DAY NOTICE PROCEDURES

In severe circumstances where a consumer exhibits behaviors or health crises that pose an immediate and severe threat to the physical health or safety of themselves or others within the home, an emergency relocation may be required. In such cases, a 3-day notice for health and safety concerns will be issued in accordance with Health and Safety Code §1564(a) and (c).

For emergency or involuntary exits, the Regional Center and Community Care Licensing will be notified verbally within 24 hours and in writing within 48 hours.

Because these situations involve an immediate threat to health and safety, emergency or involuntary exits will also be documented and submitted as reportable Special Incidents pursuant to Title 17 §54327.1.

Staff Hours & Schedules

Section 20: Administrator Qualifications & Duty Statement

When an unexpected operational crisis arises, a staff member is suddenly absent, or a medical emergency occurs, a clear chain of command must dictate the immediate response. Facility stability and consumer safety rely completely on unbroken administrative oversight. If the primary administrator is unavailable due to illness, an off-site emergency, or scheduled leave, a fully trained and designated substitute who meets all Title 22 and Title 17 requirements will instantly assume administrative authority. Under all circumstances, Perris Care will ensure that there is a qualified administrator for this facility at all times. This contingency leadership structure guarantees that direct support professionals always have a definitive point of contact for immediate crisis management, regulatory guidance, and operational decision-making.

ADMINISTRATOR QUALIFICATIONS

The primary facility administrator, Maria Gonzalez, brings the comprehensive background necessary to lead this Level 2 Adult Residential Facility. With 42 months of direct caregiver experience previously earned at Sunny Days Care, she significantly exceeds the minimum six

months of experience required by Title 17 Section 56037 for a Level 2 facility. All Title 17 and Title 22 administrator requirements will be met. All required certifications will be kept current and maintained in accordance with Title 17 and Title 22.

To hold and maintain this leadership position, the administrator must continuously satisfy the following rigorous qualification standards:

- Attainment of at least 21 years of age
- Possession of a High School Diploma or General Educational Development equivalent
- Minimum of six months of prior experience providing direct supervision and special services to individuals with developmental disabilities
- Active Adult Residential Facility Administrator Certificate (Certificate #1234567890, earned via the 35-hour CDSS certification course and state examination)
- Direct Support Professional Year 1 and Year 2 certifications
- Current CPR and First Aid certification
- Current Non-Violent Crisis Intervention certification
- Completion of the Inland Regional Center New Residential Service Provider Orientation
- Cleared criminal record background checks through the Department of Justice and Federal Bureau of Investigation, plus Child Abuse Central Index clearance

ADMINISTRATOR DUTY STATEMENT

The administrator bears ultimate legal and operational responsibility for the daily functions, regulatory compliance, and programmatic outcomes at Perris Care. As the central leadership figure, the administrator directly oversees all personnel and ensures the safe, effective execution of every consumer's Individual Program Plan. Core responsibilities dictate that the administrator will:

- Direct and evaluate the work of all facility staff, ensuring that proper staffing ratios are continuously maintained to meet the specific supervision needs of the consumers
- Manage the recruitment, hiring, training, scheduling, and termination of all direct support professionals
- Act as the primary facility liaison during interactions with Inland Regional Center service coordinators, Community Care Licensing evaluators, medical professionals, and the circles of support for each individual
- Develop, implement, and routinely audit all facility policies, emergency disaster response plans, and the overall program design
- Oversee the central storage, verification, tracking, and dispensing of all consumer medications to ensure uncompromised adherence to physician orders

• Direct the facility's financial operations, manage the operating budget, and strictly safeguard consumer cash resources and personal property

• Ensure the home is maintained in a safe, sanitary, and comfortable condition, swiftly coordinating any necessary repairs or environmental modifications

• Organize and oversee the facility's daily activity schedule, ensuring it reflects the personal choices, age-appropriate preferences, and functional goals of the individuals served

• Monitor consumer health and behavioral baselines continuously, reporting any significant changes, special incidents, or suspected abuse to the appropriate oversight agencies immediately

• Secure and coordinate ongoing continuing education for all staff while maintaining a minimum of 20 hours per week of personal administrative oversight, with the majority of those hours occurring while consumers are present and awake

Section 21: Administrator Schedule

When a new Direct Support Professional begins working at Perris Care, their most critical asset is immediate, hands-on guidance from facility leadership. To guarantee this level of mentorship, coaching, and floor support, the administrative schedule is intentionally built around peak activity times rather than behind closed office doors. Per Title 17, and IRC Best Practice, the administrator will work a minimum of 20 hours per week.

This scheduling approach ensures that administrative oversight happens precisely when it benefits the consumers and the care team the most. The majority of hours to be provided when individuals are present, in order to provide direct support and supervision to home staff and consultants, as well as to meet the needs of the individuals. A typical weekly schedule will span Monday through Friday during active morning, late afternoon, or early evening routines. This active presence allows the administrator to personally oversee the implementation of Individual Program Plans, model proper interventions for new DSPs, and continuously monitor the quality of care and supervision.

Even when not physically present at the facility, leadership will remain fully accessible to the direct care team. The administrator will maintain continuous 24-hour on-call availability every day of the week to handle emergency situations, answer urgent DSP questions, coordinate with medical or regional center professionals, and direct contingency staffing efforts. This guarantees that no staff member is ever left without immediate administrative support, day or night.

See Appendices: Administrator Schedule

Section 22: Program Preparation Hours

The Facility Administrator will maintain primary accountability for authorizing, verifying, and tracking all ancillary duties performed by facility staff. Each week, the Administrator will conduct a comprehensive review of staff timecards and activity logs to ensure that time spent on non-direct care activities is accurately documented and strictly adheres to regulatory frameworks. This rigorous verification process guarantees that direct supervision ratios are never compromised by administrative or preparatory tasks.

Up to 2 hours per individual, per week of program preparation functions may be included in weekly direct care staffing hours. Because Perris Care is seeking vendorization as a Level 2 Adult Residential Facility, this exact allowance aligns with the maximum limits established for this service level under Title 17 CCR Section 56004(e)(1). The Administrator will rigorously monitor the schedule to ensure that program preparation function hours shall not be used as a basis for increasing a service level.

Pursuant to Title 17 CCR Section 56002(a)(31), program preparation functions are defined as the secondary, ancillary activities performed by direct care staff or the administrator that support the overall care environment but occur outside of direct, hands-on supervision. In accordance with Title 17 CCR Section 56013(b)(4), Perris Care will utilize these hours to perform the following essential operations:

- Data collection and behavior log analysis to accurately track progress on Individual Program Plan objectives
- Completion of required facility documentation, daily charting, and specialized incident tracking
- Development, review, and adjustment of individualized training plans
- Participation in mandatory staff meetings, case conferences, and continuing education modules
- Preparation for consumer house meetings, community outings, and self-advocacy activities
- Preparation for and attendance at interdisciplinary team meetings, annual reviews, and conservator conferences
- Procurement of facility supplies, grocery shopping, and banking transactions conducted on behalf of the consumers

All scheduled shifts will clearly demarcate direct supervision hours from program preparation time. Staff will log their preparation activities in the daily facility roster, allowing the Administrator to audit the utilization of these hours during the weekly payroll and compliance review. This ensures that the total weekly direct care hours consistently meet the assessed needs of the individuals served while remaining fully transparent to the regional center.

See Appendices: Staff Schedule

Section 23: DSP Qualifications & Duty Statement

The quality of life for the individuals residing at Perris Care rests directly on the integrity, skill, and dedication of our Direct Support Professionals. We do not view this role as entry-level; rather, we treat it as a critical professional position that requires specialized empathy and rigorous technical competence. All Title 17 and Title 22 DSP requirements will be met. All required certifications will be kept current and maintained in accordance with Title 17 and Title 22.

DIRECT SUPPORT PROFESSIONAL QUALIFICATIONS

To be considered for employment as a Direct Support Professional at Perris Care, applicants must thoroughly satisfy the following minimum qualifications prior to providing direct supervision:

- Attainment of a high school diploma or a general educational development certificate (GED)
- A minimum of six months of prior experience providing direct care, supervision, and special services to individuals with developmental disabilities, as mandated for a Level 2 service provider
- Current certification in Cardiopulmonary Resuscitation (CPR) and First Aid, obtained exclusively through in-person, hands-on instruction
- Complete criminal record clearance from the Department of Justice and Federal Bureau of Investigation, alongside a Child Abuse Central Index clearance, prior to initial presence in the home
- A health screening and negative tuberculosis test result dated within the legally allowable timeframe prior to employment
- Successful completion of the Direct Support Professional Training (DSPT) Year 1 and Year 2 competency-based training, or successful passage of the challenge tests, strictly within the regulatory timeframes specified in Title 17 Section 56033

DIRECT SUPPORT PROFESSIONAL DUTY STATEMENT

The core role of the Direct Support Professional is to implement the objectives identified in each individual program plan while maintaining a safe, normalized, and highly supportive home environment. Because Perris Care operates continuously, duties are distributed across three distinct shifts to ensure seamless care.

Day Shift Duties

- Support individuals with morning personal hygiene, grooming, and dressing routines while promoting maximum independence
- Prepare and serve a nutritious breakfast in accordance with individual dietary preferences and Title 22 nutritional guidelines
- Assist with the central storage and dispensing of morning medications
- Facilitate safe transportation and transition to day programs, supported employment, or scheduled community activities
- Perform daily program preparation functions, including data collection and reviewing scheduled objectives for the day
- Complete light housekeeping tasks and maintain a sanitary physical environment

Evening Shift Duties

- Welcome individuals returning from day programs and assist with afternoon transitions
- Prepare and serve dinner, actively encouraging individuals to participate in meal preparation based on their choices and abilities
- Assist with centrally stored and dispensed evening medications
- Organize and facilitate planned in-house recreational activities and community outings based on individual preference
- Support individuals in maintaining contact with their circle of support, including facilitating private phone calls or visits
- Document daily progress, observation notes, and data tracking for individual program plan objectives
- Assist with evening hygiene and bedtime routines

Awake Night Shift Duties

- Remain awake and fully alert throughout the entire shift to ensure continuous safety and supervision
- Conduct and document periodic safety and wellness checks throughout the night without disrupting the sleep of the individuals
- Respond immediately to any individual who requires assistance, reassurance, or access to the restroom during the night
- Perform deep cleaning, laundry, and facility maintenance tasks that are non-disruptive
- Prepare meal ingredients or packed lunches for the upcoming day
- Review and update communication logs to ensure a seamless transition of information to the incoming morning staff

PERFORMANCE MONITORING

To ensure staff perform their duties effectively and compassionately, the facility administrator will conduct ongoing internal oversight. This monitoring includes unannounced direct observation of staff interactions with the individuals, weekly audits of medication distribution logs and data tracking sheets, and routine review of shift documentation. Direct Support Professionals will receive continuous feedback, participate in regular staff meetings, and undergo a formal performance evaluation at least annually to verify their ongoing competency and alignment with the person-centered philosophy of Perris Care.

Section 24: DSP Staffing Hours / Contingency Staffing

The individual's Individual Service Plan is the definitive blueprint that drives every operational and staffing decision at Perris Care. Before a schedule is even drafted, we analyze the specific support needs, personal goals, and safety requirements outlined in each consumer's ISP. This person-centered approach ensures that our direct support professionals are deployed efficiently and purposefully to foster independence, ensure safety, and promote active community participation for the individuals we serve.

To maintain continuous, high-quality support, Perris Care operates on a structured shift-staffing model rather than using live-in staff. Our team provides coverage 24 hours a day, 7 days a week, 365 days a year across designated day, evening, and overnight shifts. By utilizing rotating shifts, we guarantee that the individuals are supported by well-rested, focused professionals at all times. Staffing will be provided according to the needs of the individuals, but no less than the minimum hours required for the home's designated service level, as per Title 17. As a Level 2 facility with a maximum capacity of four individuals, our baseline staffing ratio will be maintained at 1:4, easily satisfying the 1:6 minimum ratio limit mandated by Title 17 regulations for this service level.

Overnight supervision is a critical component of our commitment to health and safety. All Direct care staff at all levels must be awake at all times, including throughout the night. However, as a Level 2 program, Perris Care may be granted an exception from 24 hour awake staff from IRC if ALL individuals' IPPs indicate awake staff is not required. Unless and until such an exception is formally granted by the regional center based on the specific IPPs of every admitted consumer, our overnight DSPs will remain fully awake and actively monitoring the home.

Because unpredictable situations arise, a robust contingency staffing plan is essential to guarantee that there is never a lapse in care or supervision. If an assigned staff member is unable to report for their scheduled shift due to illness, personal emergency, or removal from the home, the following protocol will be immediately activated:

- The absent staff member must notify the Administrator as soon as the emergency is known, ideally no less than four hours prior to the start of their scheduled shift
- The Administrator will immediately contact our designated roster of trained, fully cleared on-call relief staff to secure a replacement
- If an off-duty relief staff member cannot be secured, the Administrator will require a currently on-duty staff member to extend their shift, strictly adhering to California labor laws regarding maximum consecutive working hours
- If no direct care staff are available to cover the vacancy, the Administrator will personally cover the shift and provide direct supervision to the individuals until a qualified replacement arrives

This multi-tiered contingency approach ensures that our staffing ratios remain strictly compliant with Title 22 and Title 17 requirements, and that the individuals never experience an interruption in their required care.

See Appendices: Staff Schedule

Staff Training

Section 25: On-Site Orientation

DOCUMENTATION AND TRACKING OF TRAINING

Before a direct care staff member at Perris Care ever assists a consumer, their training journey is formally mapped and documented. Every hour of instruction, shadowed shift, and competency verification will be recorded in the employee's individual personnel file using standardized training logs. The Administrator is responsible for maintaining these records, ensuring that sign-in sheets, course outlines, and certificates of completion are securely filed and immediately available for Inland Regional Center and Community Care Licensing review. All staff shall be subject to the training requirements specified in Title 17 and Title 22.

To guarantee no lapse in compliance, the Administrator will utilize a secure digital tracking system alongside the physical personnel files to monitor orientation progress, continuing education hours, and certification expiration dates. Alerts will be scheduled 60 days prior to any deadline to ensure staff are enrolled in necessary coursework, confirming that all educational mandates are met well before expiration.

ON-SITE ORIENTATION CURRICULUM

In accordance with Title 17 Section 56038, within the first 40 hours of providing individual services, the Administrator will guide new Direct Support Professionals through a comprehensive on-site orientation. This curriculum ensures that staff are fully prepared to support our specific consumers safely and effectively. The 40-hour orientation will cover the following topics:

- Facility Operations and Policies: Overview of the Perris Care program design, house rules, admission agreements, and contingency staffing protocols
- Consumer Rights and Confidentiality: Comprehensive review of personal rights, self-advocacy facilitation, HIPAA compliance, HCBS Final Rule privacy standards, and the DSP 304 form
- ISP and IPP Implementation: Instruction on reading, interpreting, and documenting daily progress toward Individual Program Plan and Individual Service Plan objectives
- Mandated Reporting and Abuse Prevention: Legal obligations under Penal Code 11166, recognizing signs of physical, emotional, and financial abuse, and immediate reporting timelines to Adult Protective Services, CCL, and IRC
- Special Incident Reporting: Identification of reportable SIRs, observation reporting for non-SIR events, and the strict 24-hour verbal and 48-hour written reporting timelines
- Medication Assistance: Procedures for ensuring all medications are centrally stored and dispensed by facility staff, verifying dosages, utilizing observation reports for refusals, reporting errors, and managing medications during community outings
- Emergency Preparedness: Evacuation routes, relocation sites, execution of fire and earthquake drills every six months, and emergency supply maintenance
- Positive Behavioral Support: Utilizing person-centered planning to redirect behaviors, crisis prevention, and the strict prohibition of any physical, chemical, or mechanical restraints under all circumstances
- Health and Safety Protocols: Infection control, universal precautions, recognizing symptoms of illness, CPR and First Aid basics, and facilitating medical emergencies
- Community Integration: Strategies for safely transporting and supporting consumers during community outings and promoting active involvement with their circle of support

METHOD OF PRESENTATION

The orientation curriculum will be delivered using a blended-learning approach tailored to adult learners to ensure maximum retention. Methods will include direct oral instruction and facility tours led by the Administrator, structured shadowing of experienced staff during daily routines, and interactive multimedia presentations including web-based modules and instructional videos for specific clinical topics such as infection control and medication side effects.

COMPETENCY VERIFICATION AND FAILURE POLICY

Beyond the initial 40-hour on-site orientation, Perris Care will ensure long-term staff proficiency through formalized competency verification per Title 17 Section 56033. Staff will be required to successfully complete the 35-hour DSP Year 1 competency-based training and testing within the first 120 days of hire. DSP Year 2 must be completed by the end of their second year of employment.

If a staff member fails a competency-based training exam, Perris Care policy dictates that they may not work independently. They will be immediately restricted to providing care only under the direct visual supervision of the Administrator or a fully certified DSP until they successfully retake and pass the required competency test. Failure to pass the test within the allowable regulatory timeframe will result in removal from the schedule or termination of employment.

Section 26: Continuing Education — DSP

At Perris Care, the foundation of a highly effective Direct Support Professional team is the meticulous written record of their ongoing educational growth. The documentation of continuing education begins the moment a training session concludes. All training records are centrally stored and maintained within each employee's personnel file in the facility office. The administrator is exclusively responsible for tracking and logging these files to verify compliance, ensuring that every certificate of completion, sign-in sheet, competency test result, and training syllabus is accurately recorded. For every session, the documentation will explicitly capture the date, duration of the training, subject matter covered, method of instruction, and the signature and credentials of the instructor.

Because Perris Care is seeking vendorization as a Level 2 facility, our continuing education targets the specific, practical needs of the individuals we serve. In accordance with Title 17 Section 56038, every Direct Support Professional will complete a minimum of 8 hours of continuing education within each twelve-month period following their assumption of direct care duties.

The 8-hour annual curriculum is deliberately focused on the core components of our care model. The information covered will include:

- Practical implementation of the consumer services detailed in our program design
- Promotion and protection of consumer rights, dignity, and privacy
- Advanced health and safety protocols, including emergency intervention awareness
- Strategies for promoting active social and physical integration into the community
- The Interdisciplinary Team process, with specialized instruction on executing and tracking Individual Program Plan objectives

To ensure that continuing education resonates with various learning styles and remains engaging, Perris Care will utilize diverse methods of presentation. Training will be delivered through interactive oral instruction during staff meetings, structured web-based modules for regulatory updates, educational DVDs for visual scenarios, and hands-on modeling for physical safety and care techniques. The training will be conducted by the facility administrator, alongside qualified behavioral consultants or certified third-party trainers for specialized topics.

We do not just present information; we verify that our staff fully understand how to apply it safely. Following critical training modules, staff must pass a competency evaluation. If a Direct Support Professional fails a competency-based training test, our policy prioritizes the immediate safety of the consumers. Under Title 17 Section 56033, the staff member will be required to completely retake the applicable training segment and pass a new competency test. Until they achieve a passing score, the employee is strictly prohibited from working independently. They may only provide direct support and supervision to consumers while in the immediate, continuous physical presence of another direct care staff member who has already successfully passed the required competency testing.

All staff shall be subject to the training requirements specified in Title 17 and Title 22 Regulations.

Section 27: Continuing Education — Administrator

Ongoing professional development for the facility administrator requires active inter-agency coordination. By aligning our educational focus with the evolving standards set forth by the Inland Regional Center, the Community Care Licensing Division, and our network of healthcare and behavioral consultants, Perris Care ensures that administrative leadership remains deeply informed and highly effective. The administrator shall be subject to the training requirements specified in Title 17 and Title 22 Regulations.

To maintain active credentialing and ensure the highest standard of care, the administrator will fulfill distinct hourly requirements under state law. Pursuant to Title 22 CCR Section 85064.3, the administrator will complete a minimum of 40 hours of approved continuing education every two years to renew and maintain a valid ARF Administrator Certificate. Additionally, in direct accordance with Title 17 CCR Section 56037(d)(2) for a Level 2 facility, the administrator will complete no less than 8 hours of continuing education within each twelve-month period following the assumption of administrative duties.

The continuing education curriculum will directly relate to the administration and management of residential services for individuals with developmental disabilities. Approved training topics will include:

- Consumer services, person-centered planning, and the specific care strategies described in the facility program design

- Promotion of consumers' personal rights, health, safety, and physical or social integration
- The Interdisciplinary Team process and the effective development and implementation of Individual Program Plans
- Cultural competency and sensitivity, specifically regarding issues relating to the underserved aging LGBTQ community, which requires a minimum of one hour of instruction per renewal cycle
- Business operations, facility administration, and staff supervision

Training will be delivered through a combination of in-person seminars and interactive online modules. To satisfy these regulatory requirements, the administrator will utilize CDSS-approved continuing education vendors. Specific training providers will include the DSP Academy, the Care and Compliance Group, and specialized educational seminars hosted by the Inland Regional Center. While a blended format will be utilized to ensure a comprehensive learning experience, no more than half of the required 40 biennial hours will be completed via online courses, strictly adhering to the limitations established in Title 22.

All continuing education hours will be systematically tracked and monitored to guarantee unbroken compliance. The administrator will maintain a dedicated professional development log within their personnel file at the facility, supplemented by the original hard copies of all course completion certificates. This documentation will clearly record the course title, date of completion, duration, delivery method, and the approved vendor's name and identification number. These files will be kept current at all times and made readily available for review during unannounced inspections by licensing evaluators or regional center quality assurance liaisons.

In the event the administrator fails to complete the required continuing education hours necessary to renew their ARF Administrator Certificate, strict facility policies will be enforced to protect consumer safety and maintain operational compliance. The individual will immediately be prohibited from performing the duties of the administrator. During this lapse, the designated and fully qualified substitute administrator will assume full operational oversight of the facility. Perris Care will formally notify the Inland Regional Center and the Community Care Licensing Division within the mandated reporting timeframes regarding this change in administrative coverage. The suspended administrator will be required to promptly complete all deficient continuing education hours and submit any applicable delinquency fees to the Department to officially restore their certification before they are permitted to resume their administrative role.

Policies & Procedures

Section 28: Grievance Policy

At Perris Care, the consumer's Individual Service Plan (ISP) is the driving force behind every operational and clinical decision we make. Because our entire program is built around the individual's choices, goals, and voice, we view the grievance process not as a negative occurrence, but as a vital extension of their self-advocacy. Honoring a consumer's concerns ensures that their services remain truly person-centered. Individuals, their families, conservators, or authorized representatives have the right to file a grievance without fear of retaliation. All grievances will be documented, investigated, and resolved in a timely manner.

In accordance with Title 22 CCR 85072, safeguarding the personal rights of our consumers includes ensuring they have a safe, accessible, and structured way to raise concerns about their care, supervision, or the facility environment. Consumers, their circle of support, and our direct care staff are thoroughly informed of the grievance procedure prior to or at the time of admission. As required by Title 17 CCR 56019(a)(2), the grievance procedure is explicitly outlined within the facility admission agreement and the house rules. We review these procedures with consumers and their conservators using language and formats appropriate to the consumer's communication abilities. Additionally, the grievance policy, along with contact information for the Inland Regional Center (IRC) Service Coordinator, the Clients' Rights Advocate, and Community Care Licensing, is posted prominently in a common area of the home. Staff are trained on this protocol during their initial orientation so they can actively assist any consumer who wishes to voice a complaint.

To ensure all concerns are addressed promptly and transparently, Perris Care will strictly adhere to the following grievance resolution process:

1. Filing the Grievance

Consumers, their family members, or their circle of support should direct their grievance to the Facility Administrator, Maria Gonzalez. If the Administrator is not immediately available, the grievance may be reported to any on-duty facility staff, who are mandated to notify the Administrator immediately. Grievances may be communicated verbally, in writing, or through the consumer's preferred alternative communication method.

2. Initial Acknowledgment

The Administrator will formally acknowledge receipt of the grievance directly to the consumer and the reporting party within 24 hours of the complaint being filed.

3. Investigation

The Administrator will conduct a thorough and objective investigation into the matter. This includes interviewing relevant staff, the consumer, and any witnesses, as well as reviewing facility logs or schedules as needed. The investigation phase will be completed within 5 business days of the initial grievance report.

4. Resolution and Written Response

A clear, written resolution detailing the investigation findings and any corrective actions taken by the facility will be provided to the consumer and their circle of support within 10 business days of the initial filing. If the consumer or their conservator is dissatisfied with the outcome, facility staff will immediately assist them in contacting their IRC Service Coordinator or the Clients' Rights Advocate to escalate the matter.

All grievances, regardless of severity, will be meticulously documented. The original complaint, investigation notes, and the final written resolution will be recorded on a facility grievance log. These records will be securely retained in the facility's administrative files for a minimum of five years, ensuring complete accountability and allowing our quality assurance team to identify trends that can further improve our service delivery.

Section 29: Internal Quality Assurance Plan

When a gap in service quality or a regulatory deficiency is identified at Perris Care, our immediate priority is swift, transparent correction. As the Administrator, I will view programmatic shortcomings not as failures, but as critical opportunities to refine our support systems and better serve the individuals entrusted to our care. If an internal audit, staff report, or external evaluation reveals noncompliance or a departure from our person-centered objectives, I will immediately initiate our response chain. This process begins with an on-the-spot assessment to ensure no consumer is in immediate danger. Once health and safety are secured, I will conduct a root-cause analysis to determine why the breakdown occurred. Following this, I will develop an internal corrective action plan outlining specific steps for remediation, the staff responsible, and strict deadlines for completion. If the issue involves systemic gaps, I will schedule an emergency programmatic review to retrain staff and adjust our operational protocols accordingly.

To catch potential issues before they require corrective action, Perris Care will implement a rigorous internal monitoring schedule in accordance with Title 17 §56051. Quality assurance is not a passive exercise; it requires continuous, structured oversight of all facility operations. My monitoring methods will include direct observation of staff-consumer interactions, unannounced environmental walk-throughs, and systematic audits of documentation. I will personally review medication administration records, consumer notes, financial ledgers, and special incident reports on a weekly basis to verify accuracy and compliance. Monthly, I will audit individual consumer files to ensure that services are being delivered exactly as outlined in their Individual Program Plans and that progress on objectives is being documented accurately.

The ultimate responsibility for the facility's internal quality assurance rests with me as the Administrator. Under the framework of Title 17 §56047, I will conduct comprehensive, formal facility audits on a quarterly basis. These audits will evaluate the physical plant for safety and homelike comfort, assess the nutritional program for dietary compliance, and measure overall

staff performance against regional center standards. By maintaining this frequency, I can proactively identify trends, address staff training deficits, and ensure our services continuously adapt to the evolving needs of the consumers.

Central to our quality assurance framework is the direct measurement of consumer satisfaction and life quality. To ensure we are hitting these critical benchmarks, The Self Assessment Guide in the Looking at Service Quality handbook will be completed for each consumer at least annually, and a copy of the assessment will be available for review by individual Planning Teams as well as; satisfaction surveys, anecdotal narratives or letters from individuals, or other existing data. Incorporating these varied data sources pursuant to Title 17 §56048 ensures our internal evaluations remain deeply person-centered and grounded in the actual lived experiences of the individuals we support.

Effective quality assurance relies on clear, consistent communication across all levels of the home. To maintain this alignment, I will facilitate a structured schedule of programmatic meetings.

- House meetings will be held weekly, giving consumers a dedicated, safe forum to voice their preferences, plan menus, choose community activities, and discuss any concerns they have about their living environment or peers
- Staff meetings will be conducted monthly to review facility policies, discuss consumer progress, address any operational challenges, and reinforce training on specific consumer needs
- Quality Assurance reviews will occur quarterly, during which the facility management team will sit down to evaluate the data collected from audits, incident reports, and consumer feedback, using this information to refine our program design and set operational goals for the upcoming quarter

Section 30: Good Neighbor / Complaint Policy

An individual's Individual Support Plan (ISP) serves as the driving force behind every service decision made at Perris Care, including how we guide residents in their interactions with the world immediately outside their front door. Because the ISP focuses on maximizing independence and meaningful community participation, fostering a positive relationship with our surrounding neighborhood is a fundamental component of our program design. We recognize that true community integration begins on our own street at 432 Orange Ave.

TEACHING RESPECTFUL COMMUNITY BEHAVIOR

In alignment with Title 17 section 56013(b)(2), our approach to skill-building emphasizes teaching in natural environments. We will utilize the goals outlined in each consumer's ISP to

teach respectful community behavior. Direct Support Professionals will provide ongoing, gentle guidance on social boundaries, appropriate daytime and evening noise levels, respecting neighbors' property lines, and basic neighborhood etiquette, such as waving or exchanging greetings. This targeted training ensures that individuals are supported in becoming considerate, engaged, and welcomed members of their local community.

NEIGHBORHOOD OUTREACH

As a residential facility, it is imperative that the individuals residing in the home are taught to integrate positively into the neighborhood. Facility staff will reach out to the neighbors to provide information about the home and the purpose it serves, contact information for IRC Quality Assurance, Community Care Licensing and the Client's Rights Advocate. Staff will also provide neighbors a copy of the grievance/complaint policy and the Administrator or Owner's contact information.

Prior to welcoming our first consumers, and periodically thereafter as neighborhood turnover occurs, the Administrator, David Rodriguez, and the Licensee, Maria Gonzalez, will conduct proactive neighborhood outreach. This transparent communication builds trust, demystifies the purpose of our Level 2 Adult Residential Facility, and establishes a collaborative environment from day one.

COMPLAINT HANDLING PROCESS

Perris Care will maintain a highly responsive and structured complaint resolution process to quickly address any community concerns. Neighbors will be encouraged to contact the Administrator directly via the main facility number at (951) 555-8742 or through email at info@perriscare.com.

When a complaint is received, the following process will be executed:

- The Administrator will document the concern in the facility's community relations log, noting the date, time, nature of the complaint, and the neighbor's contact information
- The Administrator will investigate the issue immediately, speaking with staff and reviewing facility activities during the time in question
- A follow-up response will be provided to the neighbor within 48 hours, detailing the steps taken to resolve the issue
- If a complaint involves a consumer's behavior, staff will utilize the incident as a teaching opportunity in accordance with the consumer's ISP, providing redirection and skill-building without violating the consumer's privacy or personal rights

REGULARLY SCHEDULED MEETING TIME

To ensure open lines of communication and provide a dedicated forum for neighborhood feedback, Perris Care has established a consistent, accessible schedule for community interaction. The Licensee or designated Administrator will be available at the facility every first Wednesday of the month from 4:00 PM to 5:00 PM to meet with neighborhood residents to discuss any complaints, answer questions, and review our ongoing community integration efforts. Neighbors will be reminded of this open-door period in the initial outreach packet provided to them.

Section 31: Special Incident Reports (SIR) Reporting

At Perris Care, safeguarding the health, safety, and well-being of the individuals we serve requires seamless inter-agency coordination. When an unusual or critical event occurs, immediate and transparent communication with Inland Regional Center (IRC), the California Department of Social Services Community Care Licensing Division (CCLD), local emergency responders, and consulting professionals is paramount. Our special incident reporting protocols are designed to integrate our internal response with these vital external partners to ensure comprehensive oversight and rapid intervention.

Perris Care strictly prohibits the use of physical restraints, mechanical restraints, or chemical restraints under any circumstances. In alignment with the personal rights guaranteed under Title 22 CCR Section 85072, consumers are protected from punitive actions and rights violations at all times. Any unauthorized use of such measures is a severe violation and an immediately reportable incident.

REPORTABLE INCIDENTS

Under Title 17 CCR Section 54327.1, specific events mandate a formal Special Incident Report (SIR). Perris Care will report the following occurrences regardless of when or where they happen:

- The death of a consumer, regardless of cause
- A consumer being the victim of any crime
- A consumer is missing and a missing persons report has been filed with local law enforcement
- Reasonably suspected abuse or exploitation, including physical, sexual, financial, emotional or mental, verbal, and isolation
- Reasonably suspected neglect

- Any serious injury or accident, including: lacerations requiring sutures, puncture wounds, fractures, dislocations, internal bleeding, medication errors, medication reactions, burns, seizure injuries, bruising to sensitive areas, hematomas two inches or greater, pressure injuries stage two or greater, and head injuries requiring medical attention
- Any unplanned or unscheduled hospitalization
- Any stay in a hospital emergency room lasting five days or more

STAFF RESPONSIBILITIES AND MANDATED REPORTING

All facility staff, from Direct Support Professionals (DSPs) up to the Administrator and the Licensee/Owner, bear legal and ethical responsibility for documenting and reporting incidents. Under Penal Code Section 11166, all DSPs and administrative staff are mandated reporters and are required by law to report any known or reasonably suspected abuse directly to the appropriate authorities.

Within the facility's internal structure, DSPs will document initial observations on an internal incident log and immediately alert the Administrator. The Administrator will be the primary personnel responsible for formally documenting the incident, coordinating with the Licensee, and submitting the SIR to the required external agencies to ensure cohesive inter-agency communication.

NOTIFICATION AGENCIES

Depending on the nature and severity of the incident, the Administrator will coordinate reporting to the following agencies and individuals:

- Inland Regional Center (Consumer Service Coordinator and Quality Assurance Liaison)
- California Department of Social Services Community Care Licensing Division
- Local Law Enforcement
- Adult Protective Services or Long-Term Care Ombudsman
- The consumer's conservator, authorized representative, or family members

REPORTING TIMELINES

Rapid communication is the cornerstone of our incident response policy, ensuring that IRC and CCLD can provide immediate guidance and oversight. To ensure total compliance with regional center expectations:

All incidents will be reported verbally to IRC CSC and QA Liaison within 24 hours, and a written report created through IRC's online SIR form within 48 hours.

Section 32: Observations Reporting

At Perris Care, accurate and timely documentation is built directly into the daily schedule of our Direct Support Professionals. Keeping a close watch on the daily rhythms, minor changes, and routine behaviors of the individuals we serve is fundamental to providing proactive care. To ensure nothing is missed, staff are scheduled to complete all shift notes and observation logs before handing over their duties to the incoming shift.

While Special Incident Reports are reserved for severe emergencies, we recognize that minor, everyday occurrences are equally important for tracking a consumer's overall well-being. Therefore, as part of our scheduled reporting protocol, we enforce the following mandate: Incidents which are not reportable as SIR's, an observation form is to be completed and a copy submitted to the Individual's CSC within 48 hours of knowledge of the incident.

REPORTABLE OBSERVATIONS

Our staff are trained to look for and document specific events that fall below the threshold of an SIR but still require regional center awareness. Under the framework of Title 17 CCR 54327 for non-SIR incident reporting, the following events will be logged and reported as Observations:

- Minor behavioral incidents that do not escalate to the level of physical harm or require emergency intervention
- Medication refusals, documented immediately following the scheduled administration time
- Minor injuries, such as small scrapes or bruises that require only basic first aid
- Minor illnesses, including colds, low-grade fevers, or upset stomachs
- Noticeable changes in daily functioning, eating habits, or sleep schedules
- Peer disagreements or minor interpersonal conflicts that are safely redirected by staff

DOCUMENTATION AND RETENTION PROCESS

To maintain a consistent and predictable reporting schedule, the responsibility for documenting these observations falls to the Direct Support Professional who witnessed the event. The process follows a strict timeline:

1. The observing staff member completes a standardized Observation Form immediately following the incident or before the end of their scheduled shift

2. The form details the date, time, location, individuals involved, a factual description of what occurred, and the staff's response

3. As the Administrator, I review the Observation Form during my daily administrative schedule to ensure it is accurate, objective, and complete

4. I then submit a copy of the Observation Form to the consumer's Inland Regional Center Consumer Services Coordinator via email or secure fax within the required 48-hour window

5. The original hard copy is filed securely in the consumer's individual facility record

In compliance with Title 22 CCR 85075 regarding consumer-related incident documentation, all observation reports will be safely retained at the facility for a minimum of five years from the date of the event. These scheduled logs and observation records will remain readily accessible at all times for review by Inland Regional Center representatives and Community Care Licensing evaluators to ensure total transparency in our daily operations.

Section 33: Abuse Reporting

When a Direct Support Professional joins the team at Perris Care, the very first and most critical component of their orientation focuses on their legal and ethical duties as a mandated reporter. Recognizing, preventing, and reporting abuse is the foundation of our care model. All staff will be trained in abuse reporting procedures and written verification of training will be maintained in the home.

During this initial training, personnel are taught to identify all forms of mistreatment as defined by California law and Title 22 regulations. Staff are strictly required to recognize and report any suspected or witnessed instances of the following:

- Physical abuse
- Sexual abuse
- Financial exploitation
- Emotional or mental abuse
- Verbal abuse
- Isolation
- Neglect
- Abandonment

We instruct our direct care professionals that suspicion alone dictates action. Upon observing or suspecting any form of mistreatment, the discovering staff member must follow strict reporting timelines as outlined in Penal Code Section 11166. First, the staff member must make a telephone report immediately or as soon as practically possible. Second, a formal written report must be submitted within 36 hours of receiving the information concerning the

incident.

Depending on the specific nature of the incident, staff are trained to report suspected abuse to the following agencies:

- Local law enforcement
- Adult Protective Services
- Community Care Licensing
- Inland Regional Center
- Long-Term Care Ombudsman

The duty to report is an individual mandate. A staff member cannot delegate this responsibility to the administrator or assume someone else will make the call. Our training explicitly covers the legal and employer consequences for not reporting abuse. Under Penal Code Section 11166, failure to report is a misdemeanor punishable by severe criminal penalties, including fines and potential jail time. Furthermore, Perris Care maintains a zero-tolerance policy regarding mandated reporting failures. Any employee who fails to report suspected abuse will face immediate termination of employment.

If an allegation of abuse and/or neglect is made against a Perris Care staff member, our immediate priority is the protection of the consumer. To ensure the individual's safety, the accused employee will face immediate removal from direct contact pending investigation. During this transition and the ensuing inquiry, the administrator will enforce increased monitoring within the home to ensure a completely secure environment for everyone. Additionally, prompt notification of all involved parties will occur. This includes notifying the individual's circle of support, their conservator, and the applicable investigating agencies to maintain total transparency and compliance with Title 17 Section 54327.1 until the matter is fully resolved.

Section 34: Medical Emergency Procedures

Long before paramedics are ever dispatched, the foundation of our medical emergency response is built on meticulous documentation. Every Direct Support Professional at Perris Care will know exactly where to find critical health information because we will maintain a dedicated, easily accessible emergency profile for every consumer. This file, updated continuously, will contain the individual's face sheet, current medication list, known allergies, insurance information, primary physician contact numbers, and signed medical consent forms. By starting with accurate records, our staff will be equipped to provide precise information to first responders, ensuring that the individuals we serve receive the most effective and informed medical care possible.

EMERGENCY RESPONSE SEQUENCE

When a medical emergency occurs, preserving the health and safety of the consumer is our absolute priority. In accordance with Title 22 §85075, Perris Care will ensure that each individual receives necessary first aid and emergency medical services without delay. Staff will be thoroughly trained to execute the following sequential response:

1. Assess the immediate environment for safety and evaluate the consumer's condition to determine the severity of the medical event

2. Administer First Aid or CPR immediately if the situation dictates and the responding staff member is certified to do so

3. Call 911 without hesitation for any life-threatening injuries, severe illnesses, or if the individual's condition is unstable or deteriorating

4. Notify the Facility Administrator immediately after securing emergency medical intervention

5. Contact the consumer's primary care physician to inform them of the situation and seek any specific medical guidance

6. Notify the consumer's conservator, family members, and the Inland Regional Center (IRC) service coordinator so the circle of support is fully aware and involved in the response

TRANSPORTATION PROTOCOLS

The method of transportation used during a medical event will be dictated entirely by the severity of the consumer's condition.

- Ambulance: For all life-threatening emergencies, suspected spinal or head injuries, severe respiratory distress, or any condition requiring en-route medical stabilization, transportation will be provided exclusively by ambulance via the 911 system
- Facility or Staff Vehicle: For urgent but non-life-threatening medical situations, such as a minor laceration requiring sutures or a suspected localized fracture, staff will transport the individual to the nearest urgent care center or emergency room using the designated facility vehicle or a safely maintained staff vehicle

MAINTAINING STAFFING RATIOS DURING EMERGENCIES

When a consumer requires an emergency room visit, a familiar face must be there to comfort them. A DSP or the Administrator will accompany the sick or injured individual to the hospital to provide advocacy, share the documented medical history, and offer emotional support. To ensure the continuous safety of the remaining consumers at Perris Care, we will immediately activate our contingency staffing plan.

If a scheduled staff member must leave the facility to accompany a consumer, an off-duty DSP or the Administrator will be dispatched to the home to cover the shift. Perris Care will maintain a robust on-call roster, ensuring replacement staff are available to arrive at the facility promptly. Under no circumstances will the home operate below the required staffing ratios. If the primary on-call staff is delayed, the Administrator will personally provide direct care and supervision until standard coverage is fully restored.

OFF-SITE ILLNESS AND MEDICAL RESPONSE

We recognize that medical emergencies and sudden illnesses do not only happen at the facility. Our commitment to our consumers extends seamlessly into the community. Someone from the home will respond, in one hour or less, when an individual is ill at their school program, day program, work program, or place of employment. Whether the situation requires safely transporting the individual back to Perris Care for rest or taking them directly to a medical clinic for evaluation, our team will be mobilized immediately to ensure the consumer is supported.

POST-INCIDENT DOCUMENTATION AND REPORTING

Returning to the foundation of our response, comprehensive documentation follows the conclusion of every medical event. Pursuant to Title 17 §54327.1, any medical emergency or unplanned hospitalization will be formally documented as a Special Incident. Staff will complete an internal observation log detailing the timeline of the event and the interventions used. The Administrator will verbally notify the IRC Service Coordinator and Quality Assurance Liaison within 24 hours of the emergency, followed by the submission of a written Special Incident Report via the IRC online portal within 48 hours. This closed-loop documentation process ensures full transparency and allows the interdisciplinary team to update the consumer's care plan to mitigate future risks.

Section 35: Emergency Disaster Plan

ACCOUNTABILITY AND OVERSIGHT OF EMERGENCY READINESS

The Administrator holds ultimate accountability for the facility's disaster readiness. On a strictly scheduled monthly basis, the Administrator will verify the integrity of the emergency disaster plan by auditing supply inventories, reviewing drill documentation, and confirming that the designated primary and secondary relocation sites remain accessible and viable. This ongoing verification ensures that when a genuine crisis occurs, staff will execute protocols

flawlessly to protect the four individuals residing at Perris Care.

DISASTER DRILL IMPLEMENTATION AND FREQUENCY

To ensure complete preparedness and adherence to Title 22 standards, Perris Care will conduct comprehensive disaster drills every six months. These drills will rotate across all operating shifts to guarantee that every staff member and individual is familiar with emergency protocols at any time of day or night. The drills will encompass, at a minimum, the following emergency scenarios:

- Fire and smoke evacuation
- Earthquake response and sheltering
- Active shooter in the neighborhood or immediate vicinity

DRILL DOCUMENTATION AND TRAINING UTILIZATION

Every drill will be meticulously documented on a standardized facility log immediately following the exercise. The documentation will capture the date, time of day, type of emergency scenario, the total time required to achieve a safe evacuation or lockdown, the names of all participating individuals and staff, and any specific operational or behavioral challenges encountered.

The results of these drills will be actively utilized as ongoing training opportunities for both staff and the individuals we serve. For example, if the documentation reveals that an individual became overwhelmed by the sudden noise of the alarm, or if staff experienced delays in securing the emergency go-bag, these data points will drive the agenda for the next staff meeting. Personnel will be retrained on specific positive behavioral supports to help individuals cope with emergency-related anxiety. Simultaneously, individuals will receive incidental, person-centered training on recognizing safe exit routes and practicing calming techniques, transforming a potentially terrifying event into a familiar, manageable routine.

EMERGENCY RELOCATION SITES

If a disaster or civic evacuation order mandates that the home be vacated, Perris Care has identified two safe, public relocation sites in the local community. Both locations are entirely separate from any other licensed facility and have the physical capacity and infrastructure to comfortably accommodate our four consumers along with all accompanying staff:

- Primary Relocation Site: Bob Glass Gymnasium, 101 North D Street, Perris, CA 92571
- Secondary Relocation Site: Perris High School Gymnasium, 175 East Nuevo Road, Perris, CA 92571

EMERGENCY SUPPLIES AND MAINTENANCE

A comprehensive cache of emergency supplies will be maintained at the home in a designated, secure, and easily accessible storage area near the main exit. This cache will include advanced first aid kits, high-lumen flashlights, extra batteries, a battery-operated emergency weather radio, thermal blankets, essential hygiene products, and laminated emergency contact lists.

To guarantee readiness, the Administrator will conduct a physical inventory of all emergency supplies on the first week of every month. During this audit, any items nearing their expiration dates, depleted first aid materials, or batteries that have lost their charge will be immediately discarded and replaced. This strict oversight ensures all supplies remain fully viable if needed.

EMERGENCY NUTRITION AND HYDRATION STATEMENT

In the event of a sustained emergency where sheltering in place is required, Perris Care will maintain a dedicated stockpile of non-perishable food for three days and one gallon of water per person per day for three days to include individuals and staff. This emergency inventory is strictly separated from the facility's daily pantry and is precisely calculated to support the four admitted individuals and all facility personnel present during an emergency.

Record Keeping

Section 36: Record Keeping — Individual, Home & Staff Records

DOCUMENTATION AND RECORD KEEPING PHILOSOPHY

At Perris Care, we recognize that documentation is the physical evidence of our commitment to the individuals we will serve. Every time a direct support professional assists a consumer with a medication, observes a behavioral antecedent, or facilitates a community outing, that action must be written down. Accurate, contemporaneous documentation ensures seamless communication between our shifts, the Inland Regional Center, and medical professionals. As the Facility Administrator, I, David Rodriguez, will be responsible for ensuring that every piece of data collected is meticulously recorded, properly filed, and securely stored. Perris Care is currently applying for vendorization, and upon approval, we will implement the following comprehensive record-keeping systems.

INDIVIDUAL RECORDS

The life cycle of a consumer's record begins before they even transition into Perris Care and continues throughout their stay. Because we will support individuals with complex behavioral and dual diagnoses, the depth and accuracy of their personal files are critical. I will be directly responsible for auditing these files on a weekly basis to ensure completeness.

Individual records will be stored in a dedicated, locked filing cabinet located in the locked administrator's office. This ensures strict adherence to the Health Insurance Portability and Accountability Act (HIPAA) and prevents unauthorized access. Only the administrator, authorized direct care staff on duty, the consumer's conservator, Inland Regional Center representatives, and Community Care Licensing evaluators will have access to these confidential files.

Each individual's file will contain, at a minimum, the following documents as required by Title 22 CCR 85070 and Title 17 CCR 56059:

- The current Individual Program Plan (IPP) and any addendums
- The original Admission Agreement and any modifications
- Comprehensive medical assessments, dental records, and immunization histories
- Psychiatric and behavioral assessments, including the Individual Emergency Intervention Plan
- Medication administration records and physician orders
- Signed consent forms and personal rights acknowledgments
- Daily progress notes written by facility staff and summaries of data collection
- Copies of all Special Incident Reports and internal observation reports
- An ongoing ledger of the consumer's safeguarded cash resources and personal property
- Identification data, emergency contacts, and a recent photograph

To guarantee that historical data remains available for longitudinal care planning and state audits, all records will be maintained for five years.

HOME RECORDS

Just as we track the progress of the people we support, we must rigorously document the operation of the facility itself. Home records provide the structural and legal framework that proves Perris Care is operating safely, transparently, and within the scope of our program design. I am solely responsible for the creation, filing, and secure storage of all facility records.

Home records will be maintained in a separate locked cabinet within the administrator's office, distinct from consumer and staff files. These records are accessible to state licensing

evaluators, regional center quality assurance liaisons, and authorized emergency personnel upon demand.

The home records maintained on-site will include:

- The active Community Care Licensing facility license and any approved waivers
- Current liability insurance policies and vehicle registration documentation
- Comprehensive financial records demonstrating the facility's operating budget and stability
- Emergency disaster plan and logs of disaster drills, which will be conducted every six months
- Weekly staff schedules reflecting actual hours worked and direct care ratios
- Planned monthly activity schedules and daily menus as served
- Quality assurance reports, self-assessments, and any internal corrective action plans
- Contracts and visitation logs for our licensed behavioral consultants and other professionals
- A central register of all consumers currently receiving services in the home

To ensure complete operational transparency and continuous regulatory compliance, all records will be maintained for five years.

STAFF RECORDS

The individuals we serve rely on highly trained, thoroughly vetted professionals. Documenting the qualifications, clearances, and ongoing education of our staff is just as important as tracking consumer care. I will manage all personnel files and ensure that no staff member provides direct care until their documentation is fully compliant and verified.

To protect employee privacy, staff records will be kept in a distinct, locked personnel cabinet in the administrative office, completely separate from consumer files. Access to these records is strictly limited to myself, the licensee, and authorized auditing agencies.

Each personnel file will comprehensively document the employee's tenure and qualifications, including:

- The initial employment application, resume, and verified reference checks
- A signed duty statement and acknowledgment of the facility's policies and procedures
- Verification of criminal record clearances or valid exemptions prior to initial presence in the home
- Health screening reports and tuberculosis clearances
- Copies of current CPR and First Aid certifications

- Proof of Direct Support Professional Year 1 and Year 2 certifications
- Current certification from the Crisis Prevention Institute in non-violent crisis intervention
- Documentation of the mandatory 40-hour on-site orientation and shadowing period
- Ongoing performance evaluations and logs of continuing education hours
- Notices of any disciplinary actions or commendations

To provide a verifiable history of our workforce credentials for any future audits, all records will be maintained for five years.

Positive Behavioral Support

Section 37: Person Centered Planning / Positive Support

PERSON CENTERED PLANNING TIMELINES AND RESPONSIBILITIES

At Perris Care, person-centered planning will not be a static event but an ongoing, scheduled process designed to elevate the consumer's autonomy. In accordance with Welfare and Institutions Code Sections 4502 and 4503, this timeline begins before admission and extends through daily interactions, ensuring the individual's right to self-determination in the least restrictive environment. The Administrator will be responsible for initiating this process during the pre-admission phase by scheduling discovery meetings with the individual and their circle of support.

The active participation of the individual will be supported, as well as their likes/dislikes, and cultural or religious preferences. All information derived from the person-centered planning process is used to promote long term skill building through a Positive Support Plan.

Within the first 30 days of placement, the Administrator will schedule a planning meeting to translate these discoveries into daily, actionable routines that respect the individual's personal goals and foster independence.

POSITIVE SUPPORT PLAN DEVELOPMENT AND REVIEW CYCLE

Pursuant to Title 17 Section 56013, the Positive Support Plan will serve as the operational framework for providing individualized services based directly on the consumer's IPP.

- Day 1 to Day 30: The Administrator will observe the individual's baseline routines and draft the initial Positive Support Plan.

• Daily Implementation: Direct Support Professionals will utilize the plan to provide choices, encourage community integration, and redirect challenging behaviors using proactive strategies.

• Semi-Annual Review: The Administrator will schedule formal reviews every six months with the Interdisciplinary Team to adjust the Positive Support Plan, ensuring it remains aligned with the consumer's evolving preferences and skill development.

• Event-Driven Updates: If a consumer experiences a significant life transition or a change in behavioral presentation, the Administrator will convene the Interdisciplinary Team within 14 days to update the plan.

BEHAVIORAL DATA COLLECTION AND MEASUREMENT FREQUENCY

To ensure the Positive Support Plan is effective and meets the functional assessment requirements of Title 17 Section 56004, Perris Care will implement a strict schedule for data collection and analysis.

• Every Shift: Direct Support Professionals will document antecedent events, behavioral responses, and successful de-escalation methods in the daily shift logs.

• Weekly: The Administrator will review all daily logs every Friday to identify emerging behavioral trends, environmental triggers, or areas where staff require additional support.

• Monthly: The Administrator will summarize the weekly data into a progress report, measuring the individual's advancement toward IPP objectives.

• Semi-Annually: Comprehensive progress measurements will be presented to the Inland Regional Center Service Coordinator during scheduled semi-annual reviews.

POSITIVE BEHAVIORAL SUPPORT TRAINING SCHEDULE

Consistent staff training is the foundation of effective positive behavioral support. The Administrator will manage the training schedule for all Direct Support Professionals to ensure seamless implementation of the consumer's goals.

• Pre-Service: Before working directly with any consumer, staff will be trained specifically on that individual's Positive Support Plan, communication modalities, and recognized behavioral triggers.

• First 40 Hours: Within the first 40 hours of employment, staff will complete formal instruction on person-centered thinking, active listening, and positive behavioral redirection.

• Annually: The Administrator will schedule annual continuing education for all staff focusing on advanced de-escalation techniques and the core principles of self-determination.

PROHIBITED PRACTICES AND IMMEDIATE RESPONSE PROTOCOLS

As mandated by Title 22 Section 85072, Perris Care will maintain a strict zero-tolerance policy regarding restrictive or punitive interventions.

- Physical, mechanical, and chemical restraints are prohibited under all circumstances.
- Seclusion, corporal punishment, humiliation, and the withholding of basic rights or preferred items are strictly forbidden.
- If an individual exhibits behavior that presents an immediate danger, staff will exclusively use non-physical, verbal de-escalation techniques and environmental modifications to ensure safety.
- Should any prohibited practice occur, the Administrator will schedule an immediate investigation, report the incident to the Inland Regional Center and Community Care Licensing within 24 hours, and initiate immediate disciplinary action.

Transportation

Section 38: Vehicle Safety

The Administrator handles all aspects of transportation safety, taking primary responsibility for verifying driver credentials, overseeing vehicle maintenance, and enforcing passenger safety protocols. Recognizing that safe transit is a critical component of community integration, the Administrator ensures that any vehicle used to transport a consumer complies completely with California Vehicle Code and Title 22 regulations.

To guarantee that only safe, qualified individuals are operating vehicles, the Administrator will complete the following sequential process to verify staff driver qualifications prior to authorizing any employee to transport a consumer:

1. Obtain and retain a copy of the employee's valid California Driver License to ensure it is current and of the proper class.

2. Request a current Motor Vehicle Report from the California Department of Motor Vehicles to confirm a clean driving record free of major infractions, suspensions, or excessive points.

3. Verify that the employee is covered under an active, adequate automobile insurance policy.

4. Conduct a facility-specific orientation covering emergency transit protocols, safe boarding procedures, and route planning.

Perris Care will maintain adequate insurance, and current registration for any vehicle to be used by the facility at all times. Regular vehicle maintenance and inspections of any vehicle

used by the facility will completed by a certified professional. Vehicle(s) will be kept in good working condition with all safety equipment/parts maintained in a manner which ensures the safety of all passengers.

To supplement the required professional inspections, the Administrator will implement a routine internal inspection schedule. Staff will be trained to conduct a daily visual walk-around before transporting any individual, checking that headlights, turn signals, and tire pressure are optimal, and ensuring that interior safety belts are accessible and functioning smoothly.

Passenger safety is the absolute priority during any community outing or medical transport. Staff will enforce strict safety procedures, which include:

- Ensuring every individual is securely fastened in a seatbelt before the vehicle engine is started
- Assisting individuals as needed when entering and exiting the vehicle, always utilizing the curbside doors to avoid traffic hazards
- Maintaining a fully stocked first aid kit, emergency roadside equipment, and emergency contact profiles for each consumer inside the vehicle at all times
- Prohibiting the use of mobile devices by staff while driving, except when operating a hands-free device during a genuine emergency
- Requiring that the interior climate is kept comfortable and that no consumer is ever left unattended in a vehicle under any circumstances

By centralizing the oversight of these protocols with the Administrator, the facility ensures a consistent, secure approach to transportation that protects the physical safety and emotional well-being of every consumer during community travel.

Section 39: Transportation as Additional Component (SVC Code 880)

Every transportation decision made at the facility is driven directly by the consumer's Individual Support Plan and Individual Program Plan. When a planning team identifies that an individual requires reliable transit to access a day program, a supported employment site, or an educational setting to meet their specific life goals, facility staff ensure those needs are seamlessly integrated into the daily routine. To facilitate this level of safe, consistent, and personalized access to the community, the facility is applying to provide this service directly.

Perris Care will be vendored for transportation as an additional component, and will meet all vendorization requirements.

Under this vendorization, transportation will only be provided to residents residing in Perris Care.

Transportation under this vendorization will only be billed for transportation provided to/from, program, work or school, all other trips are funded through the facility's ARM rate.

Appendix

Section 48: Appendix — Required Attachments Checklist

During a typical morning shift, before the first pot of coffee is even finished brewing, our direct support professionals are already reviewing the daily activity logs and checking individual consumer schedules to ensure the day runs safely and smoothly. That same level of meticulous organization is applied to our administrative and regulatory compliance. As Perris Care is seeking vendorization to provide services as a Level 2 Adult Residential Facility, we have compiled a comprehensive set of foundational documents to verify our readiness, staff qualifications, and operational structure.

Pursuant to the vendorization application requirements in Title 17 CCR Section 56005 and the program design documentation requirements of Section 56013, the following attachments are included as appendices to this program design:

■ LETTER OF INTENT

A written request to establish a Level 2 residential home and a statement of the licensee and administrator's qualifications. This includes a copy of the approval letter from Inland Regional Center.

■ PROGRAM DESIGN AFFIRMATION STATEMENT

A completed and signed affirmation statement.

■ FACILITY LICENSE

Proof that Perris Care is actively licensed with the Community Care Licensing Division. If not yet active, proof that the license is currently in pending status with CCLD is provided.

■ ORGANIZATIONAL CHART

A diagram including identification of lead and supervisory personnel, consultant staff, and direct care staff. The diagram includes job titles and names where available. As Perris Care LLC operates this single facility, no separate larger agency relationship diagram is required.

■ NEW RESIDENTIAL SERVICE PROVIDER ORIENTATION CERTIFICATE

Proof that the Inland Regional Center NRSPO was completed by both the Licensee and proposed Administrator within the last two years.

■ ADMINISTRATOR CERTIFICATE

A Department-issued Administrator Certificate verifying completion of the requirements for becoming an administrator for the type of home we will operate. Certificates are submitted for both the Licensee and the proposed Administrator.

■ DSP I AND DSP II CERTIFICATION

Proof of DSP I Certification for both the Licensee and proposed Administrator, with DSP II documentation included where applicable. First-time providers who previously took the Challenge Test without completing the competency-based training have been encouraged to take the courses for Year One and Two.

■ CURRENT CPR AND FIRST AID CERTIFICATION

Proof that the proposed Administrator and the Licensee have current certification in First Aid and Cardiopulmonary Resuscitation with the abdominal thrust technique. Training has been obtained through class attendance that includes hands-on instruction via the American Red Cross or American Heart Association.

■ NON-VIOLENT CRISIS INTERVENTION AND PREVENTION CERTIFICATION

Proof that the proposed Administrator and the Licensee have current certification in Non-Violent Crisis Intervention/Prevention. Training has been obtained through class attendance that includes hands-on instruction.

■ CONSULTANT RESUME

A detailed resume that includes employment history and education for each consultant listed in the program design.

■ PROFESSIONAL LICENSE AND CERTIFICATE

A current copy of the applicable licenses and certificates for each consultant listed in the program design.

■ DISASTER DRILL FORMS

Samples of the forms Perris Care will use to document required fire, earthquake, and other disaster drills.

■ STAFF SCHEDULE

A completed schedule with total weekly hours meeting the staffing requirements for our designated service level.

■ ADMINISTRATOR SCHEDULE

A completed schedule detailing the hours the Administrator will be present at the facility to provide direct support and supervision to home staff and consultants.

■ MONTHLY FACILITY AND ACTIVITY SCHEDULE

A detailed sample of a monthly schedule that incorporates consumer choice, house meetings, in-home activities, and community integration events.

Program Design Affirmation Statement

Perris Care — Level 2

NAME OF APPLICANT or ORGANIZATION (please print)

432 Orange Ave | Perris | CA | 92571

SERVICE ADDRESS | CITY | STATE | ZIP

(951) 555-8742 | info@perriscare.com

TELEPHONE NUMBER | FAX NUMBER | e-mail address

Perris Care LLC

CONTACT PERSON FOR PROJECT (*please print)*

Perris Care | X

NAME OF PARENT CORPORATION, if applicable please indicate: ☐ Non-profit ☐ For-profit

AUTHOR OF PROGRAM DESIGN *(if different from applicant identified above)*

My signature below affirms that the information presented in this program design is, to the best of my knowledge and belief, true and correct and adheres to guidelines under the Lanterman Act, Title 17 and 22 of the California Code of Regulations and Inland Regional Center (IRC) best practices.

Additionally, I understand that once approved, the program design is my contract with IRC and the individuals I support. Should changes to the design become warranted, a revised design will be submitted to IRC for review and approval. IRC has up to forty-five (45) days to review and approve/disapprove said changes. Prior to implementation of any approved changes, each individual will receive, at minimum, thirty (30) days' notice of the proposed change through the Inter-disciplinary Team meeting process.

07/22/2026

Applicant Signature/Signature of Person Authorized to Bind Organization — DATE

My signature below affirms that this program design was written by the author stated above and is not subject to copyright infringement issues.

07/22/2026

Signature — Date

Staff Schedule

Perris Care will ensure the safety, well-being, and person-centered care of all individuals supported. The following staffing standards are maintained:

- To meet Title 17 requirements: Staffing hours/ratios for level 2, 168 hours per week (minimum) for resident census of 4.
- 24/7 Direct Support: At least one Direct Support Professional (DSP) is always awake and present.
- Staff-to-Consumer Ratios: Ratios vary depending on consumer census and needs, with one staff person for the first resident.
- Leadership Staff: Administrator
- Consultants: Behavior Consultant and/or Behavior Consultant Assistant and Nurse Consultant.

As required by a Level 2 facility, during the nighttime hours, we provide awake night staff who are available to provide any necessary services to the resident. The Administrator will adjust their schedule as needed to meet client needs, to perform their duties, and to support the needs of Direct Support Professionals.

Perris Care

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
12:00am	E	E	E	E	E	E	E
1:00am	E	E	E	E	E	E	E
2:00am	E	E	E	E	E	E	E
3:00am	E	E	E	E	E	E	E
4:00am	E	E	E	E	E	E	E
5:00am	E	E	E	E	E	E	E
6:00am	E	E	E (E*PP)	E	E	E	E
7:00am	AG	F	AB (A*PP)	AG	F	B	G
8:00am	AF (A*PP)	B	AG	AF	B	G	F
9:00am	AF	B	AG	AF	B	G	F
10:00am	AF	B	AG	AF	B	G	F
11:00am	AF	B	AG	AF	B	G	F
12:00pm	AB	G	AF	AB	G	F	B
1:00pm	AB	G	AF	AB (A*PP)	G	F	B
2:00pm	AB	G	AF	AB	G	F	B
3:00pm	BC	GH	DF	BC	GH	DF	BC
4:00pm	BC	GH	DF	BC	GH	DF	BC
5:00pm	C	H	D	C	H	D	C
6:00pm	H	D	C	H	D	C	H
7:00pm	H	D	C	H	D	C	H
8:00pm	H	D	C	H	D	C	H
9:00pm	D	C	H	D	C	H	D
10:00pm	D	C	H	D	C	H	D
11:00pm	E	E	E	E	E	E	E

Staff Key:
1. Maria Gonzalez: Administrator 40 HOURS 2. Staff B 40 HOURS 3. Staff C 40 HOURS
4. Staff D 40 HOURS 5. Staff E 40 HOURS 6. Staff F 40 HOURS
7. Staff G 40 HOURS 8. Staff H 40 HOURS
9. Admin Preparation Hours

Total Weekly Hours: 168 **Total Program Prep Hours: 8**

Perris Care Administrator Hours

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
12:00am							
1:00am							
2:00am							
3:00am							
4:00am							
5:00am							
6:00am			A				
7:00am	A		A	A			
8:00am	A		A	A			
9:00am	A		A	A			
10:00am	A		A	A			
11:00am	A		A	A			
12:00pm	A		A	A			
1:00pm	A		A	A			
2:00pm	A		A	A			
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
9:00pm							
10:00pm							
11:00pm							

Administrator total hours per week: 25

Week 1 Activity Schedule

Perris Care — July 20 – 26, 2026

Day	6–7 AM Wake-Up	7–8 AM Breakfast	8 AM–2 PM Day Program	2–3 PM Snack	3–5 PM Activity	5–6 PM Dinner	6–7 PM Hygiene	7–9 PM Evening	9 PM Wind-Down
Mon	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Weekly House Meeting** Emotional Regulation Workshop Balloon Volleyball	Dinner, socialization	PM hygiene skills	Tie-Dye Project Word Search / Crosswords	Wind-down, bedtime prep
Tue	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	Ice Cream Shop Outing **Fitness & Body Positivity**	Dinner, socialization	PM hygiene skills	Individual Goal Progress Review Walking Club	Wind-down, bedtime prep
Wed	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Weekly Staff Meeting** Personal Development Tracking Puzzles	Dinner, socialization	PM hygiene skills	Reading / Book Time Calendar Craft	Wind-down, bedtime prep
Thu	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Weekly Consumer 1:1 Review** Conflict Resolution Practice Peer Support: Weekly Gratitude	Dinner, socialization	PM hygiene skills	Game of Clue Anxiety Reduction Techniques	Wind-down, bedtime prep
Fri	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**ISP / Behavior Plan Review** Cooking Skills: Kitchen Safety Ping Pong	Dinner, socialization	PM hygiene skills	Dinner Out & Money Skills	Wind-down, bedtime prep
Sat	Sleep	Wake-up, routines, medication	Breakfast **Resident Council & Activity Planning** Deep Cleaning Day **Community Park Walk**	Snack, relaxation	**Anxiety Reduction Techniques** Healthy Habits Discussion	Dinner, socialization	PM hygiene skills	Coping Strategies & Stress Relief Conflict Resolution Practice	Wind-down, bedtime prep
Sun	Sleep	Wake-up, routines, medication	Breakfast **Personal Hygiene & Health Choices** Relaxation Video Calls with Family	Snack, quiet time	**My Goals: Successes & Challenges** Family Visits Prep for week	Dinner, socialization	PM hygiene skills	Relaxation / Quiet Time Family Calls / Video Chats	Wind-down, bedtime prep

The above schedule is subject to change based on availability and consumer choice/need. Consumers have a choice in what activities he/she participates in on a daily basis.

Week 2 Activity Schedule

Perris Care — July 27 – August 2, 2026

Day	6–7 AM Wake-Up	7–8 AM Breakfast	8 AM–2 PM Day Program	2–3 PM Snack	3–5 PM Activity	5–6 PM Dinner	6–7 PM Hygiene	7–9 PM Evening	9 PM Wind-Down
Mon	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Behavioral Support Group** Weekly Behavior Data Review Coloring (Adult Coloring Books)	Dinner, socialization	PM hygiene skills	Personal Care Routine Self-Advocacy & Behavior Tracking	Wind-down, bedtime prep
Tue	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	Picnic at the Park **Community Integration Planning**	Dinner, socialization	PM hygiene skills	Weekly Objectives Check-In Name That Tune	Wind-down, bedtime prep
Wed	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Weekly House Meeting** Values & Mindfulness Circle Chair Exercise	Dinner, socialization	PM hygiene skills	Dance-Off Medication Management Workshop	Wind-down, bedtime prep
Thu	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Weekly Staff Meeting** Anger Management & Cool Down Techniques Gentle Yoga / Cool-Down	Dinner, socialization	PM hygiene skills	Storytelling Circle Homemade Magnets	Wind-down, bedtime prep
Fri	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Weekly Consumer 1:1 Review** Health & Wellness Education Pictionary	Dinner, socialization	PM hygiene skills	Dinner Out & Money Skills	Wind-down, bedtime prep
Sat	Sleep	Wake-up, routines, medication	Breakfast **IPP Goal Focus Session** Relaxation Time (TV, Music, Reading) **Farmers Market**	Snack, relaxation	**Behavioral Support: Identifying Triggers** Obstacle Course (Backyard)	Dinner, socialization	PM hygiene skills	Meal Planning Painting (Watercolor)	Wind-down, bedtime prep
Sun	Sleep	Wake-up, routines, medication	Breakfast **Daily Living Skills: Money Management** Relaxation Light Walk / Stretching	Snack, quiet time	**Looking Ahead: Weekly Prep** Light Chores / Room Tidy-Up Prep for week	Dinner, socialization	PM hygiene skills	Relaxation / Quiet Time Family Calls / Video Chats	Wind-down, bedtime prep

The above schedule is subject to change based on availability and consumer choice/need. Consumers have a choice in what activities he/she participates in on a daily basis.

Week 3 Activity Schedule

Perris Care — August 3 – 9, 2026

Day	6–7 AM Wake-Up	7–8 AM Breakfast	8 AM–2 PM Day Program	2–3 PM Snack	3–5 PM Activity	5–6 PM Dinner	6–7 PM Hygiene	7–9 PM Evening	9 PM Wind-Down
Mon	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	Pet Store Visit **Mindful Responses to Triggers**	Dinner, socialization	PM hygiene skills	Holiday Card Making Bingo	Wind-down, bedtime prep
Tue	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Weekly House Meeting** Understanding My Medications Checkers / Chess	Dinner, socialization	PM hygiene skills	Mindful Responses to Triggers Community Integration Planning	Wind-down, bedtime prep
Wed	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Weekly Staff Meeting** Weekly Objectives Check-In Stamp Art / Ink Prints	Dinner, socialization	PM hygiene skills	Nutrition & Healthy Eating Basics TV / Favorite Shows	Wind-down, bedtime prep
Thu	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**ISP / Behavior Plan Review** Positive Choices Group Video Games	Dinner, socialization	PM hygiene skills	Guided Breathing / Calm Karaoke	Wind-down, bedtime prep
Fri	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Weekly Consumer 1:1 Review** Vocational Prep Workshop Feelings Check-In & Discussion	Dinner, socialization	PM hygiene skills	Dinner Out & Money Skills	Wind-down, bedtime prep
Sat	Sleep	Wake-up, routines, medication	Breakfast **Peer Support: Weekly Gratitude** Morning Stretching / Yoga **Fast Food / Ice Cream Run**	Snack, relaxation	**Feelings Check-In & Discussion** Scrapbooking	Dinner, socialization	PM hygiene skills	Walk Around the Block Trivia Night	Wind-down, bedtime prep
Sun	Sleep	Wake-up, routines, medication	Breakfast **Nutrition & Healthy Eating Basics** Relaxation Prep for the Week	Snack, quiet time	**Self-Advocacy Workshop** Letter Writing to Family Prep for week	Dinner, socialization	PM hygiene skills	Relaxation / Quiet Time Family Calls / Video Chats	Wind-down, bedtime prep

The above schedule is subject to change based on availability and consumer choice/need. Consumers have a choice in what activities he/she participates in on a daily basis.

Week 4 Activity Schedule

Perris Care — August 10 – 16, 2026

Day	6–7 AM Wake-Up	7–8 AM Breakfast	8 AM–2 PM Day Program	2–3 PM Snack	3–5 PM Activity	5–6 PM Dinner	6–7 PM Hygiene	7–9 PM Evening	9 PM Wind-Down
Mon	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Behavioral Support Group** Decision Making & Consequences Resident Council & Activity Planning	Dinner, socialization	PM hygiene skills	Weekly Behavior Data Review Button Art / Mosaic	Wind-down, bedtime prep
Tue	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Weekly Consumer 1:1 Review** Time Management Skills Self-Advocacy Workshop	Dinner, socialization	PM hygiene skills	Outdoor Games (Backyard) Baking (Cookies, Brownies)	Wind-down, bedtime prep
Wed	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Weekly Staff Meeting** Choice Board & Activity Selection Fitness & Body Positivity	Dinner, socialization	PM hygiene skills	Movie Night & Popcorn Finger Painting	Wind-down, bedtime prep
Thu	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Weekly House Meeting** Coping Skills: Managing Frustration	Dinner, socialization	PM hygiene skills	Play-Doh / Clay Modeling Morning Stretch Routine	Wind-down, bedtime prep
Fri	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	Outdoor Festival **Medication Management Workshop**	Dinner, socialization	PM hygiene skills	Dinner Out & Money Skills	Wind-down, bedtime prep
Sat	Sleep	Wake-up, routines, medication	Breakfast **Individual Goal Progress Review** Closet / Drawer Organization **Pool / Splash Pad**	Snack, relaxation	**Peer Support & Encouragement** Grocery List Making	Dinner, socialization	PM hygiene skills	Friendship Bracelet Making Musical Chairs	Wind-down, bedtime prep
Sun	Sleep	Wake-up, routines, medication	Breakfast **Job Readiness: Interview Practice** Relaxation Quiet Time / Reading	Snack, quiet time	**Weekend Wrap-Up & Goal Setting** Choosing Outfits for the Week Prep for week	Dinner, socialization	PM hygiene skills	Relaxation / Quiet Time Family Calls / Video Chats	Wind-down, bedtime prep

The above schedule is subject to change based on availability and consumer choice/need. Consumers have a choice in what activities he/she participates in on a daily basis.

Week 5 Activity Schedule

Perris Care — August 17 – 23, 2026

Day	6–7 AM Wake-Up	7–8 AM Breakfast	8 AM–2 PM Day Program	2–3 PM Snack	3–5 PM Activity	5–6 PM Dinner	6–7 PM Hygiene	7–9 PM Evening	9 PM Wind-Down
Mon	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	Thrift Store Shopping **Coping Strategies & Stress Relief**	Dinner, socialization	PM hygiene skills	Basic First Aid Practice Behavioral Support: Identifying Triggers	Wind-down, bedtime prep
Tue	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**ISP / Behavior Plan Review** Healthy Habits Discussion Emotional Regulation Workshop	Dinner, socialization	PM hygiene skills	Hanging Cutouts Laundry Skills	Wind-down, bedtime prep
Wed	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Weekly Staff Meeting** Self-Advocacy & Behavior Tracking Time Management Skills	Dinner, socialization	PM hygiene skills	Ball Toss / Catch Setting the Table	Wind-down, bedtime prep
Thu	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Weekly Consumer 1:1 Review** Household Safety & Emergency Prep Personal Hygiene & Health Choices	Dinner, socialization	PM hygiene skills	Cooking Skills / Meal Prep Uno	Wind-down, bedtime prep
Fri	Wake-up, routines, medication	Breakfast	**Day / Work Program**	Snack, transition home	**Weekly House Meeting** House Rules & Respect Discussion Paper Craft / Origami	Dinner, socialization	PM hygiene skills	Dinner Out & Money Skills	Wind-down, bedtime prep
Sat	Sleep	Wake-up, routines, medication	Breakfast **Emotional Regulation Workshop** Prep for Community Outing **Movie Theater**	Snack, relaxation	**Fitness & Body Positivity** Bike Ride (Neighborhood)	Dinner, socialization	PM hygiene skills	Bean Bag Toss Basketball (Backyard)	Wind-down, bedtime prep
Sun	Sleep	Wake-up, routines, medication	Breakfast **Personal Development Tracking** Relaxation Family Time / Phone Calls	Snack, quiet time	**Conflict Resolution Practice** Relaxation / Individual Choice (TV, Music, or Puzzles) Prep for week	Dinner, socialization	PM hygiene skills	Relaxation / Quiet Time Family Calls / Video Chats	Wind-down, bedtime prep

The above schedule is subject to change based on availability and consumer choice/need. Consumers have a choice in what activities he/she participates in on a daily basis.

*PP = Program Preparation Hours. Per Title 17 §56002(a)(31) and §56004(e), Program Preparation functions are ancillary activities performed by the administrator and direct care staff, including: data collection and behavior log analysis, completion of required documentation, development of training plans, staff meetings, consumer meeting preparation, IPP/ISP review preparation, grocery and supply shopping, and banking transactions. For Perris Care, up to 2 hours of Program Preparation per consumer per week may be counted within the total weekly direct care staffing hours listed above, for a maximum of 8 hours per week. These *PP hours are reflected in the Administrator's scheduled time blocks, as marked on the schedule above.

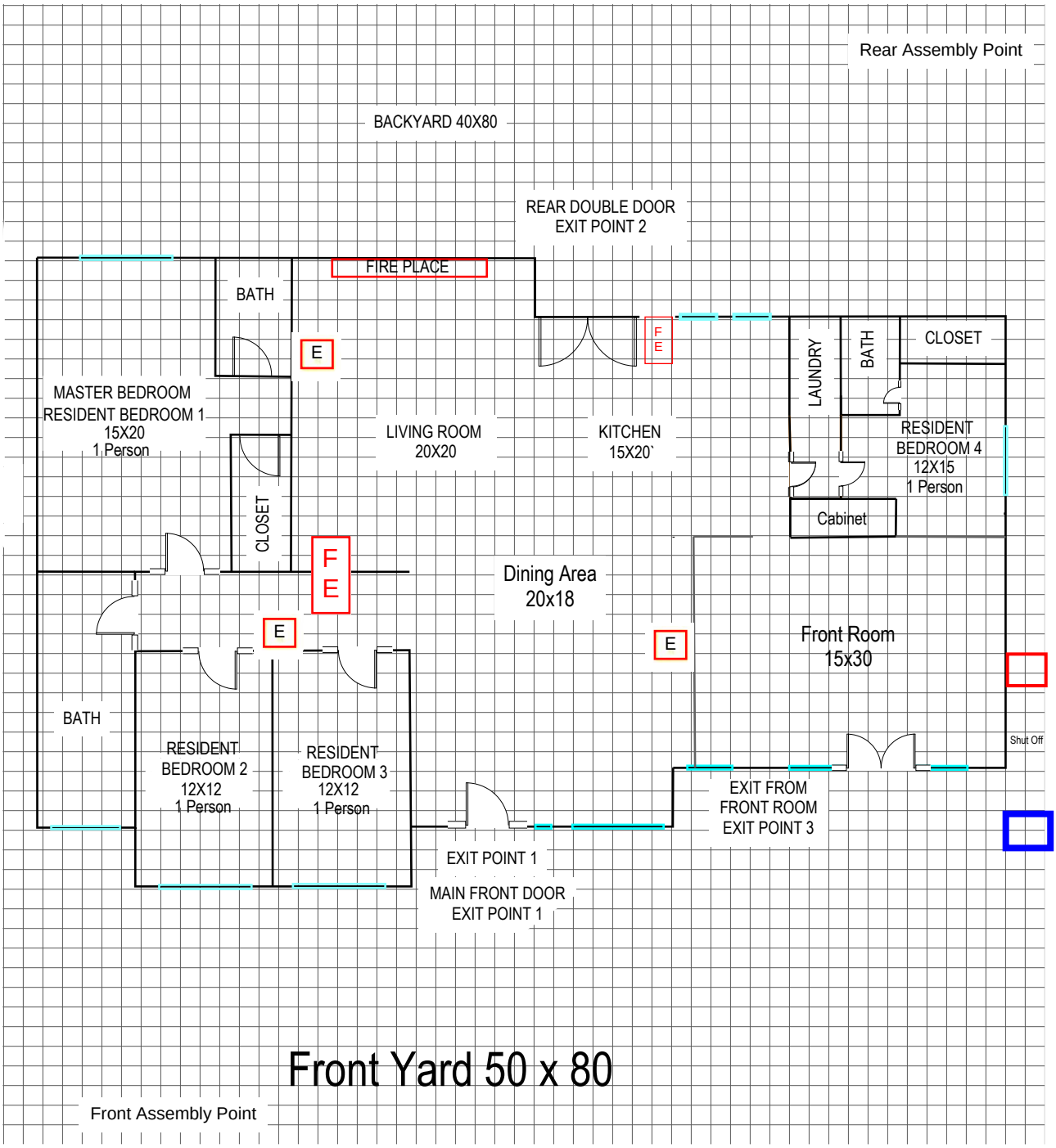
APPENDIX

Supporting Documents

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

Electricity Shutoff

Water Shutoff

= Window

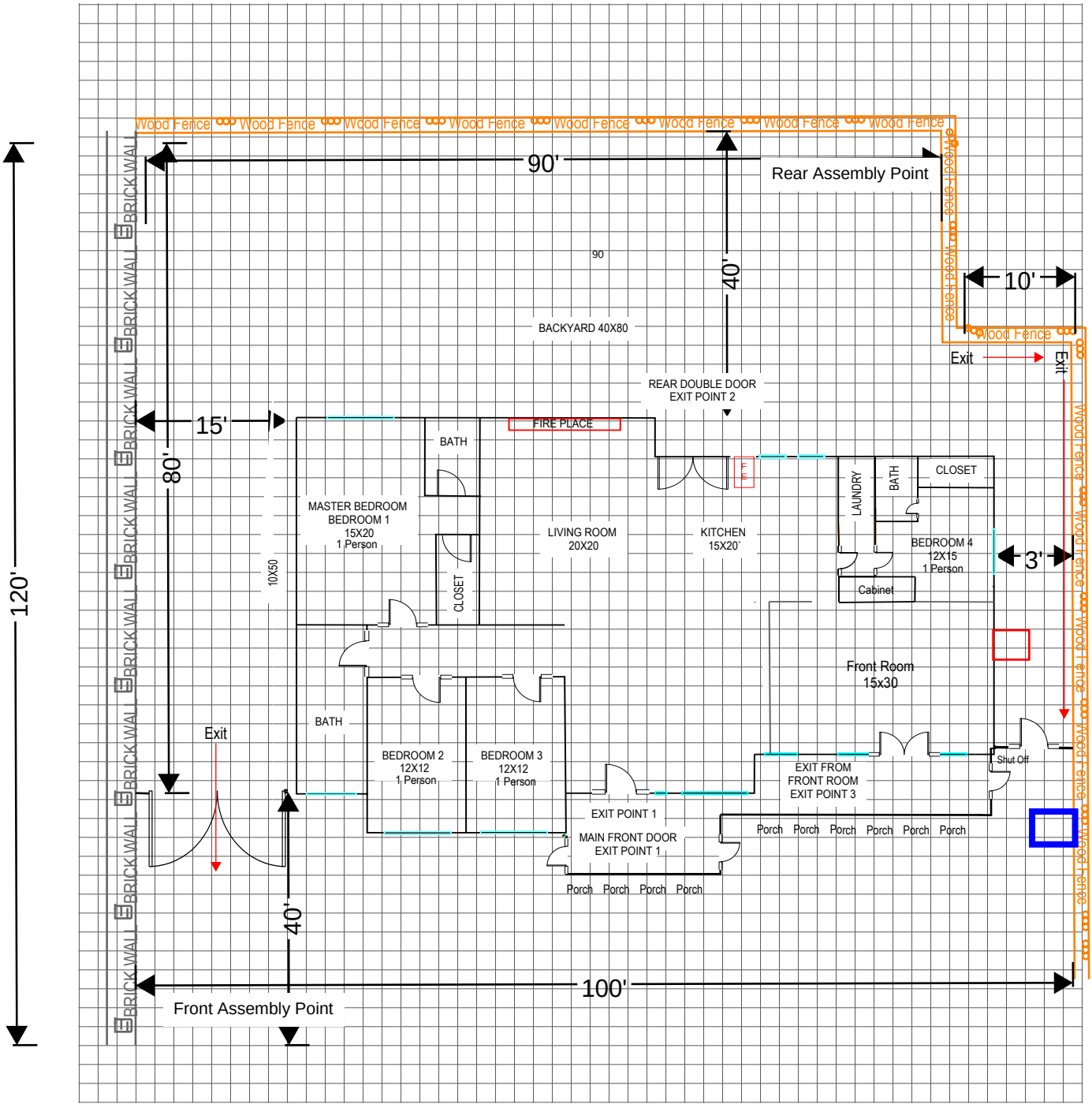
F E = Fire Extinguisher

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

Electricity Shutoff

Water Shutoff