



**County of Riverside**  
**Juvenile Justice and Delinquency Prevention Commission (JJJPC)**  
**Inspection – GROUP HOME**  
**2024**

<b>Date</b>	1/6/24
<b>Name of Facility</b>	Community Action Network Steps
<b>Address</b>	10631 Orchard View Lane, Riverside, CA 92503
<b>Phone</b>	951.688.8625
<b>Contact Person</b>	Guadalupe Arrelano 909.205.5826
<b>JJJPC Inspectors</b>	Collopy/Parker
<b>Date of Last JJJPC Inspection</b>	N/A
<b>CCL Contact Name</b>	
<b>Date of last CCL Inspection</b>	

**Staff Interviewed:**

<b>Name</b>	<b>Title</b>	<b>How long at GH?</b>	<b>Notes</b>
Lupe Arrelano	Admin Assist	7 year	Working on certification to become Administrator
Lodatta Robinson	Director	N/A	Corona: Main office
Kelly Vasquez	LCSW	N/A	Shifts between both homes.

**Describe the following:**

<b>Population</b>	5 (2 RivCo youth)
<b>Type of Care / Treatment</b>	STRTP
<b>Currently, what is the biggest challenge you face at the home</b>	Staff recruiting and retention. Challenges to staff when administrators are not around.
<b>What is the one thing you are most proud of</b>	When residents turn their lives around

**Staffing:**

<b>Total number of staff</b>	5 per day- 16 on staff
<b>Ratio of staff to youth</b>	Day Shift: 5:2      PM Shift: 5:2      Night Shift: 5:2
<b>Minimum educational requirement</b>	Bachelor or 2 years field training.
<b>Rate of retention for staff</b>	Unknown. 12 of 16 staff are female. All males only housed.

**Training:**

<b>What is the training regimen for staff</b>	40 hours in office (Corona). Shadowed by senior staff for 24 hours thereafter.
<b>How is the staff trained for behavior issues</b>	Trauma informed care.
<b>Does training include Trauma Informed Care (TIC)</b>	Yes.
<b>Human Trafficking</b>	Yes.

**Records/ Special Issues/ Policies:**

<b>Where are records kept</b>	Corona: Main office
<b>Special Incident Reports (SIR) in the past year</b>	Unknown. Est: AWOL: 1x monthly
<b>How was it handled</b>	3 days no privileges.

<b>How are AWOLs handled</b>	3 days. No priveleges.
<b>Describe the Disciplinary Policy</b>	Loss of privileges, including and up to phone, internet, gaming, television, special events.
<b>Cell Phone Policy</b>	Allowed. No restrictions. Wifi enabled.

**Medical Issues:**

<b>How are medical issues and/or emergencies handled</b>	All staff CPR-trained. No defib on site. Urgent care for minor issues. ER for for serious issues.
<b>How is medication stored and administered</b>	Locked and stored in office.
<b>Access to:</b>	Facility Manager Leads Residential Youth Counselor

**Programs:**

Type of Program	When or How Often	Notes
<b>Mental Health Services</b>	24/7-plus-Individual therapy	
<b>Religious Services</b>	As needed. Staff accompanies	
<b>Drug and Alcohol Classes</b>	!X weekly. Staff transports	
<b>Parenting Classes</b>	Planned Parenthood	
<b>Trauma Informed Care</b>	Training available to staff	
<b>Human Trafficking</b>	Training available to staff	
<b>Recreation and Physical Activities</b>	Gym membership- both homes	
<b>Other Therapy Provided</b>	Psych MD every 60-90 days. Prescribes psychotropic meds if needed.	

**Community Involvement:**

<b>Volunteer Opportunities</b>	Outside agencies
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**Education:**

<b>Describe how and where youth are educated.</b> (Include transportation, relationship with off-site schools, Title I tutors, and homework routine.)	Local schools where applicable. Staff transports. Homework completed after return from school.
<b>Who holds educational rights or attends meetings</b>	CASA, Guardian, Parent(s)
<b>Is career planning, job training or college preparation offered</b>	Yes.

**Posted Documents Required:**

<b>Facility License</b>	Current.
<b>Personal Community Care Licensing (CCL) Rights</b>	Current.
<b>Activity Schedule</b>	Current.
<b>Universal Precautions Procedure</b>	Current.
<b>First Aid Supplies</b>	Current.
<b>Emergency Disaster Plan</b>	Current. Drill 1X weekly

**Interior:**

	<b>Kitchen</b>	<b>Notes</b>
<input checked="" type="checkbox"/>	Cleanliness	Adequate
<input checked="" type="checkbox"/>	Appliances	Clean and operable
<input checked="" type="checkbox"/>	Menus posted	Yes.
<input checked="" type="checkbox"/>	Knives locked	Yes.
<input checked="" type="checkbox"/>	Food stored properly	Yes.
<input checked="" type="checkbox"/>	Chemicals stored properly	Yes.
<input checked="" type="checkbox"/>	Quantity - 1 week supply	1 week plus in freezer. Refrig clean and current
<input checked="" type="checkbox"/>	Fresh fruits/ vegetables	Yes
<input checked="" type="checkbox"/>	Special Diet provisions	Yes
<input checked="" type="checkbox"/>	Fire Extinguisher	Yes. Multiple
		Note: Smoke alarm battery alarm sounding during our visit. Has not been changed since alarm sounded 2 months ago.
	<b>Bathrooms</b>	<b>Notes</b>
<input checked="" type="checkbox"/>	Cleanliness	Adequate
<input checked="" type="checkbox"/>	Smell	Acceptable



<input checked="" type="checkbox"/>	Mold/ Mildew	None observed
<input checked="" type="checkbox"/>	Any safety hazards	None observed
	<b>Bedrooms</b>	<b>Notes</b>
<input checked="" type="checkbox"/>	Cleanliness	Adequate
<input checked="" type="checkbox"/>	Personal space	Adequate
<input checked="" type="checkbox"/>	Age appropriate decor	Adequate
<input checked="" type="checkbox"/>	Fire/Smoke alarms	Battery alarm sounding for two months.
	Any safety hazards	None observed
	<b>Common Areas</b>	<b>Notes</b>
<input checked="" type="checkbox"/>	Cleanliness	Adequate
<input checked="" type="checkbox"/>	Homelike setting	Adequate
<input checked="" type="checkbox"/>	Fire/ Smoke alarms	See note re: alarm sounding
<input checked="" type="checkbox"/>	Any safety hazards	See note re: alarm sounding

**Exterior:**

	<b>Overall</b>	<b>Notes</b>
<input checked="" type="checkbox"/>	Satisfactory appearance	Acceptable
<input checked="" type="checkbox"/>	Play areas/ clear space	Acceptable
<input checked="" type="checkbox"/>	Windows	Clean-ish
<input checked="" type="checkbox"/>	Any safety hazards	None observed

**Questions for the Youth:**

(Assume quotation marks)

Three (3) youth were interviewed

1	<b>How old are you</b>	Linden/Isaac- both 16 (Interviewed seperately)
2	<b>What school do you attend</b>	Arlington HS- 11th grade
3	<b>What do you like about this home</b>	Staff: Nice/caring/Nice quiet neighborhood
4	<b>What would you change about this home</b>	More freedom/More gametime
5	<b>Do you have bedding, hygiene supplies, drawer and closet space</b>	Yes/Yes
6	<b>Do you have clothes and shoes that fit</b>	Yes/Yes
7	<b>Where do you keep your private property</b>	Room/Room

8	What are the phone call rules	Unrestricted/Unrestricted.
9	Do you have visitors	Yes/No
10	Do you feel supported at this home	Yes/Yes
11	How long have you been here	11 months/1 year
12	Have you been in other group homes	Yes/No
13	Can you explain the rules, responsibilities and grievance procedure	Yes/Yes
14	How quickly do staff and/or county social workers respond to needs	Yes/Yes
15	What do you do on Sundays	Cleaning/Outings

Evaluate overall quality of facility:

**IF CORRECTIVE ACTION IS REQUIRED, PLEASE PHOTOGRAPH THE ITEMS TO BE CITED**

**Corrective Action Notification?** Handled on site during inspection

**List Items to be included in Corrective Action Notification letter:**

1	Smoke alarm battery must be changed immediately and within 24 hours.
2	Set up regular date/time to check smoke alarms.

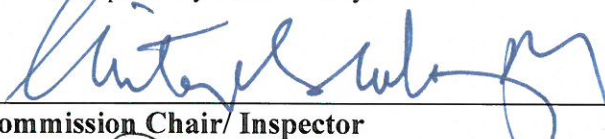
Have you completed the new requirements for accreditation pursuant to AB403?

In process


If not, what is the estimated time of completion?

June 2024

Inspection respectfully conducted by:

  
 Commission Chair/ Inspector

7-12-24  
 Date

  
 Commissioner / Inspector

7-11-24  
 Date

\_\_\_\_\_  
 Commissioner / Inspector

\_\_\_\_\_  
 Date

cc: Presiding Judge of the Juvenile Superior Court  
 Chief Probation Officer  
 Community Care Licensing  
 Director of Group Home

Director of Behavioral Health  
 Chairman of the Board of Supervisors  
 County Executive Officer  
 Office of Education Executive Director