County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, CA 90020
(213) 351-5602

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Acting Director

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July 10, 2011

To: Supervisor Michael D. Antonovich, Mayor
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Supervisor Don Knabe

From: Jackie Contreras, Ph.D.
Acting Director

FLEMING AND BARNES GROUP HOME, dba DIMONDALE, PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Fleming and Barnes Group Home is located in the 2nd, 4th and 5th Supervisorial Districts and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth and Probation youth. According to the agency's program statement, its goal is "to serve children through a variety of different programs, providing 24-hour residential treatment services for abused, troubled, and neglected children." Fleming and Barnes Group Home is licensed to serve a capacity of 24 children, ages 13 to 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Fleming and Barnes Group Home in March 2010, at which time the agency had four six-bed sites and eight placed female DCFS children. The placed children's overall average length of placement was five months, and their average age was 17. For the purpose of this review, seven placed children were interviewed and eight case files were reviewed. One child was not available to be interviewed. Seven staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Five children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Fleming and Barnes Group Home's compliance with the contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, eight placed children's case files, and a random sampling of personnel files. A visit was made to each facility to assess the quality of care and supervision provided to children and we conducted interviews with the children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, Fleming and Barnes Group Home was providing good care to the DCFS children, and the services were provided as outlined in the agency's program statement. The children interviewed stated that they liked the staff at their respective placements and that they were being treated well.

At the time of the review, we noted some documentation and physical plant deficiencies. The bathroom at the Hawthorne site needed painting and new flooring, and the agency made the necessary repairs prior to the exit conference. The agency also needed to develop comprehensive Needs and Services Plans (NSP) and ensure that all children received timely dental exams.

The agency was receptive to implementing some systemic changes to improve its compliance with regulations and the Foster Care Agreement. Further, the Director stated that he welcomed the review findings so that current operating systems could be improved.

NOTABLE FINDINGS

The following are notable findings of our review:

- NSPs were missing permanency goals, some were missing progress made by the child as identified in the treatment goal section, and a few did not include comments in the Adjustment to Placement Section. In addition, on some NSPs the Medical/Physical/Dental/Psychological Health Clinical Section needed more details, and none of the NSPs had the required signatures of the child, agency or Children's Social Worker (CSW), indicating their participation. The Facility Managers were responsible for ensuring that all signatures were captured. The Group Home had a change in Facility Managers and the new Managers have since established a system that demonstrates that they now receive all required signatures. The Director stated they would retrain staff regarding the comprehensiveness of the NSPs.

- The Long Beach site did not have adequate perishable or non-perishable foods. The Facility Manager reported that they purchase food every Friday, and that they were going to shop that afternoon. This monitor called back to the facility and confirmed they had gone grocery shopping that day. It should be noted that the agency had adequate perishable and non-perishable food during an unannounced follow-up visit to the facility on August 26, 2010.

- One initial dental exam was not found, and one initial dental exam was six days late. The child who did not receive her dental exam was replaced after the review, and the agency reported that the child who did not have a timely dental exam frequently ran away, making scheduling difficult, but there was no documentation showing appointments had been made. This monitor reminded the Agency that timely dental exams are to be conducted and that proper documentation must be present in all children's files.

- One employee did not have the required criminal background statement.

- Two employees had not received timely initial health screenings.

- Although the agency reports to having conducted initial training for its staff, documentation was not found, and we were unable to determine if the initial training was conducted.

These personnel findings were brought to the Executive Director's attention and the agency has since developed a new training document that captures the required information. It should be noted that these findings were adequately addressed in the approved Corrective Action Plan (CAP).

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held on January 25, 2011:

In attendance:

Ken Fleming, Executive Director, Lakeisha Horsley, Facility Manager, Lashaun Huggins, Facility Manager, Carolyn Ayars, Facility Manager, Jasmine Collins, Facility Manager, Fleming and Barnes Group Home; and Sonya Noil, Monitor, DCFS OHCMD.

Highlights:

The Director and Facility Managers understood our findings and recommendations. The Director stated that he would ensure that retraining would take place with his staff on all findings and that all of the needed corrections would be implemented.

It should be noted that the agency made some noteworthy improvements in the Long Beach and Hawthorne sites. At the Long Beach site, there is a new tile kitchen floor along with a new dining room table. Also, at the Hawthorne site, there are new colorful window coverings and new colorful bedspreads in the girls' bedrooms. Each of these improvements demonstrates the Group Home's efforts to ensure a pleasant home-like environment.

As agreed, Fleming and Barnes Group Home provided a timely written CAP addressing each recommendation noted in this compliance report (see attached).

As noted in the monitoring protocol, a follow-up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have any questions, please call me or your staff may contact Aldo Marin, Board Relations Manager, at (213) 351-5530.

JC:RS:KR
EAH:DC:sn

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Larry Love, President, Board of Directors, Fleming and Barnes
Kenneth Fleming, Executive Director, Fleming and Barnes
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

FLEMING AND BARNES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

23860 Hawthorne Blvd. Suite # 200
Torrance, CA. 90505
License Number: 198203822 (D)
License Number: 197605014 (L)
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: March 2010**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs	Full Compliance (ALL)
II	**Facility And Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms / Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance
III	**Program Services** (8 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed

IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained	Full Compliance (ALL)
V	**Recreation and Activities** (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities	Full Compliance (ALL)
VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Improvement Needed 9. Full Compliance
VII	**Personal Rights** (11 Elements) 1. Children Informed of Group Home Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication	Full Compliance (ALL)

VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
IX	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Full Compliance 7. Improvement Needed 8. Improvement Needed 9. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Full Compliance

FLEMING AND BARNES GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

1632 E. Dimondale Drive
Carson, CA. 90746
License Number 198203822
Rate Classification Level: 12

44116 63rd Street West
Lancaster, CA. 93536
License Number 197605014
Rate Classification Level: 12

1461 North Anaheim Place
Long Beach, CA. 90804
License Number 197804638
Rate Classification Level: 12

2509 West 115th Place
Hawthorne, CA. 90250
License Number 198204471
Rate Classification Level: 12

The following report is based on a "point in time" monitoring visit and addresses findings noted during the March 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of eight children's files, seven staff files and/or documentation from the provider, Fleming and Barnes Group Home was in full compliance with four of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Educational and Emancipation Services; Recreation and Activities; and Personal Rights. The following report details the results of our review.

FACILITY AND ENVIRONMENT

Based on our review of eight children's files, seven staff files, and/or documentation from the provider, Fleming and Barnes Group Home fully complied with three of six elements reviewed in the area of Facility and Environment.

The exterior of the group homes were well maintained. The front and back yards were clean and adequately landscaped. Children's bedrooms were well maintained.

While the Group Homes make efforts to provide a home-like environment, the bathroom at the Hawthorne site needed painting and new flooring. The agency made the necessary repairs prior to the exit conference. The Hawthorne site also did not have sufficient recreational equipment. The agency also purchased sufficient recreational equipment prior to the exit conference. The Long Beach site did not have adequate perishable or non-perishable foods. The Facility Manager reported that they purchase food every Friday, and that they were going to shop that afternoon. This monitor called back to the facility and confirmed they had gone grocery shopping that day. It should be noted that the agency did have adequate perishable and non-perishable present during an unannounced follow-up visit on August 26, 2010.

Recommendations:

Fleming and Barnes Group Home Management shall ensure that:

1. All bathrooms are well maintained.

2. It maintains sufficient recreational equipment.

3. It maintains adequate perishable and non-perishable foods.

PROGRAM SERVICES

Based on our review of eight children's files and/or documentation from the provider, Fleming and Barnes Group Home fully complied with four of eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in its program statement. Children received individual and group therapeutic services, and recommendations on required and/or recommended assessments/evaluations were implemented.

Seven initial NSPs and 12 updated Needs and Services Plans (NSP) were reviewed. None were comprehensive; they did not meet all of the required elements in accordance with the NSP template. NSPs were missing permanency goals, some were missing progress made by the child as identified in the Treatment Goal Section; and a few did not include comments in the Adjustment to Placement Section. In addition, the Medical/Physical/Dental/Psychological Health Clinical Section needed more details on some NSPs, and none of the NSPs had the required signatures of the child, agency or Children's Social Worker (CSW) indicating their participation. The Group Home had a change in Facility Managers, and proper training was not given to the new Facility Manager. Vital information was not explained nor passed on as it should have been. The Group Home has since established a system that shows it now receives all required signatures. The agency agreed to retrain staff regarding comprehensiveness of the NSPs.

Recommendations:

Fleming and Barnes Group Home Management shall ensure that:

4. DCFS CSWs have authorized the implementation of NSPs.

5. The children participate in the development of the NSPs.

6. NSPs have been implemented and discussed with staff.

7. NSPs are comprehensive.

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of eight children's files, interviews with seven children and/or documentation from the provider, Fleming and Barnes Group Home fully complied with seven of nine elements reviewed in the area of Children's Health-Related Services, including Psychotropic Medication.

All five children on psychotropic medication had current court-approved authorizations for psychotropic medications, and medication logs were properly maintained for each child. All of the medical exams were conducted timely, however, one dental exam was not timely and one was dental exam was not found. The child who did not have a dental exam had been replaced. The agency reported that the one child who did not have a dental exam was a chronic runaway, but there was no documentation showing appointments had been made. This monitor reminded the agency that timely dental exams must be conducted and that proper documentation must be present in all children's files.

Recommendations:

Fleming and Barnes Group Home management shall ensure that:

8. Dental exams are conducted within 30 days of placement.

9. Initial dental exams are conducted.

CLOTHING AND ALLOWANCE

Based on our review of eight children's files, interviews with seven children and/or documentation from the provider, Fleming and Barnes Group Home fully complied with seven of eight elements reviewed in the area of Clothing and Allowance.

Based on our review, all interviewed children reported that they received their $50.00 monthly clothing allowance and were provided with the opportunity to select their own clothes. The clothing allowance logs and inventories confirmed that the requirements were being met. All interviewed children reported that the Group Home provided them with the required minimum weekly monetary allowance and all children reported that they spent their allowances as they chose. The Group Home provided children with adequate personal care items. However, some of the children were not encouraged or assisted in creating and maintaining their photo albums/life books.

Recommendation:

Fleming and Barnes Group Home Management shall ensure that:

10. All children are encouraged in creating and updating a life book/photo album.

PERSONNEL RECORDS

Based on our review of seven staff personnel files and/or documentation from the provider, Fleming and Barnes Group Home fully complied with seven of 12 elements in the area of Personnel Records. All staff had a valid driver's license and current CPR/First-Aid certificate.

All seven staff files reviewed met the educational/experience requirements. Criminal fingerprints and Child Abuse Central Index (CACI) clearances were submitted timely. However, one staff did not sign a criminal background statement in a timely manner, and two staff did not receive timely initial health screenings. One staff did not have a current signed copy of the Group Home's policies and procedures. Lastly, one staff did not have documentation that the required annual on-going training was complete. Although the Group Home reported that staff received the required initial training hours, no documentation was found and we were unable to determine whether or not the initial training was conducted. The agency has created a checklist that now captures the required information. When the monitor informed the Facility Manager that some of their personnel documents were not timely, they agreed to do a better job with ensuring that documents are timely in the future.

Recommendations:

Fleming and Barnes Group Home Management shall ensure that:

11. All staff members have a signed criminal background statement in their personnel files.

12. All staff have timely health screenings.

13. All staff have signed copies of Group Home policies and procedures.

14. The agency utilizes their new and updated checklist to ensure that proper documentation is captured.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S (A-C) REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring report.

Verification

We verified whether the outstanding recommendations listed in the October 2, 2007 Compliance Review report were implemented.

Results

The A-C's prior monitoring report contained one outstanding recommendation. Specifically, Fleming and Barnes Group Home needed to assess children for needed services within 30 days of placement and maintain current NSPs. Based on our follow-up of this recommendation, Fleming and Barnes Group Home fully implemented the A-C's recommendation.

Recommendation:

None

MOST RECENT FISCAL REVIEW CONDUCTED BY THE A-C

The A-C did not conduct a fiscal review of Fleming and Barnes Group Home for 2008-2009.

Dimondale Adolescent Care
Administration Office
23840 Hawthorne Blvd. Suite 201
Torrance, CA 90505
Phone: (310) 791 3064 Fax: (310) 791 3084
www.dacfs.org

Dorothy Channel
County of Los Angeles Department of Children and Family Services
Out of Home Care Management Division
9320 Telstar Ave, Suite 206
El Monte, Ca 91731

February 25, 2011

Dear Ms. Dorothy Channel

Plan of Correction: Fleming and Barnes dba Dimondale Adolescent Care Facilities /Compliance Review CAP

Recommendation: Facility and Environment
The Long Beach site did not have adequate perishables and non-perishable foods.

Implementation: The Administrator will ensure on a weekly basis that there is adequate food on site. The Quality Assurance Program Administrator will follow up.
(Implemented)

The Hawthorne site did not have outdoor rec. equipment.

Implementation: The facility has purchased footballs and basketballs, jump ropes and several other types of sporting equipment. DACF 3 goes to the park on Sundays and exercises with the Facility Supervisor in the facility on Mondays and Wednesdays.

The bathroom at the Hawthorne site needed some attention.

Implementation: The bathroom has been fixed. Ms. Noil visited DACF3 and saw the bathroom since it received the repairs.

Recommendation: Program Services
Did the group home obtain the DCFS CSW's authorization to implement the Needs and Services Plan.

Implementation: Dimondale will and does ensure that all of the placing agencies are involved and authorize the implementation of the Needs and Services Plans. Dimondale will obtain authorized signatures in a timely manner in the future.

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Recommendation: Do age appropriate children participate in the development of the NSP? Dimondale's NSP's are not comprehensive.

Implementation: Dimondale will ensure that all children participate in the development of their individual NSP's. Dimondale will ensure that all NSPS/Quarterly's are comprehensive. All of the Administrators and LCSW's have been re-trained on the importance of ensuring that all of the NSP's and Quarterly's are detailed and contain all of the pertinent information that applies to each resident. The residents are to attend the monthly team meetings which discuss all the aspects of the NSP's.
(Implemented)

Recommendation: Are NSP's implemented and discussed with the group home staff?

Implementation: Dimondale will ensure that all of Dimondale staff members will assist in the implementation of the NSP, and will be invited to attend staff meetings which discuss the individual NSP's.
(Implemented)

Recommendation: Children's Health Related-Services, including Psychotropic Medication
Are initial dental examinations conducted and are the exams timely?

Implementation: Dimondale will ensure that all of the residents receive initial dental exams within thirty days of placement. Facility Supervisors will ensure that the appointments are made and kept within the thirty day time frame.
(Implemented)

Recommendation:Clothing and Allowance
Are children encouraged and assisted in creating and updating a life book/photo album.

Implementation: Dimondale will ensure that, all four facilities have been re-trained on the resident's life books and on how to encourage the residents to work on them weekly. The staff will make copies of all pertinent paperwork ie report cards, school awards etc. Each resident has a manila envelope that staff will put in documents, certificates and pictures that are pertinent to their life books. Should the child refuse to work on their life book, Dimondale graveyard shift will put them together for them. When the children leave Dimondale they will take the life books with them. The Facility Supervisor of each facility will audit the life books on a monthly basis.
(Implemented)

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Recommendation: Personnel Records

Did appropriate employees sign a criminal background statement in a timely manner? Have employees received timely initial health-screenings? Have appropriate received the required initial training? Have appropriate employees received the required on-going training?

Implementation: Dimondale will ensure that that all employees have timely criminal background statements. Fleming and Barnes have revised the hiring procedure. When a prospective employee is initially interviewed they are now required to fill out a criminal background statement prior to the interview. At the time of the initial training they are given the initial health screening forms and informed that they have seven days from their date of hire to obtain the employment physical and TB test. Fleming & Barnes receptionist will ensure that all the required pre-employment paperwork is in the employee file prior to the employee beginning a shift. The Administrator of each facility will ensure that the health screening is completed and in the employee file within seven days of employment or they will be taken off the schedule. In May of 2010, Dimondale revised the initial training checklist. A copy has been attached.
(Implemented)

Respectfully,

Ken Fleming
Director
Fleming & Barnes, Inc. dba Dimondale Adolescent Care Facilities

Dimondale Adolescent Care Facility

Child Care Counselor
24-Hour Initial Training
Checklist

Name: _____ Start Date: _____

Shift: _____ Facility: _____

Date Trained	Policies/Procedures	CCC	Trainer
	DAY ONE (8 Hours)		
	Introduction to Organization • Introduction to Administration / Chain-of-Command • Overview of population • Introduction to other Staff and Clients		
	Set up volunteer hours – 4 hours for all applicants		
	Review Employee Handbook		
	Dress Code		
	Read & Sign Job Description		
	Read & Sign Shift Duties		
	Tour of Facility • Emergency Evacuation Procedure • Utility Shutoff Tools and Locations • Resident Emergency Information • First Aid Kit • Fire Extinguisher/Basic Use • Point Board • Hygiene Boxes • Cleaning Products • Knives/Scissors • Shower & Wash Schedule		
	Computer Use • Login/logoff • TimeForce Clock-in/out • Email System • Location of Staff & Resident Data Folders • I-Track Incident Reporting		

Dimondale Adolescent Care Facility

Child Care Counselor
24-Hour Initial Training
Checklist

Date Trained	Policies/Procedures	CCC	Trainer
	Resident Medical Policy & Procedure		
	Medication Dispensation Policy & Procedure		
	AWOL Procedure		
	Overview of Facility Logs • Daily Log Book • Shift-Change Checklist • Points and Achievements Log • Visitors Log • Mental Health Log • Medication Log • Resident Cash Tracking Log • Menu • Activities Log • Grievance Log • Van Log • Phone Log • Fire & Earthquake Drill Log • Temperature Log • Petty Cash • Gas Card & Log		
	DAY TWO (4 hours)		
	Resident Medical Policy & Procedure • Mental Health Log • Verification of Mental Health • DCFS 561a – Medical/Dental Exam		
	Medication Dispensation Policy & Procedure • Medication Log • Home Pass Medication Instruction • PRN • Centrally Stored Meds		
	Daily Log Book		

Dimondale Adolescent Care Facility

Child Care Counselor
24-Hour Initial Training
Checklist

Date Trained	Policies/Procedures	CCC	Trainer
	Level System / Points and Achievements Log • Chores & Seating Chart • Daily Schedule • House Rules		
	Shift-Change Checklist		
	Petty Cash Log & Funds Policy		
	Resident Cash Tracking Log		
	Visitors Log		
	Activities Log		
	Van Log		
	Phone Log		
	Fire & Earthquake Drill Log		
	Menu		
	Grievances / Log		
	Temperature Log		
	Gas Card & Log		
	Food Storage & Labeling		
	Resident Inventory		
	Refusal of Services		
	Location of Office Supplies & Paper Products		
	JOB SHADOWING (4 hours)		
	Test-Drive SUV / Large Vehicle Familiarity		

Dimondale Adolescent Care Facility

Child Care Counselor
24-Hour Initial Training
Checklist

Date Trained	Policies/Procedures	CCC	Trainer
	Review House Rules & Employee Handbook		
	Review Resident Files/File Review Checklist		
	Complete Training Evaluation		
	PROACT/CPR/FIRST AID (8 hours)		

My signature below confirms that I have received adequate and appropriate training for each of the job functions, policies, and/or procedures listed on this 24-hour training guideline.
I understand that job functions, policies, and procedures may change without notice, and that I will receive additional training as it becomes necessary. I also understand that this document serves only as a guide, and that I may be responsible for other job functions not listed here.

Staff Name (print)	Staff Signature	Date
Trainer Name (print)	Trainer Signature	Date