



## SECTION 1 #4

## Youth Record Information- The Daisy Center

Youth Name:		Admission Date:	
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Behaviors for QRTP level	Race/ Nationality:	Date of Birth:
Gender:	Religious Preference:	Place of Birth
Medicaid #:	Social Security #:	Eye Color
Height:	PIERCINGS:	Hair Color:
Anticipated LOS:	Placement County:	Weight:

Physical Condition at Admission: (illness, hygiene, dirty clothing, bruises, visible injuries, unbrushed teeth, weight)	
Food Allergies, Dietary Preferences, any Food Restrictions	
Does youth use Restrictive Device? If yes, is device approved	Name: Approval?
Bedroom Assignment with consideration of Gender Identity	• Room assigned: _____ • Reason room was selected: _____ Describe how youth's self-identified gender was considered in this decision: _____

<b>legal Status:</b>	Depend. & Neglect	Delinquency	Voluntary	Emergency
Name of School:	School Phone #:			
Grade: IEP: Yes or No	Last Grade Completed:			

Mother's Name :	Mother's Phone #
Mother's EMAIL	Mother Phone Contact? Yes No
Father's Name:	Father's Phone #:
Father's EMAIL:	Father Phone Contact? Yes No
Siblings & contact info:	How to help them contact siblings?
Visitation Plan? Supervised Unsupervised No Contact	Comments?
Visitation with other People:	

People (No Contact) Name	Phone # / Description	Comments:

GAL Name:	GAL Phone #:
Other Approved Contacts:	Phone #:
Probation Officer Name:	Probation Phone #:
Casa Worker:	Casa Phone Number?

LAST Dental	Date :	Dentist:	Phone #:
LAST VISION	Date:	Eye Doc:	Phone #:

## SECTION 1 #5

**The Daisy Center Q RTP Referral Intake**  
**643 27 ½ Road, Grand Junction, CO 81506 (970) 243.3304**

Youth Name		Date of Birth and Age	
Person Making Referral		Phone #	
Case Manager Name		Placement County	
Date Placement needed:		Referral Date :	
CANS Assessment Scheduled Date:	Place of Birth:	Independent CANS Assessment Completed Date:	
If a youth is accepted into our program the independent CANS Assessment must be completed within 14 days of admission. If the youth does not meet Q RTP eligibility requirements the county will have an additional 30 days to find appropriate placement or negotiate rate for county paid services			

Projected length of Placement:	
Presenting Reason for Placement	
Family Goal	
Circumstances that led to Placement?	
How long has youth been in placement?	
Short term Stabilization Needs?	
Current Functioning?	
Required Special Accommodations? Restricted Devices?	

School Attending		Current Grade	
School Special Transportation needed			
Does youth have an IEP or special needs in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has youth ever been suspended or expelled from school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How is school attendance?	<input type="checkbox"/> Bad	<input type="checkbox"/> OK	<input type="checkbox"/> Good <input type="checkbox"/> Excellent

Medical Diagnosis:
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What is the youth's sexual Orientation?	Heterosexual	Bi- sexual / Lesbian/ Transgender
What does the Youth identify As?	Male	Female They/Them

Is youth on Probation or ever been on probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Probation officer:	Phone Number:	
Any upcoming court dates? Community Service?		
Last time youth used Drugs or Alcohol?		

SECTION 1 #5

Does the youth have a history of drug use? Vaping? Cigarettes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are the drugs used?	<input type="checkbox"/> Tobacco <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Meth <input type="checkbox"/> Inhalants <input type="checkbox"/> Other		
Has youth ever damaged or destroyed property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the youth physically aggressive/ Violent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the youth been hospitalized for Mental Health? If yes, Why?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does youth have a history of running away?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the youth had self-harming behaviors? Suicidal Idealization?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the youth have poor sexual boundaries?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the youth traded sex for money or been Trafficked?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to any of the Questions Above – Please Explain:     			

Reasons for transfers from prior placements:
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What services and Trauma Based Treatment would you like from The Daisy Center?
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Comments about any Significant Behaviors / Trauma/ Emotional Regulation
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## SECTION 1 # 12

### Daisy Center QRTP

#### Consent for Release of Information: Confidentiality, Admissions, Clinical Coordination

This form provides written authorization to disclose or obtain protected information for the purpose of coordinating care, treatment, safety planning, discharge preparation, educational needs, legal compliance, and overall well-being of the youth. **7.701.300**

Youth Name		Youth DOB		County of Origin	
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**I authorize Daisy Center QRTP to:**

- ☐ **Obtain** information from the individuals/agencies listed below  
☐ **Release** information to the individuals/agencies listed below

**Purpose of Disclosure:**

- |  |  |
|--|--|
| <input type="checkbox"/> Medical care        | <input type="checkbox"/> Mental health coordination        |
| <input type="checkbox"/> Educational support | <input type="checkbox"/> Case planning                     |
| <input type="checkbox"/> Legal proceedings   | <input type="checkbox"/> Safety or crisis intervention     |
| <input type="checkbox"/> Discharge planning  | <input type="checkbox"/> QRTP documentation and compliance |

**Types of Information to be Shared:**

- ☐ School records (IEPs, behavior reports, grades, attendance)  
☐ Medical records (immunizations, conditions, prescriptions, treatments)  
☐ Mental health records (diagnosis, treatment plans, therapy summaries)  
☐ Legal/criminal history-- Law enforcement contacts and reports  
☐ Medication history and pharmacy records  
☐ Discharge summaries and incident reports from previous placements  
☐ Assessments (CANS, BHAs, evaluations)  
☐ Family history or social services documentation

**Parties Authorized to Exchange Information:** Please check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> School staff                        | <input type="checkbox"/> Primary care doctor(s) and specialists          |
| <input type="checkbox"/> Mental health Professionals         | <input type="checkbox"/> Previous placements /residential care providers |
| <input type="checkbox"/> Law enforcement / Court personnel   | <input type="checkbox"/> Hospital, ER, or crisis unit staff              |
| <input type="checkbox"/> County caseworkers or DHS personnel | <input type="checkbox"/> Guardian ad litem or court-appointed advocates  |
| <input type="checkbox"/> Probation/parole officers           | <input type="checkbox"/> Other: _____                                    |

**Expiration:** This consent will remain valid for **one year** from the date signed or until the youth is formally discharged from the Daisy Center, whichever occurs first. This consent may be **revoked at any time in writing**, except where information has already been released in reliance on this document.

- ☐ I am the **parent/legal guardian** and have legal authority to consent  
☐ I am the **youth (age 12 or older)** and legally able to consent to mental health treatment  
☐ I am the **county caseworker** with legal custody and/or authority to consent

Printed Name		Signature	
Date		Relationship to Youth	
Daisy Staff		Date	



### RELEASE OF RESPONSIBILITY

- The Daisy Center will not be held responsible for any personal items that are lost or damaged. Please do not bring any items here that may be of value to you.
- I have been advised that the use or possession of any illegal substances or paraphernalia will not be tolerated.
- I will not lend my clothing or personal items to others, if I choose to disregard this statement and my things are damaged or lost, I will take full responsibility for the loss.
- My room may be searched with or without my consent.
- My belongings may be searched if suspected of practicing unsafe behavior.
- I have been given a list of CONTRABAND items and realize that if I am caught with any of these items in my room or on my person, I will be given consequences and the items will be confiscated, destroyed and/or turned over to law enforcement.
- If I **run away** my case worker will be asked to pick up my belongings after 7 days. Any lost or stolen items will not be the responsibility of the Daisy Center.
- I have been given a copy of the grievance procedures and have reviewed them with staff.
- I have been given a copy of my rights.
- I may be required to submit to random drug tests, if suspected or used, either at the Drug testing Center or with a home testing kit. If the county or guardian wants regular drug testing, guardian will be responsible for financial payment. All drug test will be documented with reasoning.

### LOWER-LEVEL STORAGE/ THERAPY UNIT

Youth are not allowed downstairs without a Staff or therapist, any youth who goes down to lower level without permission will be in violation of Daisy Center policy.

### ROOM DAMAGE CHECK

I understand that I will be held financially responsible for any damage to my room. I am also aware that I may document any existing damage upon admission to the Daisy Center. Any tampering with the alarm system or window will result in fines and possible legal charges. Locks on the windows are installed to only allow up to 8 inches of the window to be opened. Youth are not to tamper with the locks. If a youth needs a window adjusted, they must get a staff

### YOUTH ACKNOWLEDGEMENT

I certify by signature that upon admission I received and was advised of all the above information. By signing this acknowledgement, I agree to abide by the rules and to follow my individual treatment plan. If I fail to follow this agreement, I understand that I may be discharged from the Daisy Center.

Youth Signature:	
GUARDIAN Signature:	



## Transportation Waiver &amp; Release Form

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Youth Name

I, \_\_\_\_\_ hereby give permission to Daisy

Center to transport my youth while they reside at the center. All insurance will be maintained on the vehicle and all youth will wear proper seatbelts.

**SUPERVISION DURING TRANSPORTATION**

Supervision expectations extend to all transport activities conducted by Daisy Center staff.

- All youth are assigned a weekly seating arrangement in vehicles to maintain structure and safety.
- Staff are responsible for ensuring youth are buckled in at all times before departure.
- The vehicle will be equipped with required medical and safety equipment, including a first aid kit, emergency contact list, and any youth-specific medical items (e.g., inhalers, EpiPens).
- Staff-to-youth ratios during transport will reflect each youth's supervision level and behavioral risk.
- Staff maintain continuous visual supervision during loading, unloading, and while youth are in the vehicle.
- Cell phone use by staff while operating the vehicle is strictly prohibited, except in emergencies or navigation use with hands-free technology.

Guardian Signature		Date
Daisy Signature		Date
Youth Signature		Date

**RECREATION ACTIVITIES & PHOTOGRAPHY 7.7**

Youth Name:	
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The Daisy Center provide many recreational activities to enhance the lives of the youth we serve. Some of these activities are potentially dangerous recreational activities and therefore we need your permission for the youth to participate in them. These activities include, but are not limited to:

Horse Back Riding	Snowmobiles	River Rafting
Boating	Boxing	Water Skiing
Skiing/ Snowboarding	Hiking	Weightlifting
Swimming	Punching Bag	Trail Bikes
Trampolines	Jet Skiing	City Biking
Martial Arts	Camping	Roller Blading

All youth will receive proper instructions and training for all activities. It will be mandatory for the youth to wear all the safety gear that is required for each activity. The youth to staff ratio in participating in any of the above activities, except weightlifting, skiing and snowboarding, will be one staff per four youth. Youth wishing to participate in skiing or snowboarding will be allowed to go to Powder Horn Ski Resort and will not be directly supervised.

The Daisy Center will not be held responsible for any accident, injury or death of the youth while participating in any of the above-mentioned activities.

**Authorization to Photograph**

The youth named above grants the Daisy Center permission to photograph her and place her pictures in a book or in frames in the home. These pictures may also be used to identify if youth run away.

As caseworker/guardian of the above name youth, I hereby give the Daisy Center the right to photograph the above-named youth for various reasons throughout their stay in the Daisy Center. I hereby authorize the center to provide photographs to the local police and/or sheriff department to assist them in locating the youth in case of a runaway situation and/or legal identification.

Youth Signature:	
Staff Signature:	
Guardian Signature:	



PRUDENT PARENTING POLICY

**7.701.200 The Reasonable and Prudent Parent Standard Requirements for Facilities Providing Twenty-Four (24) Hour Out-Of-Home Care to Approve Activities for a Child or Youth in Foster Care**

**Children and youth in foster care are entitled to participate in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities as part of their well-being needs.**

Providers must use a “reasonable and prudent parent standard” when determining whether to allow a child or youth in foster care, under the responsibility of the county or in non-secure residential settings under the Division of Youth Services (DYS), to participate in such activities following the criteria in both A. and B. below

**The Daisy Center designated Prudent Parenting Employee is Telicia Slade.**

The Daisy Center allows activities such as:

School or recreational sports

Field trips

College campus tours

After school or summer employment

Reasonable and age-appropriate access to phone and computers

Reasonable curfews and rules and about dating and socializing.

**Allowing specific activities without direct supervision to include:**

Going to the movies

Trips to the mall

Work

Athletic events

Dating and socializing

Community events

Trampoline use

Roller skating/roller blading

Lake Days & Boating

All Activities are based on a youth’s level within our System.

**Daisy Center will consult Caseworker of Youth & Parent if directed by Caseworker for Activities such as:**

Camping

Going to a Friend’s House

Leaving the County

Babysitting

Sleepovers with a Friend

Overnights with Family Members

Caseworker will be notified within 72 hours of the desired activity that requires approval via email and all responses will be documented via email.

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Youth Signature

Date

Guardian Signature

Date





THE DAISY CENTER CONTRABAND AND CAMERAS

(ITEMS PROHIBITED )

Alcohol	BURNED CD'S WITH VIOLENCE OR PROFANITY
Drugs	PORNOGRAPHIC MATERIALS
Solvents	DRUG RELATED PARAPHERNALIA
Weapons	ANY SHARP ITEMS (Needles, razor blades, knives, etc.
Aerosol Paint Cans	MEDICATIONS (Must be kept by staff and not in bedrooms)
Tattoo Materials	GANG OR ICP RELATED clothing, music & accessories

Chemicals and household cleaning items:

Baggies	Tacks	Anything Flammable
Garbage bags	Food extracts	Hand Sanitizers
Laundry Soap	Food Flavorings	Cooking Sprays
All Cleaning Supplies	All Aerosol sprays	Dish Soap

PERSONAL CARE ITEMS:

The youth of the Daisy Center have had the policy of turning in all personal hygiene products after use to be stored in designated lockers for each youth. At this time, items that state KEEP OUT OF REACH OF CHILDREN, will be locked in these designated lockers and given out when needed. These items include toothpaste, lotion, soap, shampoo, conditioner, hair spray, face wash, makeup items and etc. . The Limited use items can be checked in and out from the office and must be returned within an hour of use. Items not allowed unlimited use include: Razors and must be checked out with designated staff.

If a youth is not responsible with their items or is put on Reset, items may be restricted. Any youth who cuts on their skin or threatens to cut on their skin they will not be allowed to use their Razor unsupervised. They will not have any access to a razor for two weeks. After two weeks they can use a Razor in the downstairs bathroom only sitting on the edge of the tub in the with clothing on when staff are able to stand at the door with the door open to observe the use of the Razor. This will be in place for another two weeks and longer if the youth is still not stable after the full month. Any youth who has three episodes of cutting will be severely restricted to the use of a Razor to twice a month.

- ❖ If you have any questions about what you may keep in your room, please ask staff and we will let you know if it is permitted or not. If a contraband item is found in your room or in your possession, you will have CONSEQUENCES and possibly LEVEL RESTRICTIONS.
- ❖ The Daisy Center has recording video cameras on the property. All cameras are in common areas and the staff office. The cameras are not to be touched or consequences will be given. All video footage is automatically deleted after 7 days and the Daisy Center does not have access to this deleted footage.

Youth Signature	
Guardian Signature	



## New Placement Contract 7-7 Rule

Daisy Center will accept \_\_\_\_\_ however an update with reassessment will occur after 7 days. If the youth is struggling to maintain appropriate behavior, Daisy will renew for another 7 days with a youth safety contract. If the youth after the next 7 days has not shown improvement, Daisy will not officially admit the youth in our program and the team will have 14 days to find a new placement. If during the 14-day period the youth seems appropriate for the milieu, she will be admitted in the program officially. At admission we need paperwork consisting of Family Service Plan, Mental Health Reports, Birth Certificate, Treatment Plan, Evaluations & Assessments, Discharge Plans from other Agencies, Emergency Medical Authorization, Agreement to Purchase Contract, Signed Custody Records, Legal Charges of past and present Legal Documents, Visitation Plan and Social Media Plan. In the event a youth engages in a violent incident resulting in physical harm to another youth or staff member, the Daisy Center will complete a formal Risk Assessment with the involved youth. If, based on this assessment, the youth is determined to pose a high risk of reoffending or continuing to endanger others within the Daisy Center environment, the placing agency agrees to remove the youth from the Daisy Center within three (3) to seven (7) calendar days of notification. This timeline allows for coordination of an appropriate alternative placement while prioritizing the safety and well-being of all residents and staff.

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Youth Signature

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Caseworker Signature

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Parent Signature

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Date

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Placement Date

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## SECTION 1 #24

### Daisy Center

#### Consent to Search Form for Room, Belongings, and Person Search D-22

##### Purpose:

To promote the safety and well-being of all youth and staff by allowing staff to search a youth's room, personal belongings, and/or person when there is reasonable suspicion of contraband or risk to safety.

##### Consent Statement:

I, the undersigned, understand that the Daisy Center operates as a Qualified Residential Treatment Program (QRTF) and follows strict policies to ensure the safety of all residents and staff. I have been informed of the **Daisy Center Room and Youth Search Policy** (Procedure #D-22) and acknowledge the following:

- Staff may conduct **room searches at any time** when there is reasonable suspicion of contraband or concern for self-harm where arms, legs, stomach will be viewed for self-harm.
- **Searches may include:** drawers, bedding, closets, backpacks, clothing, personal items, and use of a metal wand.
- **Body searches are limited and non-invasive**, involving visual inspection (youth may be asked to change into shorts/tank top) and checks for hidden items with a metal wand. Strip searches and physical contact are strictly prohibited.
- Searches will be conducted **respectfully and discreetly** by two trained staff members and a staff member of the same identified sex if possible- the Daisy Center only has female employees.
- Searches will be **documented** using the Daisy Center Youth Search Report Form and include the date and time of the search, Names of both staff members conducting the search, items found, and actions taken regarding the discovered items.
- If contraband is found the on-call supervisor will be notified, team members and possibly the police.
- Parents/guardians or case managers will be notified if contraband is found or safety concerns arise.
- After discharge the Daisy Center will keep a youth's items in storage for up to 90 days. The Daisy Center will reach out once a month for 90 days to the Caseworker or Guardian to get the belongings retrieved. The Daisy Center will not ship or transport a youth's belongings. After 90 days all items will be donated, if not retrieved.

I give my **voluntary consent** for the Daisy Center to conduct searches of the youth's room, belongings, and person as described above in accordance with policy and best practice.

☐ I am the legal guardian or parent of the above youth.

☐ I am the assigned case manager and have legal authority to consent on behalf of the youth.

**Printed Name (Parent/Guardian or Case Manager):**

<b>Guardian/Case Manager Signature</b>		<b>Date</b>	
<b>Youth Signature</b>		<b>Date</b>	



## Electronics & Supervision

<b>Youth Name:</b>	
<b>Case Worker Name:</b>	

### Electronic Rules

#### No Personal Devices Allowed

- Youth cannot bring or use their own phones, tablets, or electronics except for MP3 Players at the Daisy Center.
- Devices may be used in the living room or common areas such as hallways. Any additional changes will be approved by the team.

#### Types of Technology Allowed/Provided

Nintendo Switch/ Xbox/Nintendo DS  
 Amazon tablets with Access to Games Only  
 School Chrome Books  
 House Laptop  
 Amazon Echos with Access to Music  
 MP3 Players- Personal Only

#### Turn-In at Night

- Devices must be turned in every night. Youth can't keep them overnight. Except MP3 Players and Amazon Echos

#### Breaking Rules = Losing Privileges

- If a youth uses a device in an unsafe way or breaks the rules, their electronics privileges can be taken away by the team.

### SUPERVISION

Level 1	Reset	Level 2	Level 3	Level 4
Placement to 14 days	Consequence of Behaviors	Can be moved within 14 days	Growth and Trust	Leadership and Discharge
Line of Sight	Line of sight	15 minute check in	30 minute check in	60 minute check in

Staff supervision increases or decreases based on a youth's level and demonstrated safety.

**Level 1 and Youth on Reset are always kept in full line-of-sight**, both inside the building and during any on-grounds activity. **Level 2 youth receive 15-minute checks on unit and may be out of direct sight during on-grounds recreation; in the community they remain staff-supervised at all times unless they are with another approved, responsible adult.** **Level 3 youth move to 30–60-minute checks and can have short out-of-sight time on campus or participate in community outings with staff approval.** **Level 4 youth receive 60-minute checks and may earn short, pre-approved independent passes in the community**, as long as a safety plan is completed and their caseworker or guardian has signed off.

Case Worker Signature:	
Parent Signature:	
Staff Signature:	
Youth Signature:	



## SECTION 1 # 25

### Daisy Center Q RTP Guardian Consent for Delayed Law Enforcement Notification Per Colorado Rule 7.701.52.5F

Youth Name: \_\_\_\_\_

Admission Date: \_\_\_\_\_

**Purpose:** To support trauma-informed care practices and reduce unnecessary law enforcement involvement, the Daisy Center provides a 60-minute window for staff to implement de-escalation strategies when a youth leaves the premises for self-regulation and is not presenting an immediate threat to themselves or others.

**I. Guardian Authorization:** I authorize Daisy Center staff to delay contacting law enforcement for up to **60 minutes** in situations where my child leaves the premises but is **not presenting imminent danger**. This includes:

- Taking a walk to cool off
- Sitting in a safe nearby location (e.g., park, sidewalk)
- Refusing to return immediately while remaining non-aggressive
- Verbally expressing frustration or sadness without threats

During this time, staff will implement trauma-informed, non-restrictive interventions including active supervision, safety checks, and therapeutic redirection.

#### **II. Law Enforcement *Will Not Be Contacted For:***

- Yelling, cursing, or expressing emotional distress verbally
- Refusing to follow staff directions when no immediate danger is present
- Walking away but remaining in visual range or within one mile
- Throwing non-hazardous items (e.g., pillow, book) without harm
- Statements of frustration without suicidal or violent content
- Make specific statement about self-harm without actions implying intent

#### **III. Law Enforcement *Will Be Contacted Immediately If the Youth:***

- Possesses or displays a weapon or dangerous object
- Physically attacks staff, peers, or destroys property (depending on severity)
- Leaves with or approaches unknown individuals or vehicles
- Is unaccounted for after 60 minutes
- Runs into traffic or demonstrates unsafe behavior that poses immediate risk
- Makes specific threats of self-harm or violence with actions implying intent

**IV. Acknowledgment:** I understand this protocol does not override mandated reporting obligations or staff's duty to ensure safety. I consent to this policy as a preventive approach to reduce unnecessary criminalization of youth behavior.

Guardian Signature:	Date
Staff Signature:	Date



## Daisy Center Savings Plan #35

Level 1 will be saving \$1 a week

Level 2 will be saving \$2 a week

Level 3 will be saving \$2.50 a week

Started two weeks after placed at Daisy Center

This money will be stored in an envelope in a locked drawer and label with each girl's name. This money will not be accessible until the youth has left the facility or if the youth petition to have access to the money for a certain item. This will need to be approved by the Director/ Assistant Director.

If you get a paid job while working at the Daisy Center, your first check is yours to keep. After that, every check half goes to a saving envelope that is locked up till discharge.

Youth Signature		Date	
Guardian/CW Signature			

WE need to add that they do not get to hold money



## AUTHORIZATION FOR HEALTH CARE

### COLORADO DEPARTMENT OF HUMAN SERVICES DIVISION OF HUMAN SERVICES

\_\_\_\_\_: COUNTY

I, \_\_\_\_\_, Employee of \_\_\_\_\_ County Department of Human Services, have responsibility for the foster care placement of \_\_\_\_\_ by virtue of :

- 1. A court order giving the County Department guardianship
- 2. A court order giving the County Department legal custody : or
- 3. A placement contract with the parents of said child

I do hereby authorize : **The Daisy Center 643 27 ½ Rd. GJ CO 81506** - to consent to

- 1) Ordinary medical and dental care, 2) psychological and psychiatric care: and , 3) to consent to any routine, emergency care and dental treatment for said child after having made a reasonable effort to contact the County Department to obtain its consent.

The County Department shall be notified by the facility no later than the following working day of any administration of emergency medical or surgical services provided under this authorization.

The Daisy Center is required to maintain a complete record of all medical or surgical services provided and drugs administered to the above named child.

The Daisy Center will provide an up-to-date copy of the above named medical record to the County Department at the time of the submittal of each progress report submitted at the time of the child's termination from the Daisy Center's care.

This authorization shall be in the effect during the period of time the child is in the care of the Daisy Center.

Person Authorized to sign for child	
Date	



## DAISY CENTER LEVEL AND PRIVILEGE PROGRAM

The Daisy Center's level system is a team-driven process determined by administration, clinical staff, and floor staff, with every youth reviewed biweekly to ensure decisions are fair, individualized, and rooted in therapeutic progress. When a youth earns a new level, they move forward only; levels are not taken away. If a youth struggles, the team provides additional support rather than lowering their level. Daily points are earned through behavior, participation, effort, and completion of responsibilities, and these points determine the daily privileges available each evening.

Weekly privilege opportunities are based on the total points earned Monday through Friday, allowing youth to unlock additional weekend privileges through consistent engagement and positive choices across the week.

Staff supervision increases or decreases based on a youth's level and demonstrated safety. Level 1 youth are always kept in full line-of-sight, both inside the building and during any on-grounds activity. Level 2 youth receive 15-minute checks on unit and may be out of direct sight during on-grounds recreation; in the community they remain staff-supervised at all times unless they are with another approved, responsible adult. Level 3 youth move to 30–60-minute checks and can have short out-of-sight time on campus or participate in community outings with staff approval. Level 4 youth receive 60-minute checks and may earn short, pre-approved independent passes in the community, as long as a safety plan is completed and their caseworker or guardian has signed off.

YOUTH SIGNATURE :	DATE:
GUARDIAN SIGNATURE:	DATE:





## SECTION 6 # 7

## DAISY CENTER MEDICAL PASSPORT

<b>Name of Youth</b>			
<b>Date of Birth:</b>		<b>Admission Date:</b>	
<b>Gender:</b>		<b>Preferred Gender:</b>	
<b>Emergency Contact:</b>		<b>Emergency Number/Email:</b>	
<b>Preferred Hospital:</b>		<b>State Medicaid #</b>	

<b>Last Medical</b>	<b>Date:</b>	<b>Doctor:</b>	<b>Phone #:</b>
<b>Last Dental</b>	<b>Date :</b>	<b>Dentist:</b>	<b>Phone #:</b>
<b>Last Vision</b>	<b>Date:</b>	<b>Eye Doc:</b>	<b>Phone #:</b>

<b>Current Medical Diagnosis?</b>

## MEDICATIONS:

<b>Name of medicine</b>	<b>Amount/ Dose</b>	<b>Time of Day</b>	<b>Medication Prescribe for?</b>

## MEDICAL HISTORY:

<b>Allergies: Food/ Medication/ Environmental</b>	<b>Anything You're Picky About:</b>

SECTION 6 # 7

<b>Chronic Conditions:</b>	<b>When did it start:</b>
<b>Immunizations up to date</b>	<b>If not, what is needed:</b>
<b>Prior Surgeries</b>	<b>Month/ Year of Surgeries</b>
<b>Dietary Needs</b>	<b>Dietary Restrictions:</b>
<b>Are you on Birth Control?</b>	<b>Are you interested in information about Birth Control?</b>

**Mental Health**

<b>Prior Therapist:</b>	
<b>Behavioral Interventions that help:</b>	
<b>Behavioral Interventions that make it worse:</b>	
<b>Do you drink alcohol?</b>	
<b>Do you smoke cigarettes or vape? When did you start?</b>	
<b>Do you have any interest in quitting?</b>	
<b>Do you enjoy exercise? What kind?</b>	

<b>Youth's Signature:</b>		<b>Date:</b>
<b>Caseworker's Signature:</b>		<b>Date:</b>
<b>Parent's Signature:</b>		<b>Date:</b>



# The Daisy Center: Unified Therapy Consent & Disclosure Packet

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## The Daisy Center: Unified Therapy Consent & Disclosure Packet

### Introduction & Provider Credentials

You will be receiving therapeutic services through The Daisy Center. Our licensed professionals include:

JoAnn Zerr, MA, LPC, LAC, Intern Supervisor

Tara Doudy, MA, LPCC

Telicia Rivera (Slade), Counseling Intern

Therapeutic Interns: Graduate-level students under clinical supervision

All therapists are credentialed under Colorado's Mental Health Practice Act. Interns work under the supervision of licensed providers.

### Scope of Services Provided

The Daisy Center provides:

- Individual therapy
- Group therapy
- Family therapy
- Telehealth services via secure platforms

Your participation in any of these services may shift depending on your needs and treatment goals.

### Risks & Benefits of Therapy

Therapy involves discussing emotional difficulties, which may initially increase distress. You may experience discomfort such as sadness, anxiety, or anger. Benefits may include improved relationships, increased self-awareness, and relief from symptoms. No specific outcome can be guaranteed.

You can request a different therapist, however, Daisy Center is only allowed to use the therapist hired directly and unless out side of the scope of provided services.

### **Confidentiality & Its Limits**

All sessions are confidential except under the following circumstances:

- Threats to harm self or others
- Suspected abuse/neglect of a child, elder, or vulnerable adult
- Court-ordered disclosure
- Duty to warn of imminent threats

Group Therapy: You are expected to maintain strict confidentiality about all group participants. Violations may result in removal from group services.

### **Telehealth Consent**

Telehealth may be conducted via video, phone, or secure messaging. Risks include technical failures and limited response to crises. You understand that telehealth is not a substitute for emergency services.

In the event of disconnection, we will contact you using information provided by the Daisy Center. If in crisis, call 911 or go to the nearest emergency room.

### **Colorado Mandatory Disclosure Statement**

You have the right to:

- Know your therapist's credentials
- Understand therapeutic methods and expected duration
- Refuse any recommended treatment
- Receive a second opinion or transfer care

Sexual intimacy with a therapist is never appropriate and should be reported to DORA at 303-894-7800.

### **Privacy Practices Summary**

You have been offered a copy of our full HIPAA Notice of Privacy Practices. Highlights:

- We may disclose info for treatment, payment, and operations.
- You have the right to inspect, amend, and request limitations to your records.
- Your records are stored securely for a minimum of seven years.

### **Financial Responsibility**

## SECTION 8 # 1

All billing is processed through The Daisy Center. You authorize direct billing of insurance and understand that you are responsible for uncovered costs.

### **Social Media, Dual Relationships & Boundaries**

Therapists will not accept friend requests, follow, or engage with clients on personal social media. If we see each other in public, therapists will not initiate contact to maintain your confidentiality.

### **Intern Participation Consent**

You may receive services from a graduate intern under supervision. You can request not to be seen by an intern. All sessions with the intern will be recorded audio for use of note taking and supervision with her supervisor.

### **Emergency Procedures**

The Daisy Center is not a 24/7 crisis facility. For emergencies:

- Call 911
- Go to the nearest ER
- National Crisis Hotline: 1-800-273-TALK (8255)

### **Consent to Release Information (Required)**

I consent to the release and exchange of my protected mental health information between  
The Daisy Center and the following:

Telicia Slade, Daisy Center Case Manager

Samantha Alvarado, Operations Manager

Assigned DHS Caseworker

Purpose: Coordination and continuity of care.

### **Consent & Acknowledgment**

By signing below, I acknowledge the following:

- I have read, understood, and had the opportunity to ask questions about this consent packet.
- I consent to receive therapeutic services as outlined above.
- I have been informed of my rights and responsibilities as a client.

SECTION 8 # 1

- I have received (or been offered) the Notice of Privacy Practices.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian (if under 18): \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Name: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_



SECTION 6 # 1A

Daisy Center Medication Information

Youth Name:	
Gender: Female	
Medicaid #:	
Height:	
Anticipated LOS:	

Medications

Name	Dose	Time

Medical Information

Hospitalizations	
Allergies	
Prior Surgeries	
Prior Broken Bones	
Current Diagnosis	

SECTION 2 # 1



PLACEMENT LETTER  
DAISY CENTER  
643 27 ½ Road  
GRAND JUNCTION, CO 81506

Dear Parent, Guardian, Case Manager:

This is to inform you that your daughter has been placed in a state licensed Residential Child Care Facility for adolescent girls. Every effort has been made to provide a safe and secure environment for your daughter. By law we are required to inform you that if you suspect that an incident of abuse has occurred, you may report it to the Mesa County Department of Human Services, 2952 North Avenue (P.O. Box 20,000), Grand Junction, CO 81502. Telephone: (970) 242-1211.

The Daisy Center is licensed by the Colorado Department of Human Services and is mandated to meet specific standards of care. If you have reason to believe that the Daisy Center is violating any of these guidelines, you may file a complaint with the Colorado Department of Human Services, Office of Child Care Licensing, 1575 Sherman Street, Denver, CO 80203-1714. Telephone: (800) 799-5876. Colorado Child Protection Ombudsman, 1300 Broadway, Suite 430 Denver, CO 80203 (720) 625-8640.

We at the Daisy Center feel that communication is the number one tool for success. We would like you to contact us with any questions or concerns you may have. Having good communication between parents and providers helps each youth feel safe, cared for and important. We are not only invested in help your child become successful, but we are also invested in helping you as well.

We believe the inclusion with the family working with us in the treatment of the youth is the best opportunity for success and we encourage you to be involved in the treatment of your child.

Enclosed with this letter is a copy of our Over-the-Counter Medicine Consent form. Please sign this letter and the medication form enclosed and return them in the self-addressed stamped envelope provided. Thank you for taking the time to read this information and for your cooperation in this matter.

Sincerely,

Eternity Alvarado, Director  
970.260. 9050

Telicia Slade, Case Manager/Assistant Director  
970.361.1335

Signature below indicates that the parent or guardian received a copy of the above

Parent or Guardian Signature	
Date	





**The Daisy Center**  
**Guardian Medication Consent Form**

Youth Name	
------------	--

The medication authorization on this form is valid the length of stay at the Daisy Center. I authorize the Daisy Center staff to administer to my child the over-the-counter medications listed below and any prescription medications prescribed by their physician. I waive any claims I might have against The Daisy Center and its employees arising out of the administration of said medications.

I consent to medical and mental health treatment for said minor. I also authorize the Daisy Center Staff to consent to any x-ray, anesthetic, optical, medical, surgical, dental or mental health diagnosis or treatment and hospital care to be rendered to said minor on the advice of a licensed professional.

MEDICATION	DOSE	HOW OFTEN?	SYMPTOMS? REASON
Ibuprofen	400 mg	PO every 4 -6 hours	Pain, Fever, Headache
Tylenol	500-1000 mg	PO every 4 - 6 hours	Pain, Fever, Headache
Antacids	1-2 tablets	PRN	Heartburn/ stomach
Pepto Bismol	2 T	PRN	Heartburn/ stomach/ Diarrhea
Cough Syrup / drops	2 T	PO every 4-6 hours	Excessive Cough
Benadryl/ Antihistamines	25 mg	PO every 4-6 hours	Allergies
Decongestant	1- 2 tablets	PO every 4-12 hours	Cold Relief
Throat Spray	1-2 sprays	PRN	Throat irritation
Cough and Cold medicine		PRN	Cold Relief
Eye Drops	drops	PRN	Allergies/ dust/ irritation/ redness
Ear Drops	drops	PRN	Earache
Nasal Decongestants		PRN	Stuffy nose
Multi- Vitamins	1-2 tablets	PO every day	Good Health
Pamprin	1-2 tablets	PO every 4-6 hours	Menstrual Discomfort
Midol	1-2 tablets	PO every 4-6 hours	Menstrual Discomfort
Hydrocortisone	As Directed	PRN	Itching and Rash
Acne Medications	Topical	Daily	Facial Cleaning
Hydrogen Peroxide	Topical		Cuts/ scrapes
Rubbing Alcohol	Topical		Cuts /scrapes
Vicks	Topical	4-6 hours	Cough
Kwell / Lice Products	Topical	As Needed	Head or body Lice
Melatonin	3mg- 10mg	As Needed	Sleep
Fiber/ MiraLAX/ Stool Softener	Cap full or 1- 2 tabs	As Needed	Constipation
Narcan	Spray	As Needed	Overdose
Naproxen	200-400mg	As Needed	Pain, Fever, Headache

If a licensed medical professional prescribes a **new** psychotropic medication to youth named above while living at the Daisy Center, I give permission for the new medication to be dispersed to the youth according to medical orders.

<b>Signature of DHS Guardian</b>	<b>Date</b>



## Daisy Center Quiet Time

Daisy Center utilizes quiet time throughout our schedule.

Typically, quiet time is once a day. At times in crisis or high emotions situations staff will implement an additional quiet time to allow time to decompress and create a safe situation for all youths.

Daisy Center's quiet time is never punitive and used as a daily opportunity to reflect, decompress, and relax from their daily treatment.

Daisy Center never restricts a youth from using the bathroom, getting water, or having a piece of fruit during quiet time. Daisy Center staff will make rounds to each room every 15 minutes to ensure safety of the youth while in quiet time.

Daisy Center asked that the youth remain in their room aside from the needs listed above and spend the time, reflecting, decompressing, or relaxing.

Daisy Center staff will announce the start of quiet time with our house alarm and utilize the house alarm to signify when it is complete.

During a crisis with a youth or high tense situation, Daisy Center staff will immediately ask for the youth to go to their rooms or game room to stay safe. The additional staff will make rotations to each room to check on the youth while in their quiet time.

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Youth Signature

Date

Guardian Signature

Date



### Daisy Center Reset System – Trauma-Informed Guide

The Reset System at Daisy Center is designed to be a restorative process not a punishment. Resets allow space for reflection, healing, and rebuilding safety following behavioral or emotional dysregulation. All resets include Line of Sight (LOS) supervision throughout the duration to ensure safety and connection.

#### ○ Lite Reset (1–3 Days)

- LOS supervision for the entire reset duration.
- No participation in off-campus group community outings.
- No personal electronics: can use room remote when expectations are completed, up to 2 hours in common areas on the switch based on behavior
- Completion of full Accountability Resolution Sheet.
- 1 therapy check-in or 15-minute staff-led reflection.
- Participation in house expectations required (chores, group, schoolwork).
- Restorative task selected with staff (e.g., organizing, kind act, clean-up).
- Return to privileges after resets complete
- Allowance is still earned
- Menu Examples Impact letter with art piece, apology video or skit with peer input, therapeutic walk with grounding activity and reflection, **Reflection Prompt:** Short writing or art project (e.g., “What I wish I’d said”)

#### ● Standard Reset (3–5 Days)

- LOS supervision for the entire reset duration.
- No community outings.
- No personal electronics can use room remote when expectations are completed, up to 1 hours in common areas on the switch based on behavior.
- Beauty/self-expression privileges paused (makeup, nails, etc.).
- Complete full Accountability Resolution Sheet.
- 1 required therapy session and 15-minute staff-led reflection.
- Restorative or repair activity (e.g., apology circle, journaling, amends plan).
- Team review before returning to full program privileges.
- No allowance for the days that they are on reset
- Menu Examples: Impact letter, therapeutic walk with grounding activity and reflection, **Reflection Prompt:** Short writing or art project (e.g., “What I wish I’d said”).

#### ● Final Intensive Reset (5–7 Days)

- LOS supervision for the entire reset duration.
- No group community outings.
- No personal electronics TV access only after 7pm in room, no access to the living room remote
- Beauty/self-expression privileges paused
- Completion of full Accountability Resolution Sheet.
- 2 therapy sessions
- Restorative or skill-building task (e.g., impact letter, service activity).
- Increased check-ins with staff across all shifts.
- No allowance for the entire reset and the week it starts
- Team review required before resuming privileges.
- Menu Examples: Impact letter, therapeutic walk with grounding activity and reflection, **Reflection Prompt:** Short writing or art project (e.g., “What I wish I’d said”).

YOUTH SIGNATURE:	DATE:
GUARDIAN SIGNATURE	DATE:



## School Notification of Out Of Home Placement

### **Current Placement Provider:**

Facility Name: The Daisy Center

Address: 643 27 ½ Rd, Grand Junction, CO 81506

Phone: 970-243-3304

Designated School District: District 51 Schools, Mesa County, Colorado

Youth Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Legal Custody Held By: ☐ Parent/Guardian

### **Educational Rights Acknowledgment**

The undersigned acknowledges that a team discussion will occur to determine the educational best interest of the youth, and that the following educational rights will not be violated:

1. Right to a Quality Education – Includes access to transportation, extracurriculars, cultural/personal enrichment when appropriate.
2. Right to School Stability – Youth may remain in their current school when entering placement unless the court decides otherwise.
3. Right to Know Educational Options – Includes vocational/post-secondary coursework and financial aid resources.
4. Right to Develop Job Skills – Work opportunities aligned with the case plan and permanency goals.
5. Right to Attend Independent Living Classes – If age- and program-eligible.

### **Fee Waiver and Records Request**

In accordance with HB 08-1019, the youth qualifies for:

- Free or Reduced Meals
- Waiver of all school-related fees (general, books, labs, extracurriculars, before-/after-school programs)

Educational records and services must be shared with both the County Department of Human Services (if county involvement) and the placement facility:

This notice remains in effect for the duration of the youth's out-of-home placement under the legal custody of the placing county and while in the care of The Daisy Center.

### **Signatures**

Parent/Guardian (Printed Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Daisy Center Youth Inventory List

### Packing List of Items to Bring

What to Bring to the Daisy Center		
7 pairs of Jeans	3 Pairs of Pajamas	Photos of family- no glass frames
3 pairs of Sweat Pants	7 pairs of underwear	12 items of makeup- no glass
3 pairs of leggings	Appropriate Bathing Suit	1 perfume
3 pairs of Shorts	1 Slippers	Journal if have one/ 5 Books
3 Exercise Outfits/ Active Wear	1 Boots	Backpack
7 t-shirts	1 Summer flip flops/sandals	Deodorant- non aerosol
7 long sleeved shirts	3 Tennis shoes/comfortable shoes	1 bottle Shampoo & Conditioner
3 hoodies	7 pairs of Socks	Brush/comb/special hair product
3 sweatshirts	Warm Jacket	Toothbrush
3 tank tops	3 Bras	2 stuffed animals
2 Dress Outfits	1 Robe	Water Bottle
	1 Purse	MP# Player- head phones
<b>This Column= 42 Items or Less</b>	1 Bag	1 Set of Art Supplies/ knitting
	3 Hats	3 Toys/ Games

Other Important Items to Bring		
ID	Immunization Records	1 month of Prescription Meds
School Documents/ Records	Contact Lenses / Glasses	Medical Records
Contact Information & Addresses	Insurance Card	Discharge Reports

What not to Bring		
There are certain items that are not allowed at the Daisy Center. All items will be searched at the time of admission and randomly throughout their stay. <b><i>All items deemed to be dangerous or illegal will not be returned and will be properly disposed of.</i></b>		
No Weapons	No Lighter- Matches- Candles	No glass of any kind
No Alcohol	NO Valuables- We are not Responsible	NO Mirrors
No Drugs	No Revealing Provocative Clothing	No Aerosol Products
No Unprescribed Drugs	No Gang/ Weapons/Drug Slogans	No nail Polish
No Tobacco of any kind	No posters/ Tapestry's	Bandanas/ Gang Paraphernalia
No Vaping Products	No eyebrow razors	No metal piercing: must be plastic

Upon arrival at the Daisy Center the youth's luggage and bags will be searched by a staff member in order to maintain a safe environment for all youth and staff. If you have any questions, please don't hesitate to contact us at 970.243.3304.

### The Daisy Center Intake Forms

Documents are needed after the Interview with youth

Once we receive the paperwork and review then we can make an official date to move in

- ❖ Admission Record Information
- ❖ Authorization for Health Care
- ❖ Information letter from Daisy Center
- ❖ School Notification Letter for Student in DHS Custody
- ❖ Guardian Medication Consent Form
- ❖ Consent for the Exchange of Information
- ❖ Supervision Memo
- ❖ Authorization for Recreation Activities & Photograph
- ❖ Significant Contacts & Supervision
- ❖ Medications and Medication Prescriptions
- ❖ Medicaid Number

### State Required Documentation for Youth File

- ✓ Birth Certificate (copy)
- ✓ Medicaid Card or Number
- ✓ Social Security Card (copy)
- ✓ Bus Pass Letter (Mesa County Youth)
- ✓ Discharge from previous placement
- ✓ Medical Passport and /or prior medical & dental dates
- ✓ Immunization Records
- ✓ School Records --- IEP
- ✓ Trails print out of Previous Placements
- ✓ Legal Custody Orders signed by the court
- ✓ Legal Charges & adjudications
- ✓ Assessments from mental health/ probation reports
- ✓ Family History
- ✓ Treatment History Report
- ✓ Visitation Plan
- ✓ Signature Page Treatment Plan
- ✓ Placement Agreement Contract

Director of The Daisy Center: Eternity Alvarado  
Asst. Director

Telicia Slade

970.201.4656  
970.361.1335