



# COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242  
(562) 940-2501



**JERRY E. POWERS**  
Chief Probation Officer

May 20, 2013

Board of Supervisors  
GLORIA MOLINA  
First District  
MARK RIDLEY-THOMAS  
Chairman - Second District  
ZEV YAROSLAVSKY  
Third District  
DON KNABE  
Fourth District  
MICHAEL D. ANTONOVICH  
Fifth District

TO: Each Supervisor

FROM: Jerry E. Powers   
Chief Probation Officer

SUBJECT: **FLEMING AND BARNES, INCORPORATED (dba DIMONDALE ADOLESCENT CARE) COMPLIANCE MONITORING REVIEW**

We have completed a review of Dimondale Adolescent Care, operated by Fleming and Barnes, Inc. Dimondale has four (4) sites and each site contracts with the Department of Children and Family Services (DCFS) and the Los Angeles County Probation Department.

The four (4) Group Home sites consists of six bed facilities that provide care for adolescent girls between the ages of 12-17, who exhibit behavioral, social and emotional difficulties. The program is designed to treat girls who have been physically and sexually abuse and who have abandonment issues. Their program provides individual, group, and family counseling; as well as, substance abuse counseling and psychotropic medication management.

At the time of this monitoring review in July 2012, Dimondale Group Homes were providing services for 24 girls, 17 children from the Los Angeles County Probation Department and seven (7) children from DCFS. The Long Beach and Hawthorne sites take only Probation children, the Carson site takes only DCFS children and the Lancaster site accepts both DCFS and Probation children. At the time of this review, the Lancaster site had five (5) Probation children and one (1) DCFS child. For this review, eight (8) case files were reviewed, and 8 (eight) child interviews were conducted with six (6) Probation and two (2) DCFS children. Three (3) discharge files were reviewed; two (2) Probation and one (1) DCFS and five (5) personnel files were reviewed. Additionally, two (2) children were taking psychotropic medications, and their files were reviewed for timely Psychotropic Medication Authorizations (PMA) and required monitoring. . .

All four (4) sites are located in various areas of Los Angeles County. The Carson and Hawthorne sites are located in the Second District, the Lancaster site is located in the Fifth District and the Long Beach site is located in the Fourth District.

## **SCOPE OF REVIEW**

The purpose of our review is to determine whether the Agency is providing the services as outlined in their Program Statement. In addition, the review covers basic child safety and licensing issues and includes an evaluation of the Agency's Program Statement, internal policies and procedures, child case records, a facility inspection and interviews with children placed in the Group Home at the time of the review. Interviews with children are designed to obtain their perspectives on the program services provided by the Agency and to ensure adherence to the Foster Youth Bill of Rights. In addition, a review of the most current Auditor Controller Fiscal Review was conducted.

## **SUMMARY**

Generally, the Agency is providing the services as outlined in their Program Statement and is meeting the overall needs of the children placed at the Group Home. The following report is based on a "point in time" review. This compliance report addresses issues that were noted during the month of July 2012. Based on the child interviews, review of six (6) Probation, two (2) DCFS children's files and three (3) Discharged children's files, the contents of the Needs and Services Plans and/or documentation provided by the agency, Dimondale Group Homes are generally providing the services as outlined in the Program Statement. However, there are several deficiencies in the "Notable Finding" section that requires an immediate Corrective Action Plan (CAP). Some of these areas of deficiencies can be found under "Licensure/Contract Requirements", related to the disaster log at the Long Beach site; "Facility and Environment", related to minor physical deficiencies at each of the Dimondale sites; "Maintenance of Required Documentation and Service Delivery", related to Needs and Services Plans (NSPs), "Personal Rights and Social/Emotional Well-Being", relating to the children not participating in planning activities, staff treating children with dignity and respect and the consequences not fair; "Personal Needs/Survival and Economical Well-Being", related to the children stating that they do not have life books; and Discharge Plan related to permanency plan.

## **NOTABLE FINDINGS**

The following are the notable findings of our review:

- The disaster log at the Long Beach site was blank, as described in the "Licensure/Contract Requirements" section of the Compliance Monitoring Review.
- There were several minor physical deficiencies cited at all of the Dimondale sites, such as; exterior in need of painting and minor repairs in bedrooms, bathrooms and common areas, as described in the "Facility and Environment" section of the Compliance Monitoring Review.
- Regarding the NSPs, the Group Home failed to obtain Probation Caseworker signature authorizing the implementation of the NSP, failed to document that the children were progressing towards their goals, and the NSPs were not comprehensive related to child specific goals, as described in "Maintenance of Required Documentation and Service Delivery".

- Several children stated that the consequences are not fair and that they are not given the opportunity to participate in planning activities, as described in the "Personal Rights and Social/Emotional Well-Being" section of the Compliance Monitoring Review.
- 
- Some of the children interviewed reported that they do not have Life Books and that they are not allowed to spend their allowance as they choose. These deficiencies are detailed in the "Personal Needs/Survival and Economic Well-Being" section of the Compliance Monitoring Review.
- In the discharge files, there were deficiencies related to the documentation of progressing towards goals and discharging according to the permanency plan goal, as detailed in the "Discharge Plan" section of the Compliance Monitoring Review.
- There was one staff file that was missing the required one-hour of child abuse training, as described in the "Personnel Records" section of the Compliance Monitoring Review.

#### **EXIT CONFERENCE**

**In attendance:** Kenneth Fleming, Director

#### **Highlights:**

The exit conference was conducted on September 7, 2012. The deficiencies cited were addressed at the time of the exit conference and the representative present was in agreement with the review findings with the exception of a few. Mr. Kenneth Fleming reported that there is a completed disaster log at the Long Beach site but indicated that it must have been misplaced. He also indicated that all the staff members have completed the one-hour child abuse training; however he was not able to provide documentation for the one staff that was missing the training. The representative present was in agreement with repairing the minor facility deficiencies. A written Corrective Action Plan was received on October 1, 2012 and has been approved. A follow-up visit was conducted on October 23, 2012, and October 25, 2012, to ensure that all deficiencies have been corrected. The results for the follow-up visit, which can be found on the final page of the "Compliance Monitoring Review" section, are as follows: the disaster log was current and reviewed at the Long Beach Site, all minor physical deficiencies were corrected at all of the Dimondale sites, training for all staff to ensure comprehensive and case-specific NSPs, staff have been retrained to ensure consequences are fair, children are provided opportunities to plan activities, allowance issues have been addressed, life books have been provided to the children who did not have them, and they were encouraged to use them, and Dimondale provided a detailed explanation in their written Corrective Action Plan regarding how discharge planning will be improved to correct deficiencies and how critical documents will be maintained in the personnel files.

Each Supervisor  
May 20, 2013  
Page 4 of 4

If you need additional information or have questions or concerns, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

JEP:REB:LCM:ed

Attachments (3)

c: William T Fujioka, Chief Executive Officer  
Sachi A. Hamai, Executive Officer, Board of Supervisors  
Brence Culp, Chief Deputy Chief Executive Officer  
Wendy Watanabe, Auditor-Controller  
Philip L. Browning, Director, Department of Children and Family Services  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Kenneth Fleming, Director, Dimondale Group Home  
Jean Chen, Regional Manager, Community Care Licensing  
Lenora Scott, Regional Manager, Community Care Licensing  
Georgia Mattera, Public Safety, Chief Executive Officer  
Chief Deputies  
Justice Deputies

**DIMONDALE GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING  
REVIEW- SUMMARY**

	<b>Contract Compliance Monitoring Review</b>	<b>Findings: July/2012</b>
I	<b><u>Licensure/Contract Requirements</u></b> (9 Elements) <ol style="list-style-type: none"> <li>1. Timely Notification for Child's Relocation</li> <li>2. Transportation</li> <li>3. SIRs</li> <li>4. Compliance with Licensed Capacity</li> <li>5. Disaster Drills Conducted/Logs Maintained</li> <li>6. Runaway Procedures</li> <li>7. Allowance Logs</li> <li>8. CCL citations for safety/plant deficiencies</li> <li>9. Detailed sign in/out log for children</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Needs Improvement</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Full Compliance</li> <li>9. Full Compliance</li> </ol>
II	<b><u>Facility and Environment</u></b> (6 Elements) <ol style="list-style-type: none"> <li>1. Exterior Well Maintained</li> <li>2. Common Quarters Maintained</li> <li>3. Children's Bedrooms/Interior Maintained</li> <li>4. Sufficient Recreational Equipment</li> <li>5. Sufficient Educational Resources</li> <li>6. Adequate Perishable and Non Perishable Food</li> </ol>	<ol style="list-style-type: none"> <li>1. Needs Improvement</li> <li>2. Needs Improvement</li> <li>3. Needs Improvement</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> </ol>
III	<b><u>Maintenance of Required Documentation and Service Delivery</u></b> (13 Elements) <ol style="list-style-type: none"> <li>1. Child Population Consistent with Program Statement</li> <li>2. Caseworker Authorization to Implement NSPs</li> <li>3. Children's Participation in the Development of NSPs</li> <li>4. NSPs Implemented and Discussed with Staff/Parents</li> <li>5. Sampled children progressing towards meeting the NSP case goals</li> <li>6. Treatment team developed timely <b>initial</b> NSP with the child</li> <li>7. Treatment team develop comprehensive <b>initial</b> NSP with the child</li> <li>8. Therapeutic Services Received (individual, group, substance abuse, etc.)</li> <li>9. Recommendation Assessments/Evaluations Implemented (psychological, psychiatric, medical evaluations/assessments)</li> <li>10. Probation Caseworkers Monthly Contact Verified</li> <li>11. Agency assist the child in maintaining important relationships</li> <li>12. Treatment team develop timely <b>updated</b> NSP with the child</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Needs Improvement</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Needs Improvement</li> <li>6. Full Compliance</li> <li>7. Needs Improvement</li> <li>8. Full Compliance</li> <li>9. Full Compliance</li> <li>10. Full Compliance</li> <li>11. Full Compliance</li> <li>12. Full Compliance</li> </ol>

	13. Treatment team develop comprehensive <b>updated</b> NSP with the child	13.Needs Improvement
IV	<b><u>Education and Workforce Readiness</u></b> (8 Elements) <ol style="list-style-type: none"> <li>1. Child enrolled in school within three (3) days after placement or efforts documented</li> <li>2. Child attends school as required</li> <li>3. Agency facilitates in meeting the child's educational goals (IEP conference, tutoring, parent/teacher conference, homework, etc.)</li> <li>4. Based on services provided, has the child's academic performance and/or attendance increased (improved grades, test scores, promotion to the next level, High School graduated, IEP goals?)</li> <li>5. Current IEPs maintained</li> <li>6. Current copies of the child's report cards or progress cards maintained</li> <li>7. Group Home provides children with opportunities to participate in age appropriate youth development services (YDS) and vocational training programs</li> <li>8. Group Home encourages children's participation in YDS or equivalent programs.</li> </ol>	1.Full Compliance 2.Full Compliance 3.Full Compliance 4.Full Compliance 5.N/A 6.Full Compliance 7.Full Compliance 8.Full Compliance
V	<b><u>Health and Medical Needs</u></b> (6 Elements) <ol style="list-style-type: none"> <li>1. Initial medical examinations conducted</li> <li>2. Initial medical examinations timely</li> <li>3. Required follow-up medical examinations conducted timely</li> <li>4. Initial dental examinations conducted</li> <li>5. Initial dental examinations timely</li> <li>6. Required follow-up dental examinations conducted timely</li> </ol>	Full Compliance (All)
VI	<b><u>Psychotropic Medications</u></b> (2 Elements) <ol style="list-style-type: none"> <li>1. Current Court Authorization for Administration of Psychotropic Medication or document effort to obtain</li> <li>2. Current Psychiatric Evaluation/Review for each child on psychotropic medication</li> </ol>	Full Compliance (All)
VII	<b><u>Personal Rights and Social/Emotional Well-Being</u></b> (17 Elements) <ol style="list-style-type: none"> <li>1. Children informed of Group Home's policies and procedures</li> <li>2. Children feel safe at Group Home</li> <li>3. Children supervised by staff</li> </ol>	1. Full Compliance 2. Full Compliance 3. Full Compliance

	<ol style="list-style-type: none"> <li>4. Group Home provides appropriate staffing and supervision</li> <li>5. Children report satisfaction with meals and snacks</li> <li>6. Staff treats children with respect and dignity</li> <li>7. Appropriate rewards and discipline system in place</li> <li>8. Consequences fair</li> <li>9. Children allowed private visits, make and receive telephone calls and to send and receive unopened correspondence/mail</li> <li>10. Children free to attend religious services and activities of their choice</li> <li>11. Children's chores easy or hard (reasonable)</li> <li>12. Children informed about their medication</li> <li>13. Children aware of their right to refuse medication</li> <li>14. Children free to received or reject voluntary medical, dental and psychiatric care</li> <li>15. Children given opportunities to participate in planning activities</li> <li>16. Children participate in activities, including at the Group Home, in the community or school</li> <li>17. Children given opportunities to participate age-appropriate extra-curricular, enrichment and social activities in which they have an interest</li> </ol>	<ol style="list-style-type: none"> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Needs Improvement</li> <li>9. Full Compliance</li> <li>10. Full Compliance</li> <li>11. Full Compliance</li> <li>12. Full Compliance</li> <li>13. Full Compliance</li> <li>14. Full Compliance</li> <li>15 Needs Improvement</li> <li>16. Full Compliance</li> <li>17. Full Compliance</li> </ol>
VIII	<p><b><u>Personal Needs/Survival and Economic Well-Being</u></b> (8 Elements)</p> <ol style="list-style-type: none"> <li>1. \$50.00 Clothing Allowance</li> <li>2. Adequate Quantity Clothing Inventory</li> <li>3. Adequate Quality Clothing Inventory</li> <li>4. Involvement in Selection of Clothing</li> <li>5. Provision of Personal Care Items</li> <li>6. Minimum Monetary Allowances</li> <li>7. Management of Allowance</li> <li>8. Encouragement and Assistance with Life Book</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Needs Improvement</li> <li>8. Needs Improvement</li> </ol>
IX	<p><b><u>Discharge Plan</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. Children placed at least 30 days, was the child discharged according to the permanency plan</li> <li>2. Children placed at least 30 days, did the child make progress toward meeting their NSP goals</li> <li>3. Group Home using available resources to attempt to stabilize the placement prior to requesting the removal of the child.</li> </ol>	<ol style="list-style-type: none"> <li>1. Needs Improvement</li> <li>2. Needs Improvement</li> <li>3. Full Compliance</li> </ol>
X	<p><b><u>Personnel Records</u></b> (14 Elements)</p> <ol style="list-style-type: none"> <li>1. DOJ submitted timely</li> <li>2. If applicable, FBI submitted timely</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> </ol>

	3. Child Abuse Clearance Index (CACI) submitted timely	3. Full Compliance
	4. Appropriate employees sign a criminal background statement timely	4. Full Compliance
	5. Group Home staff who have direct contact with children meet the educational/experience requirements	5. Full Compliance
	6. Employees received timely health screenings	6. Full Compliance
	7. Required employees have a valid CA drivers license	7. Full Compliance
	8. Appropriate Group Home employees signed copies of the Group Home policies and procedures	8. Full Compliance
	9. Appropriate employees received the required initial training	9. Full Compliance
	10. Appropriate employees received minimum one-hour training in the area of child abuse identification and reporting	10. Needs Improvement
	11. Appropriate employees received CPR training	11. Full Compliance
	12. Appropriate employees received First-Aid training	12. Full Compliance
	13. Appropriate employees received the required annual on-going training	13. Full Compliance
	14. Appropriate employees received emergency intervention training per the Group Home's program statement	14. Full Compliance



**DIMONDALE GROUP HOME PROGRAM CONTRACT  
COMPLIANCE MONITORING REVIEW**

**Dimondale (Carson)**  
1632 East Dimondale Dr.  
Carson, CA 90746  
License Number: 198203822  
Rate Classification Level: 12

**Dimondale (Long Beach)**  
1461 North Anaheim Pl  
Long Beach, CA 90250  
License Number: 197804638  
Rate Classification Level: 12

**Dimondale (Lancaster)**  
44116 63<sup>rd</sup> Street West  
Lancaster, CA 93536  
License Number: 197605014  
Rate Classification Level: 12

**Dimondale (Hawthorne)**  
2509 West 115<sup>th</sup> Place  
Hawthorne, CA 90250  
License Number: 198204471  
Rate Classification Level: 12

**LICENSURE/CONTRACT REQUIREMENTS**

Based on our review of eight (8) children's case files, six (6) Probation and two (2) Department of Children and Family Services (DCFS), three (3) discharged child files, two (2) Probation and one (1) DCFS, five (5) staff files, and documentation provided by the provider, Dimondale Group Home complied with eight (8) out of the (9) nine elements in the area of "Licensure/Contract Requirements". The one area of non-compliance was "Disaster Drills Conducted/Logs Maintained".

The Group Home provides timely notification for child's relocation when necessary. The children's transportation needs are met; such as, doctor and dental appointments, school and outings in the community. Special Incident Reports (SIRs) are submitted in a timely manner. The Group Home reported that they are aware of the reporting guidelines as outlined by the Probation Department. The Group Home is in compliance with the licensed capacity. There are four (4) separate six (6) bed homes. Two (2) of the Group Home sites are for Probation children only, one Group Home site is for both Probation and DCFS children and the remaining Group Home is for DCFS children only. At the time of the review, the Group Home had 18 Probation residents and six (6) DCFS residents.

A review of their logs revealed that disaster drills are completed every month. The Carson site's last drill was July 13, 2012, Lancaster site's last drill was July 1, 2012, and Hawthorne site's last drill was June 7, 2012. The Long Beach site was out of compliance in this area. The disaster drill log at this Group Home site was blank. The Group Home Administrator reported that they complete drills monthly but was not able to provide any type of documentation as to when the last drill was completed at this particular site. Runaway Procedures are completed in accordance with the Los Angeles County Group Home Foster Care Services Master Contract. Allowance Logs were reviewed and are maintained appropriately, showing that the children are receiving the appropriate amount of allowance on a weekly basis. A detailed sign in/out log for children was utilized and maintained for the children's caseworkers and other visitors.

Community Care Licensing reported that Dimondale Group Home did not have any citations on safety or physical deficiencies since their last review.

## **Recommendations:**

1. Dimondale Group Home shall ensure that the aforementioned deficiency, Disaster Drills Conducted/Logs Maintained, is corrected in a timely fashion and provide verification of correction.

## **FACILITY AND ENVIRONMENT**

Based on our review of Dimondale Group Home and interviews with eight (8) placed children, Dimondale Group Home was in compliance with three (3) out of the six (6) elements in the area of "Facility and Environment". The three (3) areas of non-compliance were: "Exterior Well Maintained", "Common Quarters Maintained" and "Children's Bedrooms/Interior Maintained".

Dimondale Group Home sites are located in residential communities. The front exteriors of the Long Beach and Carson sites are well maintained; however, the exteriors of the Hawthorne and Lancaster sites need minor painting around the front windows. The lawn, shrubs and bushes at all the sites were neat and trimmed appropriately. The Lancaster site had Japanese Box Wood shrubs with pink English tea roses planted in front of the facility.

The Carson, Long Beach and Hawthorne sites' common quarters were appropriately decorated with royal blue living room furniture and matching royal blue carpet that was in good repair. The dinning rooms contained chocolate wooden tables with matching wood chairs. However, the Dimondale Hawthorne site had a hole in the dining room wall and was missing an outlet cover in the living room. The Lancaster site had multi-colored couches that were in good repair. All the sites had framed art work on the walls in the common areas. Each site had 32-inch flat screen televisions with DVD players. Dimondale Group Home provides services for teenage girls, and they do a good job of making the Group Home sites look and feel home-like, warm and inviting. There are also desktop computers at each site for the children to use.

The Group Home does a great job in allowing the children to personalize their bedrooms. The bedrooms at all the sites have bright comforters with prints, like flowers, Sponge Bob Square Pants or zebra strips. For example, one bedroom was decorated with a chocolate comforter with bright pink flowers and pink and chocolate decals were on the wall. There are mini blinds covering the windows along with curtains that match the comforters and throw rugs on the floors. All the mattresses were comfortable and they all contained a full compliment of linens. The sleeping arrangements were also appropriate.

However, the exterior and interior of the Group Homes were in need of some minor repairs:

### **HAWTHORNE & LANCASTER**

- Paint front exteriors, especially around windows

### **HAWTHORNE**

- Repair hole in the dining room wall
- Bedroom 1 paint wall
- Replace broken outlet in living room

- Bedroom 2 paint dresser to remove nail polish
- Remove mold in window in bathroom #2
- Bedroom 3 replace both dressers

#### CARSON

- Bedroom 3 replace bedroom door
- Main bathroom remove mold from bathtub
- Bedroom 2 repair or replace dresser to remove graffiti
- Bedroom 1 repair or replace dresser

#### LONG BEACH

- Bedroom 1 repair or replace dressers
- Bedroom 1 repair or replace headboards to remove graffiti
- Bedroom 2 repair or replace dressers to remove graffiti
- Bedroom 3 repair or replace dressers to remove graffiti

#### LANCASTER

- Bedroom 1 repair or replace dressers to remove graffiti
- Bedroom 1 replace light fixture cover in closet
- Bedroom 2 repair or replace dressers to remove graffiti
- Bedroom 2 fill holes in wall or replace the memo board
- Bedroom 3 repair or replace dressers to remove graffiti

Aside from the aforementioned deficiencies cited, the Group Home provides a home-like environment for the children. The fire escape/evacuation routes were posted in visible areas and the smoke detectors and fire extinguishers were fully operational and current.

All Dimondale Group Homes have age-appropriate and accessible recreation equipment; such as, board games, basketballs, soccer balls, televisions with DVD's and computers are at each site. Some board games were Monopoly, Twister, Candy Land, and Clue. The Group Homes also provide age-appropriate reading materials like, "The Innocent Man" and "The Richest Man in Babylon". The Long Beach site reported that they take the children to a hip-hop dance class every other Saturday.

The Group Home kitchens were neat and clean. The Hawthorne site had black and white tiled counter tops with cream colored tiled floor. The Carson and Long Beach sites had neutral granite counter tops with cream tiled floors. The Lancaster site had a black and white tiled kitchen floor with a white Formica counter top. There was a sufficient supply of perishable and non-perishable foods located at all the Group Home sites. Examples of the type of foods seen were; fresh apples, collard greens, oranges, bell peppers, eggs and milk. There was fresh fruit available in the kitchen at each facility. Examples of the fruits were; watermelon, bananas, oranges and peaches. The freezer contained tilapia fillets, honey roasted turkey breast, steak, and other miscellaneous frozen foods. The pantry contained cans of apple sauce, olives, chili with beans, diced tomatoes, Rice A Roni and stuffing mix. There was a menu posted at each facility on the refrigerator with a variety of meals.

During the child interviews the average rating of the food was fair. Five (5) of the children stated that the food was fair; one child stated that it was very good and another stated that it was good. One child stated that the food was very bad but reported that it did not matter what the Group Home prepared, as she does not like the food because

she only wants to eat "noodles". Two (2) of the children interviewed reported that they did not get enough food to eat and were not satisfied with their snacks; however, both children stated later in the interview that they only said that because they wanted to get staff in trouble. The remaining children reported that they are satisfied with the quantity and quality of food and snacks they receive.

**Recommendations:**

1. Dimondale Group Home shall ensure that the exteriors of the facilities will be repaired in a timely fashion and provide verification of completion.
2. Dimondale Group Home shall ensure that all common quarters are properly maintained by making the necessary repairs and providing verification of completion. The deficiencies are listed in the repair section.
3. Dimondale Group Home shall ensure that all children's bedrooms and bathrooms are properly maintained by making the necessary repairs and providing verification of completion.

**MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY**

Based on our review of Dimondale Group Home and interviews with eight (8) children, Dimondale Group Home complied with nine (9) out of the 13 elements in the area of "Maintenance of Required Documentation and Service Delivery". The four (4) areas of non-compliance were: "Probation Caseworker Authorization to Implement NSPs", "Sampled children progressing towards meeting the NSP case goals", "Treatment team develop comprehensive initial NSP with the child" and "Treatment team develop comprehensive updated NSP with the child".

The children meet the Group Home's population criteria as outlined in their Program Statement and are assessed for needed services within 30 days of placement. The case files reflected adequate documentation to show that children are receiving treatment services; such as, anger management, drug and alcohol counseling and individual and family counseling. The children also confirmed during their interviews that they are receiving treatment services. The children reported that they are receiving services as outlined in their Needs and Services Plans (NSPs).

The NSPs were reviewed for all eight (8) children, six (6) Probation and two (2) DCFS. Out of the eight (8) files that were reviewed, two (2) files were missing the Caseworker's authorization to implement the NSP's

Based on the child interviews and the files reviewed, the Group Home was in full compliance in the area of "Children's Participation in the Development of NSP's". All eight (8) children interviewed reported that they participated in the development of their NSP. All of the NSP's reviewed contained the children's signatures. The NSP's also contained the required staff/parent signatures on the documents. However, of the eight (8) files reviewed, none of the NSPs contained documentation to show that the children were progressing towards their NSP goals. Some of the NSP's did not have goals that were child specific and time measured; however, during the child interviews, all the children reported that they felt they were making progress toward their goals. One child reported that one of her NSP's goals was to improve her grades at school. She reported

that attending school daily has impacted her grades and they have "improved a lot". A review of the child's report card confirms this statement. Another child interviewed reported that one of her NSP goals was to be respectful toward Group Home Staff. She reported that writing in a daily journal is helping her to achieve this goal.

All eight (8) initial NSP's were developed in a timely manner, in that they were completed within the required timeframe, within or by the first thirty (30) days of their placement at the Group Home. Out of the eight (8) files reviewed, none of them were comprehensive. It should be noted that if one area of the NSP is below standard, the entire NSP is deemed not comprehensive. In all eight (8) initial NSPs, at least one of the child's initial NSP goals was generic and not child specific. An example of one (1) of these generic goals was, "maintain optimal physical and dental health". The Group Home did have some NSP goals that were specific to each child and time orientated. Examples of some of these NSP goals were, "Resident will learn to cook and keep living space clean to improve ability to be self-sufficient." "Resident will plan and cook dinner once a week with assistance from staff." The Group Home also explained how the children were to meet their goals.

Based on the children's interviews and the case files reviewed, the Group Home is providing therapeutic services as outlined in the NSP's. The children reported that they are receiving treatment services; such as, individual counseling, group counseling, and Drug and Alcohol counseling. Out of the eight (8) files reviewed, two (2) children required psychiatric assessments. Both children were receiving regular assessments and evaluations for psychotropic medications as required. The children reported that they have monthly contact with their Probation caseworker; this information was also verified through the Group Home's visitation log book. The children reported during their interviews that the Group Home is assisting them in maintaining important relationships. One child reported that she is having weekly visits with her mother and brothers at the Group Home. The Group Home has also documented the dates of community day passes and approved visits.

The Group Home has ensured that all of the children who required updated NSP's were completed in a timely manner. Out of the eight (8) files that were reviewed, only three (3) required updated NSP's and they were completed within the required time frame. The remaining five (5) residents did not require an updated NSP. The Group Home did do a better job in the goal section of the updated NSP's; however, they were not all comprehensive. Some of the goals in all three (3) updated NSPs were similar to the initial NSP's, meaning they were also generic and not child specific. The Group Home did document the children's progress throughout the updated NSP and has detailed whether or not the child has achieved their goals or indicated if a goal needs to be modified.

**Recommendations:**

1. Dimondale Group Home shall ensure that they obtain Caseworker Authorization to Implement NSPs.
2. Dimondale Group Home shall ensure that all NSP's document that the children are progressing toward their goals.

3. Dimondale Group Home shall ensure that all initial NSP's are comprehensive in that there goals are specific to each child, measurable, obtainable and time orientated.
4. Dimondale Group Home shall ensure that all updated NSP's are comprehensive in that there goals are specific to each child, measurable, obtainable and time orientated.

### **EDUCATIONAL AND WORKFORCE READINESS**

Based on our review of Dimondale Group Home and interviews with eight (8) children, Dimondale Group Home complied with seven (7) of the eight (8) elements in the area of "Education and Workforce Readiness". One of the eight (8) elements, "Current IEP's Maintained", was non-applicable since there were no children's files reviewed that contained IEP's.

The children were enrolled in school within three (3) days and were attending school and provided with educational support and resources to meet their educational needs. During the child interviews, one child reported that Group Home staff does not assist with problems as they arise at school. She also reported that she is not taught daily living skills or encouraged to participate in Youth Development Services (YDS). It should be noted that this child stated, during the interview, that she wanted to get staff in trouble and all of her questionnaire answers were negative, if they were related to the Group Home and Group Home staff. During the exit interview, Dimondale Administration provided numerous signed refusal forms where the child refused to complete her chores, and refused to meet with the tutor.

The remaining children reported that Group Home staff attends meetings to help with school related issues. The children also reported that, if they need assistance with their homework, a Group Home staff or a tutor would be available for assistance. A review of the children's report cards and school transcripts revealed that the children are progressing in school. Out of the eight (8) files reviewed, none of the children had Individualized Education Plans (IEPs). The Group Home had copies of current report cards, progress reports and transcripts in the children's file. One child reported that she is taught how to budget, how to write a check and how to apply for college. Another child reported that she has taken a self-defense course while at the Group Home and that she also had a class about her personal rights.

### **Recommendations:**

None

### **HEALTH AND MEDICAL NEEDS**

Based on our review of Dimondale Group Home and interviews with eight (8) children, Dimondale Group Home complied with all six (6) elements in the area of "Health and Medical Needs".

Initial medical and dental exams conducted were completed within the first 30 days of placement. The children reported that all of their medical and dental needs were being met. They also reported that if medical or dental treatment required any follow-up

exams, they were completed within the appropriate time frame. The children indicated that they are aware of their right to refuse medication. Two (2) of the eight (8) children interviewed were on psychotropic medications. Both children reported that they are aware of their right to refuse and indicated that, if they were to refuse, the Group Home would have them sign a medication refusal form. A review of the medication log indicates that medication is properly distributed and documented.

**Recommendations:**

None

**PSYCHOTROPIC MEDICATION**

Based on our review of Dimondale Group Home and interviews with eight (8) placed children, Dimondale Group Home complied with both elements in the area of "Psychotropic Medication".

Of the eight (8) children interviewed, two (2) of the children were on psychotropic medications, and both of these children were Probation children. Both children had current psychiatric evaluations and a current court authorization for administration of psychotropic medication in their files. The children reported that they were aware of the type of medication they were taking and why they were taking it. One child reported that she was taking Prozac for anxiety. She stated that the medication does not make her feel any different and did not think that it was helping. The other resident reported that she was taking Welbutrin for depression. She reported that she does not like the way the medication makes her feel and indicated that she did not think it was helping. The children are seen by the psychiatrist on a regular basis.

**Recommendations:**

None

**PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING**

Based on our review of Dimondale Group Homes and interviews with eight (8) placed children, Dimondale Group Home was in compliance with 15 of the 17 elements in the area of "Personal Rights and Social/Emotional Well-Being". The two (2) areas of non-compliance were: "Consequences Fair" and "Children given opportunities to participate in planning activities".

Out of the eight (8) interviews, one (1) child reported that she was not informed of the Group Home's policies and procedures when she was first placed at the Group Home; however, during the exit interview, Group Home Administration provided a copy of their intake orientation which was signed by the child indicating that she understood the Group Home's policies and procedures. The remaining seven (7) children reported that they were informed of the Group Home's policies and procedures. Two of the children interviewed reported that they were not satisfied with the meals and snacks that they are provided; however, they did state during the interview that they only stated this because they wanted to get Group Home staff in trouble. The remaining residents stated that the meals and snacks were satisfactory. All eight (8) children reported during their interviews that they feel safe at the Group Home. The eight (8) children interviewed all reported that there is appropriate staffing and supervision.

During the child interviews, seven (7) out of the eight (8) children reported that the Group Home staff treats them with dignity and respect. One child reported that, at times Group Home staff yells at them when trying to correct inappropriate behavior. Group Home Administrator stated that all children have access to grievance forms which are reviewed daily. Administrator reported that management has never received any grievances from this particular child complaining of any staff behavior for mistreatment. Seven (7) of the eight (8) children reported that the discipline policies are consistently enforced, and there are fair and appropriate consequences for inappropriate behavior. The children reported that the Group Home operates on a behavioral level system, and when they do not follow the rules, they receive a consequence of not earning their points. An example would be that they are not able to attend an outing or have special rewards.

Two (2) children reported that they did not feel that the consequences were fair. They reported that they lose points for not attending school on Saturday and Sunday, when school is not in session. The staff admitted to this practice of taking "school points" on the weekends; however, Dimondale administration informed that this is not a practice of their agency and that youth do not attend school or have any type of required tutoring on the weekends. It is noteworthy to mention that this practice occurred only at the Long Beach facility, and this was the only staff implementing this practice. Subsequently, she has been retrained, and all children that had points deducted for this reason have had the points restored back to them.

Seven (7) of the eight (8) children reported that they receive unopened mail, have private visits and make and receive private phone calls. One (1) child reported during her interview that staff open and read her mail. It is noteworthy to mention that this is the same child who stated that she wanted to get Group Home staff in trouble. The Group Home Administrator reported that all children receive their mail unopened. The children are asked to open their mail or package in front of staff and turn it upside down and shake it, as a measure to prevent any contraband from coming into the Group Home. Administrator stated that staff does not read the children's mail unless they are invited to by the child.

During the child interviews, all eight (8) children reported that they are free to attend religious services and activities of their choice. They also reported that their chores are reasonable and not difficult. Examples of the types of chores the children reported doing; include, cleaning the bathroom, vacuuming, sweeping the floor and washing the dishes. The children reported that they were informed about their medication and that they are aware of their right to refuse medication. They also reported that they are free to receive or reject voluntary medical, dental and psychiatric care.

Five (5) of the eight (8) children interviewed reported that they do not have the opportunity to participate in planning activities; however, all the children reported going on a variety of community activities. Some of the planned activities include roller skating, going to the movies, riding bikes at Venice Beach and going bowling. One child reported that her favorite and most recent activity was going to the park to play basketball. During the walk through inspection, recreation calendars were seen posted in the common areas of the Group Homes. The children reported that they are given the opportunity to participate in age-appropriate, extra-curricular and social activities. Some of the children reported that they attend an alternative school that does not offer extra curricular activities; however, they indicated that they do participate in age-appropriate social and community activities. These activities include, participating in a hip-hop



dance class, taking an Art class and outings in the community. One child who attends a traditional school reported that she is on the basketball team at Washington Preparatory High School.

**Recommendations:**

1. Dimondale Group Home shall ensure that the consequences are fair at the Group Home.
2. Dimondale Group Home shall ensure that all the residents are given the opportunity to participate in planning activities.

**PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING**

Based on our review of Dimondale Group Home and interviews with eight (8) placed children, Dimondale Group Home complied with six (6) of the eight (8) elements in the area of "Personal Needs/Survival and Economic Well-Being". The two (2) areas of non-compliance were, "Management of Allowance" and "Encouragement and Assistance with Life Book".

The Group Home provides appropriate clothing, items of necessity and gives clothing vouchers. The children reported that they receive a monthly clothing voucher for \$50.00 dollars. Clothing receipts were also verified to ensure that the children were receiving their clothing vouchers. Children are provided with opportunities to select their own clothes, and the clothing provided is of good quality and of sufficient quantity. The children reported that they shop at the local Mall, Del Amo Swap Meet and the Rainbow store and that they are satisfied with the clothes that they select.

The children reported that they receive the required minimum weekly allowance every Friday. Four (4) of the eight (8) children reported that they spend their allowance as they chose. The remaining children reported that sometimes Group Home staff members do not let them purchase junk food. One child reported that she was not allowed to spend her allowance as she chose. She reported that it was her mother's birthday and she was not allowed to spend her allowance on a present for her mother. All the children interviewed reported that they were given the opportunity to save their allowance in a bank account. The children reported that they spend their allowance on eye-lashes, junk food, and products from Bath and Bodyworks.

During the child interviews only four (4) of the eight (8) children reported having Life Books. The children are encouraged to use their life books and have the opportunity to work in them weekly. For the children that did not have Life Books, the Group Home reported that they forgot to purchase them. The Life Books contained pictures of the children out on outings.

The Group Home provides the children with adequate personal care items; such as, lotion, deodorant and shampoo. The children also confirmed that they receive these personal care items during their interviews.

**Recommendations:**

1. Dimondale Group Home shall ensure that all the children are able to manage their allowance as they choose.
2. Dimondale Group Home shall ensure that all the children have Life Books and that they encourage the children to work on them.

**DISCHARGE PLAN**

Based on our review of three (3) closed files, which included, two (2) Probation children's files and one (1) DCFS child's file, Dimondale Group Home complied with one (1) of the three (3) elements in the area of "Discharge Plan". The two (2) areas of non-compliance were "Children placed at least 30 days, was the child discharged according to the permanency plan", and "Children placed at least 30 days, did the child make progress toward meeting their NSP goals."

Of the three (3) discharged files reviewed, two (2) were discharged according to their permanency plan and the remaining child was arrested. Two (2) of the children's case plan goals were family reunification and they were placed back with their families. The last child's permanency plan was Planned Permanent Living Arrangement (PPLA), and the child was arrested prior to her successful completion of the program. Out of the Needs and Service Plans (NSPs) that were reviewed, the same child who was arrested prior to completing the program, had NSP goals that were not specific to her needs; therefore, there was no way to determine if she was progressing towards her goals. The remaining goals were child specific, measurable and time orientated. Two (2) of the NSPs reviewed documented that the children were making progress toward their goals as evidenced by their being discharged according to their plan. The children were attending school regularly and participating in therapeutic services such as individual and group therapy, and drug and alcohol program.

**Recommendations:**

1. Dimondale Group Home shall ensure that children placed at least 30 days are discharged according to their permanency plan.
2. Dimondale Group Home shall ensure that children are making progress towards meeting their NSP goals.

**PERSONNEL RECORDS**

Based on our review of Dimondale Group Home and a review five (5) personnel files, Dimondale Group Home complied with 13 of the 14 elements in the area of "Personnel Records". The one area of non-compliance was, "Appropriate Group Home employees received minimum one-hour training in the area of child abuse identification and reporting".

A review of 10 personnel records was completed. All training and background checks from the Department of Justice (DOJ), Federal Bureau of Investigations (FBI) and the Child Abuse Clearance Index (CACI) were completed and current. The appropriate criminal background statements were signed and present in the employee's respective files. All 10 staff had de-escalation and restraint training. Of the staff files reviewed, all

but one (1) had the minimum one-hour training in the area of child abuse identification and reporting. All files reviewed had the required educational documentation and criminal and child abuse clearances for their employees prior to being hired. The employee files had current CPR and First-Aid training. There were also signed copies of the Group Home policies and procedures in the files. All files reviewed had timely initial health screenings and emergency intervention training. The staff files had the required initial training as well as the annual required on-going training. There were also current copies of the employee's driver's licenses in the files.

**Recommendations:**

1. Dimondale Group Home shall ensure that all employees receive the minimum one-hour of child abuse training.

**AUDITOR CONTROLLER FISCAL REVIEW**

The most recent Fiscal Review for Fleming and Barnes, Inc. (Dimondale Adolescent Care) from the Department of Auditor Controller is dated July 1, 2011, for the fiscal period of January 1, 2009, to December 31, 2009. The report dated July 1, 2011, indicated that Fleming and Barnes, Inc. (Dimondale Adolescent Care) had questioned/disallowed costs. Fleming and Barnes, Inc. (Dimondale Adolescent Care) submitted a timely approved Fiscal Corrective Action Plan (FCAP), which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section.

**Recommendations:**

N/A

**FOLLOW-UP VISIT**

A follow up visit was conducted at Dimondale-Hawthorne, Carson, and Long Beach Sites on October 23, 2012, to verify that all recommendations have been completed as follows:

- The Disaster log placed at the Long Beach site was reviewed and the dates were current
- A complete walk through of the interior and exterior of all the sites revealed that all of the deficiencies noted were repaired or replaced:

**Hawthorne**

A complete follow-up walk through was completed at Dimondale Hawthorne. All recommendations had been repaired or replaced. The living room outlet was replaced and the hole in the dining room wall was repaired. The dressers were painted white to remove the graffiti. The mold in the bathroom window was removed. Since the initial monitoring visit the Group Home has purchased bright new comforters for the residents.

### **Carson**

A complete follow-up walk through was complete at Dimondale Carson. All recommendations had been repaired or replaced. The bedroom door in bedroom 3 had been replaced. The mold in the bathroom was removed from the bathtub. All the dressers were repaired and painted chocolate brown to remove the graffiti.

### **Long Beach**

A complete follow-up walk through was completed at Dimondale Long Beach. All recommendations had been repaired or replaced. The headboards and dressers repaired and were painted chocolate brown to remove the graffiti.

### **Lancaster**

A follow up visit was conducted at Dimondale Lancaster on October 25, 2012, to verify that all recommendations have been completed. A complete follow-up walk through was completed at Dimondale Lancaster. All recommendations had been repaired or replaced. The memo board was replaced in bedroom 2, the light fixture was replaced in the closet in bedroom 1 and all the dressers were painted mocha brown to remove the graffiti.

- Group Administration reported that they have met with their therapists to address the issues that were noted in the area of the Needs and Services Plan to ensure that each NSP is child specific and comprehensive. All LCSW's (Licensed Clinical Social Workers) have been re-trained.
- Staff at all Dimondale facilities have been re-trained regarding consequences and agreed that weekend school points are no longer being deducted and any past deducted points have been given back to all of the children effected. Dimondale is also now allowing children to participate in planning activities.
- All staff has been re-trained regarding the issuance of allowance and spending. Life Books were also reviewed during the follow-up inspection, and all children had Life Books. Administration agreed to ensure that all children have the opportunity to work on their Life Books weekly.
- Regarding Discharge Planning, Administration has implemented retraining of Administrators and LCSWs on working closely with and ensuring that each child is discharged according to their permanency plan. LCSW's have also been re-trained on writing the NSP goals to be specific and attainable and fully document that the children have make progress towards meeting those goals.
- Administration showed sign-in sheets for the one-hour of mandatory child abuse training that had been completed at the time of this follow-up visit and each employee file contained the proper documentation for this training.



Administration Office  
23860 Hawthorne Blvd. Suite 200  
Torrance, CA 90505  
Phone: (310) 791-3064 Fax: (310) 791-3084  
www.dacfs.org

#### BOARD OF DIRECTORS

PRESIDENT  
Larry Love

TREASURER  
Stanley Hall

SECRETARY  
Valleta Franklin

EXECUTIVE DIRECTOR  
Andrea Fleming

DIRECTOR  
Kenneth Fleming

Ratasha Smith  
County of Los Angeles Probation Department  
3965 South Vermont Ave  
Los Angeles, CA 90037

October 1, 2012

Dear Ms. Ratasha Smith

#### Plan of Correction: Fleming and Barnes dba Dimondale Adolescent Care Facilities

**Licensure/Contract Requirements:** No disaster log at the Long Beach facility.

5. The disaster log for the Long Beach facility was misplaced. Since the audit the log was found and its now in the "Fire and Earthquake Drill Log". Please see attached log.

**Implementation:** Dimondale will ensure that all of the logs are reviewed on a monthly basis. The Facility Administrators will follow up to ensure that it's completed.  
(Implemented)

**Facility and Environment:** Peeling paint at the Hawthorne facility around the front window. Paint and stucco work need completion around the front window at the Lancaster facility.

10, 11, 12. The paint and stucco work have been completed at the Lancaster facility. (Please see attached photo) The paint repair has been completed at the Hawthorne facility.

**Maintenance of Required Documentation and Service Delivery:** Did the treatment team develop comprehensive initial needs and services plans with the child?

**Implementation** Dimondale will ensure that all NSPS/Quarterly's are comprehensive. Dimondale has retrained all the Administrators and LCSW's to include the progress that the resident has made with their individual treatment goals. All of the resident's goals will be attainable and specific towards each resident. 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 and is specific to each resident. Administrators will review the NSP's and the Quality Assurance Program Administrator will ensure that all of the above corrections are implemented.  
(Implemented)

#### FACILITIES

DACF # 1  
1632 E. Dimondale Dr.  
Carson, CA 90746  
Phone: (310) 764-5670  
Fax: (310) 632-9078  
Lic. No. 198203822

DACF # 2  
4116 63<sup>rd</sup> St. W.  
Lancaster, CA 93536  
Phone: (661) 722-7831  
Fax: (661) 722-3176  
Lic. No. 197605014

DACF # 3  
2509 W. 115th Place  
Hawthorne, CA 90250  
Phone: (323) 777-6258  
Fax: (323) 777-6259  
Lic. No. 198204471

DACF # 4  
1461 N. Anaheim Pl  
Long Beach, CA 90804  
Phone: (562) 494-7534  
Fax: (562) 494-1063  
Lic. No. 197804638



**Education and Workforce Readiness:** Several residents reported that they do not receive homework. One resident reported that staff does not assist her with issues that arise at school. One resident reported that she is not taught independent living skills.

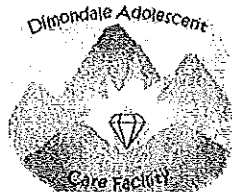
35,36. The residents attend SEA and they typically do not issue homework. All of the students that attend SEA, attend an after school program. While they are present at the after school program their homework is completed. We have requested additional homework that is to be sent home. All of the residents at Dimondale are taught independent living skills on a daily basis. The girls are taught and complete daily chores, assist in the kitchen and learn to cook five different meals prior to completing their program at Dimondale. They are taught to complete their own laundry weekly. They accompany staff to the store and assist with shopping and budgeting. The girls work with the tutor on a bi-weekly basis. Those who do not have homework work on life skills, writing resumes, have mock interviews, balance checkbooks and learn to budget their money. IE Rent, utilities, food etc. One of the residents stated that they do not have a life book.

**Implementation** Dimondale management will ensure that Dimondale staff are following Dimondale's policy and procedures and assisting the girls with independent living skills, homework and any other issues that may arise. All of the residents have life books and have the opportunity to work on them weekly. If a child refuses to work on the life books a refusal form will be filled out and filed in the residents file. Facility Supervisors will ensure that everything is implemented.

**(Implemented)**

**Personal Rights and Social/Emotional Well-being:** One of the residents stated that she was not informed of Dimondale's policies and procedures. Two residents reported that the consequences are not fair. She stated that the residents lose points for not attending school on the weekends when school is not in session. One resident reported that she is not always treated with dignity and respect. One resident reported that staff opens and reads their mail. Five residents reported that they do not participate in planning outings. Three residents reported that they are unable to spend their allowance as they chose.

52,59 All residents have an initial intake upon arriving at Dimondale. At this time the policies and procedures are explained to them. (Attached house rules with the residents signature) The resident has been given back her weekend school points as have the other children who lost their weekend school points. The resident has never expressed to management that she hasn't been treated with respect or dignity. The girls all have access to grievance forms which are reviewed daily. Management has not received a grievance from this youth complaining of any staff wrong doing. All Dimondale residents receive their mail unopened. The residents are informed by staff to open the envelope or package and turn it upside down and shake it. This is to prevent any contraband from coming into the facility. At no time does staff read the residents mail unless they are invited to by the resident. All of the residents spend their allowance freely. Staff may direct the residents to make wise choices, IE Save some of their allowance and not spend it all on junk. Residents that are on level are able to participate in the planning process for outings. Those that are not on level for the week are not involved in the planning process for



Administration Office  
23860 Hawthorne Blvd. Suite 200  
Torrance, CA 90505  
Phone: (310) 791-3064 Fax: (310) 791-3084  
[www.dacfs.org](http://www.dacfs.org)

paid outings. In order to attend a paid outing, the resident must be on silver, gold or platinum level. If they are on bronze they do not receive the privilege of attending a paid outing, however they may attend a non-paid outing.

**Implementation:** All of the staff and management at the Long Beach facility have been re-trained in the issuance/deduction of points. School points are only deducted Monday through Friday, excluding holidays. They are no longer to deduct weekend school points. All points have been given back to those who lost points. Dimondale staff will ensure that policy and procedures are followed regarding mail opening. All of the girls who are on level will participate in the planning of the activities. Those who do not participate will fill out a refusal form. All Dimondale staff has been re-trained regarding allowance issuance and spending. Dimondale staff will continue to assist the girls in making good spending choices and budgeting. The Facility Supervisor will ensure that it's implemented and adhered to. All Dimondale staff has been reminded of the girls' personal rights. The Administrator will ensure that the girl's rights are not violated and Dimondale staff is respectful at all times. **(Implemented)**

**Personnel Records** Have appropriate employees received a minimum of one-hour training in the area of child abuse identification and reporting?

62 The Director was missing one hour of child abuse training. All employees including Directors and Administrators sign mandatory training sign in sheets. (Please see attached sign in sheet).

**Implementation:** All employees, Administrators and Directors will sign the mandatory sign in sheets for all training. All sign in sheets will be filed in the training file at the respective facilities or at the corporate office.

**(Implemented)**

**Discharged Children** For children placed at least 30 days, was the child discharged according to the permanency plan? For children placed at least 30 days, did the child make progress toward meeting their NSP goals?

70, 71 One resident's NSP was not discharged according to her permanency plan. Due to her being detained and arrested at the facility her NSP did not reflect a decline in her meeting her NSP goals.

**Implementation:** Dimondale will ensure that all NSPS are detailed and specific in regards to the resident's permanency plans. Dimondale has retrained all the Administrators and LCSW's to adjust and update the NSP's to reflect the youth's current behaviors and current progress towards their permanency goals. The Administrators and LCSW's have been re-trained on the importance of ensuring that all of the NSP's are detailed and contain all of the pertinent information that applies to each resident and is specific to each resident. Administrators will review the NSP's and the Quality Assurance Program Administrator will ensure that all of the above corrections are implemented. **(Implemented)**



Administration Office  
23860 Hawthorne Blvd. Suite 200  
Torrance, CA 90505  
Phone: (310) 791-3064 Fax: (310) 791-3084  
[www.dacfs.org](http://www.dacfs.org)

**Dimondale Repair List:**

**Hawthorne:**

The broken outlet in the living room has been replaced.  
The hole in the dining room wall has been repaired.  
The whole house including bedroom one has been painted.  
All of the dressers have been repaired and painted.  
The mold has been removed in the bathroom and preventative measures have been made to deter it from happening again.

**Carson:**

All of the dressers have been painted and repaired  
The bedroom door has been replaced  
The mold has been removed from the bathtub in Carson

**Long Beach:**

All of the dressers and headboards have been repaired and painted.

**Lancaster:**

All of the dressers in Lancaster have been painted  
The board in room 2 has been hung back up and the holes repaired.  
The light fixture in bedroom one closet has been replaced.

**We have attached pictures of the repairs in Lancaster for your convenience.**

Respectfully,

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





Administration Office  
23860 Hawthorne Blvd, Suite 200  
Torrance, CA 90505  
Phone: (310) 791-3064 Fax: (310) 791-3084  
[www.dacfs.org](http://www.dacfs.org)

