DHS
Oregon Department
of Human Services

# Licensed Child Caring Agency Site Visit Re-licensing Report
# Homeless/Runaway/Transitional Living Shelters

**Licensee:** Calo Missouri Programs, Inc., Dragonfly Transitions

**Program Director:** Tricia Sims

**Senior Executive Director:** Mona Treadway

**Date of site visit:** 3/17/2021 and 3/18/2021

**Executive Director:** Phillip Squibb

**Licensing Coordinator:** Mary Torres

**Other Regulatory or Accrediting Agencies:** Joint Commission Accreditation. Reviews by this accrediting agency are scheduled to occur every 2 years.

**Program Compliance:** The program was found to be compliant or will be compliant with OAR 413-215-0001 to 413-215-0131, Licensing Umbrella Rules, and OAR 413-215-0701 to 413-215-0766, Licensing Homeless, Runaway, and Transitional Living Shelters Rules. Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

**Program Description(s) as provided by the program:** The Program's Overview describes Dragonfly as a program that launches young adults through community, connection, experience, and leadership who are struggling with the transition to healthy, productive independence. Dragonfly is a nine to twelve-month program for young adults between the ages of 17 ½ - 28 years that offers a variety of living, learning and leadership opportunities which allows space for clinical needs to be addressed. Dragonfly provides intentional exposure to transition as hands-on experience is believed to lead to success with and beyond the program. Dragonfly is research based, grounded in the perspective of students, and developed by Dragonfly.

Dragonfly has varying programs for young adults, however, only three facilities serve minors and are licensed by the Department of Human Services, Children's Care Licensing. Those are as follows:

The Boarding House - Residential living for up to 14 male identified students.

The Sunflower House - Residential living for up to 14 female identified students.

The Homestead - Residential living for up to 8 male identified students in a rural farm setting. As detailed by the program in its' Program Overview, Homestead was added to Dragonfly Transitions in 2012, offering youth a "softer landing" for youth coming from wilderness or other residential settings. Licensing adds that this facility sits on 30 acres of farmland, hosting various farm animals, a large enclosed greenhouse, a pond and a newly set up yurt for on-site gatherings and meetings.

**Program type and services:** The program explains that residents at The Boarding House and The Sunflower House participate in community living, individual and group therapy, life skills and identify forming groups. At The Homestead, residents receive the same services in addition to the participation in a working farm.

**Capacity and ages:**

The Boarding House: 14 residents, 17 ½ - 28 years old
The Sunflower House: 14 residents, 17 ½ - 28 years old
The Homestead: 8 residents, 17 ½ - 28 years old

**Funding sources:** Private pay with some insurance reimbursement (not guaranteed).

**Contracts and sources for referrals:** Licensing has the understanding that referrals are received from educational consultants associated with Therapeutic Consulting Group (TCA) or Independent Educational Consultants Association (IECA). Dragonfly could have one referral per year from 50+ different consultants. Other referrals come directly from parents/guardians.

**Average length of stay:** 270 days

**Average daily population served:** 47

**Number of children served annually:** 63

**Interviews, Observations:** Opening and closing conversations were held with the program's management team, Senior Exec. Director, Mona Treadway, Exec. Director, Phillip Squibb, Quality and Systems Director, Sia Lewis and Program Director, Tricia Sims. Conversation topics included census, pending Senate Bill that may impact the program's referral process, hiring of a new Exec. Director, Clinical Director and mental health therapist, overall staffing needs, community relationships and the implementation of drug testing for all new staff. The tour of the campus was facilitated by Sia Lewis and Tricia Sims.

Four youth from various buildings were interviewed. Youths' placement ranged from a week to just under a year. All youth report feeling safe in their placement, but two youth did report a time when they have felt unsafe. One youth acknowledges feeling unsafe because of limited access to a personal cell phone during daytime hours. This youth is newer to the program and is not allowed access to a personal cell phone until evening hours. A house phone remains available to this youth and others within their program to use as needed. The second youth became aware of a suicidal peer during the night and witnessed staff attempting to help the peer. Staff, in this situation, reportedly handled the situation well and the peer was taken to a "mental health facility" for further assistance. Youth report cooking for themselves or taking turns cooking for the larger group. Grocery shopping is done weekly with staff, and staff are good at reminding youth to add protein, fruits, and vegetables to their baskets. At The

Homestead, the home's pantry had been locked for a short period of time because youth were misusing it and accessing it outside of appropriate snack and mealtimes. This was short lived, and the residents quickly gained a better understanding regarding pantry use, and this restriction was lifted. This has not repeated itself since. Program strengths include: the area/location of the program, youth being able to choose their level of engagement, the presence of farm animals, staff "touching base" with youth while still allowing independence and how the program can "personalize" and make accommodations for youth depending on their needs. Areas of improvement primarily dealt with staff. Youth expressed concern regarding the amount or frequency of staff turnover, leaving the impression that "staffing is unstable." Another observation regarding staff was how little "power" mentors have in making decisions. Many times, when youth report a concern or ask for clarifying information, they are often told that the information or question needs to go to the "higher ups." This delays a response back to youth and causes frustration. A lack of communication among staff, that is reflected in a lack of consistency experienced by residents, was also mentioned in conversation. One youth reports that staff are "taught" what to do, but lack compassion when interacting with youth, leaving youth with the perception that staff "don't care enough." This youth also stated that staff having a trauma informed approach would be appreciated. An example given was staff minimizing the impact of an animal's death for residents. Despite concerns regarding staff, three of the four youth report feeling comfortable in approaching staff to report issues or concerns within the program. One youth reported going to peers rather than to staff with concerns. Family contact is allowed on a daily basis, and family is incorporated into the youth's therapy sessions at least bi-monthly.

**Program Strengths:** Dragonfly identifies their strengths as follows: Dragonfly launches young adults into their most healthy happy lifestyles through our relational model of mentoring and therapeutic services. Dragonfly is deeply integrated into the community allowing our students to experience a wide variety of 'real life' experiences while having a strong support system. Dragonfly has the ability to individualize programming to fit the needs of their unique students.

Licensing recognizes Dragonfly's innovation. The program is one of three CCAs that agreed to assist Children's Care Licensing with testing a new online application process that would reduce or eliminate the use of paper submitted to Licensing. The program also values collaboration as evidenced by the level of communication and transparency with Licensing.

**Program Challenges:** Dragonfly Transitions acknowledges that the program has been challenged throughout the year 2020 with the COVID-19 pandemic. We have successfully navigated the year without an outbreak in our program but have noticed the impact. Dragonfly uses a relational model that has suffered due to the lack of face to face interaction available to us during the pandemic. Dragonfly also struggles with significant staff turnover. The COVID-19 pandemic made things difficult for our employees as essential frontline workers. We managed a lot of fear but were able to prevent an outbreak.

**Changes that have occurred in the last 2 years:** In conversations with Dragonfly staff, it was learned that Dragonfly is currently working with The Oregon Health Authority to license their Homestead facility as a residential treatment facility. In addition, Dragonfly has recently moved the location of the main administrative office. Dragonfly has also recently hired a new Executive Director (Phillip Squibb) that will work alongside current Senior Executive Director (Mona Treadway) over the next year until Phillip's onboarding is complete.

As highlighted by David Prior, the parent company's West President, in the annual performance evaluation of the Senior Executive Director, Mona has worked hard to build the program's leadership team. The program welcomed a new clinical director, admissions director, and education director within the last year.

**Lawsuits:** None

**Grievances and complaints filed in the last two years:** None

**Corrective Actions and Timeframes:** Please submit the following to verify compliance.

Within 45 days of receipt of this report (insert name of agency) must submit a letter of verification indicating the agency is in compliance with the specific rules cited above and describing how compliance will be maintained going forward. Along with the letter of verification, the agency must submit any and all specific documentation requested in the body of this report. The letter of verification and any additional requested documents can be emailed directly to Mary Torres at mary.torres@dhsoha.state.or.us or sent by regular mail to the following address:

Department of Human Services, Children's Care Licensing Program
Attn: Mary Torres
201 High St SE, Suite 500
Salem, OR 97301

**Exceptions:** Dragonfly requested an exception related to 413-215-0079 as it pertains to youth having access to hazards such as kitchen knives and cleaning chemicals. This exception was granted and covers this next licensing period (2021-2023).

**Changes in License:** In April of 2020, the program's license was revised to remove a duplicate address and to include The Homestead's location.

| **Summary of Review** | | | | | |
|---|---|---|---|---|---|
| **Program and Services**<br>413-215-0011(2) | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |

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| Program and services are in scope of license | **X** | | | | |
| **Governance of the Agency** 413-215-0021 | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| (1)(a) Minimum of 5 board members 413-215-0711 (1) Composed of a cross-section of the community, parents, employees, children in care. | **X** | | | Dragonfly recently onboarded a new Exec. Director in January 2021. A favorable 3-month performance evaluation for the newly hired Exec. Director was completed and submitted to Licensing. In addition, the program provided a favorable copy of the previous Exec. Director's annual performance evaluation.<br><br>Applicant has not complied with financial management and sustainability requirements in rule and statute. The following financial information was not submitted at the time of the review:<br>• Tax Compliance Certification form<br>• Signed IRS 8821 form<br>• Proof of budget being approved by the board<br><br>**CORRECTIVE ACTION:** Submit the above listed forms and moving forward, provide written documentation confirming that the program's governing board has approved the program's budget. This can be in the form of board meeting notes where the annual budget was discussed and approved or via the signature of the board chair and chief financial officer in a separate financial document submitted annually. | |
| (2)(f) Formally evaluate the exec. Director's performance annually | **X** | | | | |
| (2)(g) Approves annual budget | **X** | | | | |
| (2)(h) Obtain and review an annual independent financial review or audit of financial records. | **X** | | | | |
| (2)(k) Written quality improvement program | **X** | | | | |
| (2)(l) Meeting minutes | **X** | | | | |
| **Executive Director or Program Director** 413-215-0021 | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| (3)(a) knowledge of requirements for providing care and treatment appropriate to programs | **X** | | | | |
| (3)(g) Approval from BCU | **X** | | | | |
| **Discipline, Behavior Management, and Suicide Prevention** 413-215-0076 | **Yes** | **No** | **N/A** | **Comments** | **Corrective Action Completed** |
| (3) Agency uses appropriate and positive methods of behavior management and nationally recognized non-violent crisis intervention | **X** | | | The program utilizes the Aegis System™ that specializes in non-violent crisis de-escalation and prevention techniques. | |
| (3)(b)(C) Agency does not use chemical and mechanical restraint (excluding medically necessary devices/prescriptions) | | | **X** | | |
| (3)(c) Agency uses appropriate time-out rooms (adequate space, heat, light, and ventilation and is not capable of locking) and | | | **X** | The use of an informal time-out is used by the program, allowing a disruptive youth to separate from the main body of the group, but a specified time-out room is not utilized. | |

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| documents use in child's record when applicable | | | | | |
| (3)(e) Agency uses seclusion appropriately/consistent with policy | | | **X** | | |
| (4) Agency has adequate plan in place to respond to suicidal behavior/warning signs | **X** | | | | |
| **Staffing Requirements** 413-215-0721 | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| (1) Has and follows a written plan for minimum staffing | **X** | | | | |
| (2) One staff for each shift is trained in non-violent crisis intervention | **X** | | | | |
| (3) Staffing ratio is sufficient for adequate supervision<br>Days: 2 mentors, one floater, and treatment staff<br>Evenings: 2 mentors, one floater, and treatment staff<br>Sleeping: 1 and on call worker | **X** | | | | |
| **Grouping** 413-215-0756 | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| (1) & (2) Has and follows policies for grouping children that meets requirements (age, developmental level, maturity, behavior, medical...) | | **X** | | The documents submitted did not include a specific grouping policy as outlined in the Licensing Rules.<br><br>**CORRECTIVE ACTION:** Submit existing grouping policy. If the policy does not exist, develop, and implement a policy that reflects the following requirements as per Licensing rule.<br>**413-215-0756**<br>Grouping<br>(1) A child-caring agency must have and follow written policies regarding the grouping of children in care.<br>(2) Except as provided in section (3) of this rule, an agency must place children in care in groups based on the following factors:<br>(a) Age.<br>(b) Developmental level.<br>(c) Physical maturity.<br>(d) Social maturity.<br>(e) Behavioral functioning.<br>(f) Cognitive level.<br>(g) Medical concerns<br>(h) Individual needs.<br>(3) A child in care with a diagnosed disability may be served in the most integrated setting appropriate to the needs of the | |
| (4) Care was taken to assess and minimize risk for children placed with emancipated children or adults | **X** | | | | |

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| | | | | child in care within the context of the program. For purposes of this section:<br>(a) The child in care who can meet the essential eligibility requirements for a group with or without reasonable modification of rules, policies, or procedures, or the provision of auxiliary aids and services may be served.<br>(b) "Integrated Setting" means a setting that enables children in care with disabilities to interact with non-disabled persons to the fullest extent possible.<br>(4) Placement with adults. A child-caring agency may place children in care in the same group as emancipated children in care or adults only after taking special care to assess and minimize the risk to the children in care. | |
| **Service Planning-** Establish & maintain links with community agencies that provide:<br>413-215-0736 | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| (5)(a) Alternative living arrangements | **X** | | | | |
| (5)(b) Medical services | **X** | | | | |
| (5)(c) Mental health services | **X** | | | | |
| (5)(d) Educational services | **X** | | | | |
| (5)(e) Independent living services | **X** | | | | |
| (5)(f) Other assistance required | **X** | | | | |
| **Physical Plant** | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| 413-215-0046(3)(a) Foster Rights Posted (if children in DHS custody) | | | **X** | | |
| 413-215-0051(1) Sufficient safe space, equipment, and office equipment | **X** | | | | |
| 413-215-0091(12) License is posted in common area at each facility | **X** | | | | |
| 413-215-0001(5)(d) Adequate furnishings and personal items | **X** | | | | |
| 413-215-0746(2) Medication is kept in locked storage and inaccessible to children in care | **X** | | | | |
| **Safety - Transporting Children in Care**<br>413-215-0761(3)(a) | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| (A) Vehicle is registered | **X** | | | | |
| (B) Vehicle is insured | **X** | | | | |
| (C) Maintained in safe condition | **X** | | | | |
| (D) Equipped with first aid kit | **X** | | | | |
| (E) Fire extinguisher - secured | **X** | | | | |
| **Safety - Building Requirements**<br>413-215-0761(6) | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| (b)(A) Smoke free | **X** | | | | |
| (b)(B) Clean and in good repair | **X** | | | | |

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|---|---|---|---|---|---|
| (b)(C)(i) continuous supply of hot and cold water | **X** | | | | |
| (b)(D) room temps are w/in normal range, ventilated and free from odors | **X** | | | | |
| **Safety - Bathrooms** 413-215-0761(6) | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| (c)(A)(i) 1:8 ratio for toilet and sink | **X** | | | The Health Inspection of Sunflower House dated 4/19/2021 recommends the re caulking of the shower.<br><br>**CORRECTIVE ACTION:** Complete recommendation from the recent Health Inspection. | |
| (c)(A)(ii) If self-closing metered faucet –15 sec. | | | **X** | | |
| (c)(A)(iv) 1:10 ratio for bathtub or shower | **X** | | | | |
| (c)(A)(v) individual privacy | **X** | | | | |
| (c)(A)(vi) window covering | **X** | | | | |
| (c)(A)(vii) permanently wired light fixtures | **X** | | | | |
| (c)(A)(viii) mirror affixed at eye level | **X** | | | | |
| (c)(A)(vi) adequate ventilation | **X** | | | | |
| **Client Rights** 413-215-0716 | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| (2) Nutritional needs are met as appropriate for each child in care | **X** | | | | |
| **Medication Storage and Dispensing** 413-215-0746 | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| (2) Medication is locked and inaccessible to children | **X** | | | | |
| (3) Medication is self-administered after children have requested their medication at prescribed times | **X** | | | | |
| (4) Written record of administration of medication includes (name, description, date, and time dispensed, dosage, staff who dispensed) | **X** | | | | |
| (5) Written record of disposal by 2 staff and includes when and how the medication was disposed | **X** | | | | |

| **Supplemental Information Provided by CCA** | **Yes** | **No** | **N/A** | **Comments** | **Corrective Action Completed** |
|---|---|---|---|---|---|
| Documents as indicated on the form titled “Renewal Licensing Required Documents” | **X** | | | The submitted Fire Marshal inspections for The Boarding House and The Sunflower building reflect an existing list of corrections that required follow up. A copy of these items will be provided to Licensing. | |

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|---|---|---|---|---|---|
| Documents as indicated on form titled "Required Financial Documents and Information" | | **X** | | The following information was missing from the required documents:<br>• Tax Compliance Certification form<br>• Signed IRS 8821 form<br>• Proof of budget being approved by the board | |
| All required policies and procedures as identified in the "Umbrella Rules" | **X** | | | Child Abuse Prevention and Reporting Requirements (Mandatory Reporting of Abuse and Neglect)<br>This policy currently lists the local county office to contact and report suspected child abuse/neglect. It is recommended that the policy be updated with Oregon's statewide Child Abuse Hotline number for easier reference. That statewide number is 855-503-7233. | |
| All required policies and procedures as identified in "Agency Type Specific Rules" | **X** | | | Medication Policy: It is recommended that the following information be captured in the program's existing policy as reflected by licensing rule:<br>**413-215-0746**<br>Medication Storage and Dispensing<br>(1) A child-caring agency must have and follow written policies on the storage, dispensing,<br>and disposal of prescription and non-prescription medication.<br>(3) Medication dispensing<br>(c) Program staff may not dispense medication to a child in care in any of the<br>following situations:<br>(A) In excess of the prescribed or authorized amount.<br>(B) For disciplinary purposes.<br>(C) For the convenience of staff.<br>(D) As a substitute for appropriate treatment services | |

| **Personnel Files**<br>413-215-0061 | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
|---|---|---|---|---|---|
| Staff Name/Position | X | | | | |
| (3)(g) Date of Hire | X | | | Dragonfly utilizes an electronic system for storing personnel files. | |
| (3)(a) record of education, training, and previous employment | X | | | | |
| (1)(b) & (3)(b) reference checks complete and documented | | X | | Two out of four personnel files reviewed did not have completed reference checks | |
| (1)(a) & (3)(c) Background check was completed and documented | X | | | **CORRECTIVE ACTION:** Ensure that completed reference checks are kept in their respective personnel file. | |
| (3)(d) Annual performance evaluations | X | | | | |
| (3)(f) Record of personnel actions | X | | | | |

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|---|---|---|---|---|---|
| (3)(g) Termination date, reason for termination | | | X | | |
| (3)(h) Current job description (1)(c) Employee meets minimum qualifications stated in current job description | X | | | | |
| **New Employee Orientation (30 days)** 413-215-0061(4) | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| (a) Agency policies and procedures | X | | | | |
| (b) Ethical and professional guidelines | X | | | | |
| (c) Organizational lines of authority | X | | | | |
| (d) Attributes of population served | X | | | | |
| (e) & (5)(a) to (c) Mandatory reporting that includes:<br>(a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36<br>(b) legal responsibility to immediately report<br>(c) legal responsibility to report is personal to the employee | X | | | | |
| (f) Privacy laws | X | | | | |
| (g) Emergency procedures | X | | | | |
| **Staffing Requirements** 413-215-0721 | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| Staff (at least one for each shift) has been trained in non-violent crisis intervention | X | | | This training is done annually | |
| **Initial Training** (Must be completed before staff is alone with youth) 413-215-0726 (1) | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| (a) Completion of agency's orientation | X | | | | |
| (b) Understanding of supervision structure | X | | | | |
| (c) Understanding of behavior management policies | X | | | | |
| (d) Understanding of presenting issues of the youth served | X | | | | |
| (e) Safety procedures | X | | | | |
| (f) Sanitation procedures | X | | | | |
| (g) First aid kit contents and use | X | | | | |
| (h) Report writing | X | | | | |
| (i) CPR and First Aid | X | | | | |
| (j) Crisis intervention training | X | | | | |

| Ongoing Training (Staff & Volunteers) | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
|---|---|---|---|---|---|
| 413-215-0726(2)(a) Confidentiality | X | | | | |
| 413-215-0726(2)(b) Universal precautions | X | | | | |
| 413-215-0726(2)(c) Discipline and behavior management | X | | | | |
| 413-215-0726(3) Training in CPR/First Aid sufficient to retain current certification | X | | | | |
| 413-215-0726(4) Staff working with food must possess a food handler's card | | | X | | |
| 413-215-0061(5) Mandatory reporting that includes:<br>(a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36<br>(b) legal responsibility to immediately report<br>(c) legal responsibility to report is personal to the employee | X | | | | |
| 413-215-0761(3)(b) Employees transporting children meet the driver requirements (current driver's license, and training for 15+ passenger vans if applicable) | | | X | | |
| **Contractors** (if applicable)<br>413-215-0061(6) | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| (a) Agency ensures the contractor meets the requirements of this rule and Chapter 413 division 215 | | | X | | |
| (b)(B) Contract includes the following:<br>(i) Services provided<br>(ii) Contractor fees<br>(iii) Disclosure of information from contractor to agency<br>(iv) Lines of authority<br>(v) Adherence to rules, including background check<br>(vi) Any liability of the agency for acts of the contractor, rights of indemnity and limitations on liability | | | X | | |
| Comments: | | | | | |

| **Child Records**<br>413-215-0741(2) | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
|---|---|---|---|---|---|
| Name of Child | X | | | The program's electronic filing system does have a place where a resident's illness, injury and/or program follow up can be documented. The files reviewed did not reflect youth illness or injury that required documentation. | |
| Date of Admission | X | | | | |
| (a) Sufficient information about the child's family or legal guardian to enable staff to contact them at any time | X | | | | |
| (b) & 413-215-0731(2) Custody status | X | | | | |
| (c) authorization for medical treatment | X | | | | |
| (d) Consent to treat the child with interventions in use at the program | X | | | | |
| (e) Signed acknowledgment that child is responsible for requesting medication at prescribed times | X | | | | |
| (h) Documentation of child's illness and injuries and follow up by program | | | X | | |
| **Assessment**<br>413-215-0741(2)(f) & | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| 413-215-0731 Assessment<br>(2)(a)-(c) Includes family history, health history, mental health history (including diagnoses and current prescriptions).<br>(3) Statement as to whether child meets eligibility requirements to be admitted to program. | X | | | | |
| **Service Planning**<br>413-215-0741(2)(g) & | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| 413-215-0736(2)(a) Includes family, staff & other interested parties | X | | | Written explanation regarding missed medication on two medication logs were not documented.<br><br>**CORRECTIVE ACTION:** Ensure that all missed medication is adequately documented on the youth's medication log. | |
| (2)(b) Monthly review | X | | | | |
| (2)(c) Addresses physical and medical needs, behavior management issues, mental health treatment, education, and special needs | X | | | | |
| 413-215-0736 (3) Reasonable effort to involve family within 72 hours when possible | X | | | | |
| 413-215-0746 (4) Medication logs | X | | | | |
| 413-215-0736 (6) Discharge summary (summary, results of evaluations, condition of child, compliance with program, | | | X | | |

| recommendations, and discharge destination) | | | | | |
|---|---|---|---|---|---|
| **Records and Documentation** 413-215-0071 | **Yes** | **No** | **N/A** | **Corrective Actions** | **Corrective Action Completed** |
| (1) Stored safely and are available for inspection by Dept. | X | | | Dragonfly uses an electronic filing system while maintaining some hard copies of some documents. | |
| (2) Permanent, legible, dated, and signed | X | | | | |
| (3)&(4) Uniform in organization, readily identifiable and accessible, current, and complete, containing all required info. No eraser tape or white out. | X | | | | |
| (7) Permanent registry for each child includes:<br>Name<br>Gender<br>Birth date<br>Names, addresses of parents or guardians<br>Dates of admission<br>Placement upon discharge | X | | | | |
| Comments: | | | | | |

Licensing Coordinator's Signature: _____ Date: 4/28/2021

Manager Review: _____ Date: 04-28-2021