

 Utah Department of Health & Human Services Licensing & Background Checks		Congregate Care Inspection Checklist Therapeutic Treatment				This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. <i>(Revised 08/2022)</i>	
Provider Name:		Facility ID:		Phone Number:		Notes	
Site Name or Address:				Email Address:			
Approved Capacity:		# of Present Residents\Clients					
Please review the following items prior to the inspection: (Mark with a check mark if completed and make and necessary notes)				Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)			
<input type="checkbox"/>	DACS to ensure background checks are current.			<input type="checkbox"/>	Introduce yourself and any DHHS staff		
<input type="checkbox"/>	Any active rule variances.			<input type="checkbox"/>	Clients Interviews		
<input type="checkbox"/>	Any license restrictions or conditions.			<input type="checkbox"/>	Staff Interviews		
<input type="checkbox"/>	Any needed rule variances.			<input type="checkbox"/>	Other:		
Inspection Information:							
- The licensor will email you this inspection checklist after the inspection is completed. This checklist is not an official compliance statement. The licensor will send you an official Inspection Report once this inspection has been approved by management. Only items checked here as noncompliant can be part of your Inspection Report, and the Inspection Report is to be considered the results of this inspection.							
- If the only non compliance items are documentation and/or records, please submit them by the <i>correction required date</i> listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.							
Signature Information							
Inspection Type:		Date:		Time Started On-site:		Time Ended On-site:	
Number of Non Compliant Items:			Name of Individual Informed of this Inspection:				
Licensor(s) Conducting this Inspection:					OL Staff Observing Inspection:		
<input type="checkbox"/>	The Licensor explained noncompliance items (if any).	Please sign/type individual informed name and date of review: Signing this checklist does not constitute agreement with the statements, only that the inspection was conducted and noncompliances, if any, were explained.					

Congregate Care Programs - General Inspection Checklist

C = Compliant
NC = Not Compliant
NA = Not Assessed during this inspection

	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
Licensing Application and Monitoring Procedures						
R501-1-4(1)(c) and R501-1-10. The provider permitted OL unrestricted access to site(s), records, clients, and staff during business hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Changes						
R501-1-6. Any changes to the license, services, ownership, capacity, location, and contact information were properly reported and processed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Variances						
R501-1-8. If any, the provider is in compliance with the terms of approved rule variances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Required Approvals						
R501-1-9. All required policies, curriculums, and updates have been approved by OL before implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Investigations of Alleged Noncompliances						
R501-1-11. All reportable critical incidents were properly reported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Licensee Noncompliance						
R501-1-12. If the license has been suspended or revoked, the provider does not accept new clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Administration and Direct Service Requirements						
R501-1-13(1). The provider clearly identifies services to the office, public, potential client, parent, or guardian regarding: (a) contact information; (b) the complaint reporting and resolution process; (c) a description of each service provided; (e) each program requirement and expectation; (f) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served; (g) each cost, fee, and expense for a service and refund policy; and (h) identification of each non-clinical, extracurricular, or supplemental service offered or referred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-13(2). The following items are posted in a conspicuous place: (a) abuse reporting laws; (b) civil rights notice; (c) Americans with Disabilities Act notice; (d) the program license; (e) any office notice of agency action; and (f) a client rights poster.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(3). Provider is in compliance with: (a) a food handler permits for any person preparing meals for any other person; (b) business licenses; (c) capacity limits; (d) fire clearance; (e) licensure and registration of any vehicles used to transport clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(4). Provider has proof of: (a) financial viability of the program as verified by a financial professional; (b) general liability insurance; (c) professional liability insurance; (d) vehicle insurance; (e) fire insurance; and (f) additional insurance as required to cover each program activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(6). Provider ensures that: (a) each entity associated with the licensee read, understand, sign, and follow the current department code of conduct; (b) current staff and client lists are available at each licensed site; (f) at least one CPR and First Aid trained or certified staff member is available when staff and clients are present together; (g) the program maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the program is serving, or is likely to serve, a client with a substance use disorder; and (h) the program provides trainings and monitors staff to ensure compliance regarding program policy and procedures including: (i) the needs of each client; (ii) licensing rule; (iii) client rights; (iv) department code of conduct; (v) incident reporting; (vi) program emergency response plan; and (vii) CPR and first aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(8). A program providing school on-site: (a) maintains the established staff to client ratio with behavioral intervention trained staff in the school setting; (b) is recognized as in good standing by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board; and (c) ensures each youth is taught at grade level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-13(9). The provider ensures that unlicensed clinical and medical staff who are not associated with the facility are appropriately supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(10). A program that utilizes telehealth for treatment complies with each applicable rule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Programs Additional Administration and Direct Services Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-14(1). A program providing residential service: (b) ensures that each staff shift list remains current and available to the office upon request; (c) ensures access to a medical clinic or a medical professional familiar with the program and population served; and (d) provides a separate space for clients who are sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-14(3). If the congregate care program caring for youth allows an individual turning 18 years old to remain in the program, the provider ensures that: (a) the individual remains in the custody of a State entity or the individual was admitted and continuously resided in the program for at least 30 days before the individual's 18th birthday; (b) the program has a documented need for the individual to remain in the program; (c) the program maintains responsibility for discharge to an appropriate setting when clinically appropriate and no later than the day an individual reaches 19 years of age; (d) the program outlines a policy regarding the protection of younger clients by supervising or separating 18-year-old individuals from youth who are more than two years younger; and (e) the individual signs a consent document outlining: (i) the individual is consenting to remain in the program voluntarily and understands the individual is not required to remain against their will; (ii) that any criminal offenses committed may result in being charged as an adult; and (iii) that if the individual is involved in any critical incidents posing a risk to the health and safety of other program residents they may be discharged from the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-14(4). The provider facilitates weekly confidential voice-to-voice communication between a child and the child's parents, guardian, foster parents, and siblings. The provider ensures that the communication complies with the child's treatment plan, if any; and (a) does not use family contact as an incentive for proper behavior or withhold family contact as a punishment; (b) does not deny the communication unless state law or a court order prohibits the communication; or modify the frequency or form of the communication unless: (A) the office approves the modification; or (B) state law or a court order prohibits the frequency or the form of the communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-14(5). The provider ensures that before allowing a direct care staff to work unsupervised, they have an approved background clearance and are trained in the following: (a) behavior management policy and curriculum including crisis intervention, appropriate use of restraint and seclusion, and de-escalation techniques; (b) which practices are prohibited for congregate care programs; (c) the clinical needs of each of the clientele; (d) client rights; (e) department code of conduct; and (f) incident reporting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-14(6). Direct care staff are trained in first aid and CPR within six months of hire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Physical Facilities and Safety	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-15(1). The appearance and cleanliness of the building and grounds are maintained and free from health and fire hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(2). Appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(3). clients with disabilities are accommodated as needed or appropriately referred to comparable services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(4). Fire drills in non-outpatient programs are conducted and documented at least quarterly and program administration provides and documents feedback regarding response time and process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(5). A 911 recognizable phone is always on-site with clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(6). Bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(7). Each bathroom is properly equipped with toilet paper, paper towels or a dryer, and soap.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(8). Each bathroom is ventilated by mechanical means or equipped with a window that opens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(9). Medications and potentially hazardous items on-site are maintained lawfully, responsibly, and with consideration of the safety and risk level of the population served. This includes locked storage for each medication and hazardous chemical.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(10). Non-prescription medications, if stored on-site, are stored in original manufacturer's packaging together with the manufacturer's directions and warnings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(11). Prescription medications, if stored on-site, are stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Programs Additional Facilities and Safety Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-16(1). There is designated space available for records, administrative work, and confidential phone calls for clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-16(2). Bedroom assignments are made in accordance with each approved agency non-discrimination policy and individualized assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(3). Live-in staff have separate living spaces with a bathroom that is separate from client bathrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(4). Each bedroom designated for clients is comparable to other similarly utilized bedrooms with similar access, location, space, finishings, and furnishings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(6). No client is locked in a bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(7). Each mirror or safety mirror is secured to the bathroom wall at a convenient height.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(8). Each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(9). Each bath or shower allows for individual privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(10). Each client is supplied with hygiene supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(11). Each sleeping area has a source of natural light and is ventilated by mechanical means or is equipped with a window that opens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(12). Each bed is solidly constructed and non-portable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(13). use of alternate sleeping arrangements other than the client's assigned bedroom is only done on an individualized basis with clinical or medical justification and: (a) preserves client dignity; (b) Is not be done as a blanket practice; (c) Is not used due to staffing shortages or for staff convenience; and (d) Is not used as a behavior management or consequence practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16. Each client is permitted to decorate and personalize their bedroom, while maintaining respect for each other resident and property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16. Common laundry for towels, bedding, or clothing provide separate containers for soiled and clean laundry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(15). Bedding and towels are laundered weekly and after each client is discharged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(16). Programs permitting clients to do the client's own laundry, provide equipment and supplies for washing and drying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(17). Each individual is provided with at least 60 square feet in a multiple occupancy bedroom and 80 square feet in a single occupant bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(18). In facilities serving individuals with disabilities, no more than two persons are housed in each bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Food and Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-17(1). Residential programs that provide meals for four or more, but less than 16, clients comply with a local health inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-17(2). Meals are not used as incentive or punishment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(3). Each program that provides meals provides nutritional counseling to staff and clients and designate staff responsible for food service. As part of these responsibilities, each program ensures that designated staff: (a) maintain a current list of each client with special nutritional needs; (b) ensure that each client with special nutritional needs has food storage and a preparation area that is not exposed to any identified allergen or contaminant; and (c) except in a day treatment program serving clients for less than ten hours a day, or outpatient programs serving clients for less than six consecutive hours a day, provide a variety of three nutritious meals a day that is: (i) served from dietician or nutritionist approved menus; or (ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA standard homeless settings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(4). Programs that provide meals establish and post kitchen rules and privileges in a kitchen according to client needs and safe food handling practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(5). Programs that provide meals provide adequate dining space that is maintained in a clean and safe condition for each client .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(6). Programs that provide self-serve meals ensure that self-serve kitchen users are supervised, directed, and trained by a staff that has a Department of Health food handler's permit or is trained by Serv-Safe, USDA, or a comparable program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-18(1). There is adequate staffing, so the current population can be safely supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(2). A manager or qualified designee is immediately available when the program is in operation or there is a qualified and trained substitute when the manager is absent or unavailable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(3). Programs that offer clinical services employ or consult with licensed professional staff that include an individual who is familiar with the program and the needs of each client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(4). Programs serving substance use disorder ensure each staff and client is screened for tuberculosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(5). Programs managing, storing, or administering client medication identify a medical professional to be responsible for the medication management policy, medication oversight, and staff training regarding medication management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(6). Each program or person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers as described in 21 CFR 1301.21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Personnel Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-1-19(1)-(2). The program create and maintains personnel information for each staff member, contracted employee, and volunteer, including: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Section R501-14-17; (c) a department code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any training records with the date completed, topic, and the individual's signed acknowledgment of training completion to include: (i) current CPR and First Aid certification; (ii) current policy and procedure training; and (iii) proof of annual department code of conduct and behavior management training; (e) any grievances or complaints made by or against the individual and actions taken by the program; and (f) each crisis intervention or critical incident report involving the individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Client Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-20(1). Client information is maintained and includes: (a) client name, address, email address, phone numbers, date of birth and identified gender; (b) emergency contact names, including legal guardian where applicable, and at minimum, the emergency contact physical address, current email address or current phone numbers; (c) a program serving substance use disorder clients shall maintain compliance with an initial and annual client tuberculosis screening results in each client record; (d) any information that could affect health safety or well-being of the client including each medication, allergy, chronic condition or communicable disease; (e) intake screening and assessment; (f) discharge documentation; (g) treatment or service plan; (h) progress notes and services provided with date and signature of staff completing each entry; (i) individualized assessment for restriction of access to on-site items that could be used as weapons for self-directed violence or as an intoxicant; (j) any referral arrangements made by the program; (k) client or guardian signed consent or court order of commitment to services in lieu of signed consent for each treatment and non-clinical service; (l) summary of attendance and absences; (m) any grievances or complaints made by or against the client and actions taken by the program; (n) each crisis intervention or critical incident report involving the client; and (o) any signed agreements and consent forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-20(2). There is a plan detailing how each program staff and client file will be maintained and remain available to the office and other agencies legally authorized to access the files for seven years regardless of whether the program remains licensed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-1-21(1). The program completes an intake screening before accepting a client into the program. Intake screenings assess at minimum: (a) verification that the client meets the eligibility requirements of the program; (b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve; (c) description of presenting needs; (d) suicide risk screening; and (e) a program serving substance use disorder clients may not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-21(2). Following determination of eligibility, the client or parent or guardian signs and receives copies of the following agreements to be maintained as client records: (a) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (b) signed consent for treatment that outlines: (i) rules of the program; (ii) expectations of clients, parents, and guardians; (iii) services to be provided; (iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services; (v) client rights; and (vi) licensing contact information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-21(3). A discharge plan identify resources available to a client and include: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Additional Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-22(1). In residential facilities, an intake assessment is completed following an approved intake screening and no later than seven days from the admission date. The assessment considers and contains: (a) gender identity and individualized assessment for bedroom and bathroom assignments; (b) cultural background; (c) dominant language and mode of communication; (d) family history and dynamics; (e) current and past health and medical history; (f) social, psychological, developmental, vocational, and, as appropriate, educational factors; (g) suicide risk screening; and (h) authorization to serve and obtain emergency care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-22(2). No youth from out of state is served without a disruption plan as described in Section 62A-2-125 and, as applicable, Title 80-2-905, Interstate Compact Placement of Children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-22(3). The disruption plan contains the following: (a) program must retain jurisdiction and responsibility for the youth while the youth remains in Utah; (b) a program must complete an individualized disruption plan at the time of intake for each out of state client to include: (i) who is responsible for the child's return if placement at the facility disrupts; (ii) current emergency contact information to include the name, address, phone and email address of the parent or responsible party; (iii) a signed statement from parent or responsible party outlining the plan for the youth in the event of an unplanned disruption in care; and (iv) a plan for safe transportation either to the state of origin, the responsible party identified in Subsection R501-1-22(3)(a) or to another licensed congregate care program. R501-1-22(4). Each congregate care program may demonstrate compliance with Subsections R501-1-22(2) and R501-1-22(3) by producing the 100A and 100B forms and disruption plan as required by the Interstate Compact for the Placement of Children (ICPC).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-22(5). Private placements are reported to the office by the fifth business day of each month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-22(6). Critical and non-critical restraints or seclusions are reported to the office within one business day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Clinical Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-23(1). Programs providing clinical treatment assign a clinical director to ensure that assessment, treatment, and service planning practices are: (a) regularly reviewed and updated; (b) individualized; and (c) designed to involve the participation of each client or each client's parent or guardian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(2). Programs providing clinical treatment ensure that each person working directly with a client is informed of the client's individual treatment needs and advised of the best approach to working with that client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(3). Programs providing clinical treatment ensure that client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(4). Program providing clinical treatment ensure that discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(5). Program providing clinical treatment ensure that each client identified for treatment receives individual treatment at least weekly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(6). Program providing group counseling, family counseling, skills development, or other treatment ensure the treatment is offered and documented as prescribed in the treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Policy and Procedure Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-1-24. As submitted to the office, the program developed, implemented, and complied with policies and procedures sufficient to ensure client health and safety and meet the needs of the client population served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Additional Policy and Procedure Requirements for Residential Programs	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-25(1). Residential programs that provide meals for clients have and follow a food service policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-25(2). Residential programs managing, storing, or administering client medications have and follow a medication management policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-25(3). Residential programs have a policy to train staff to identify and address critical risks including violence, suicide, mental health concerns, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-25(4). Residential programs have a policy regarding the care, vaccination, licensure, and maintenance of any animals on-site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-25(5). Residential programs have a policy regarding client belongings policy that addresses: (a) initial and updated inventory signed by the client; (b) storage and return of each client belonging to the client or client's guardian at the time of discharge; and (c) program shall replace any lost or stolen items for which the program is responsible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-25(6). A program managing funds for client allowances must document each expense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-25(7). Residential programs develop and follow a policy for providing separate space for sick clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Congregate Care Program Additional Policy and Procedure Requirement	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

<p>R501-1-26. A Congregate Care Program does not utilize any behavior management technique, restraint, seclusion, or curriculum unless it has been approved by the office. They do not the use a cruel, severe, unusual, or unnecessary practice on a child, including:</p> <p>(a) a strip search unless the congregate care program determines and documents that a strip search is necessary to protect an individual's health or safety;</p> <p>(b) a body cavity search unless the congregate care program determines and documents that a body cavity search is necessary to protect an individual's health or safety;</p> <p>(c) inducing pain to obtain compliance;</p> <p>(d) hyperextending joints;</p> <p>(e) peer restraints;</p> <p>(f) discipline or punishment that is intended to frighten or humiliate;</p> <p>(g) requiring or forcing the child to take an uncomfortable position, including squatting or bending;</p> <p>(h) for the purpose of punishing or humiliating, requiring or forcing the child to repeat physical movements or physical exercises such as running laps or performing push-ups;</p> <p>(i) spanking, hitting, shaking, or otherwise engaging in aggressive physical contact;</p> <p>(j) denying an essential program service;</p> <p>(k) depriving the child of a meal, water, rest, or opportunity for toileting;</p> <p>(l) denying shelter, clothing, or bedding;</p> <p>(m) withholding personal interaction, emotional response, or stimulation;</p> <p>(n) prohibiting the child from entering the residence;</p> <p>(o) abuse as defined in Section 80-1-102; and</p> <p>(p) neglect as defined in Section 80-1-102.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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Therapeutic Schools - Additional Inspection Checklist

C = Compliant

NC = Not Compliant

NA = Not Assessed during this inspection

Administration	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<p>R501-15-4(1). The therapeutic school developed, maintained, and followed a current policy and procedure manual which includes:</p> <p>(a) except as described in Title 53G, Chapter 9, Part 3, Immunization Requirements, a requirement that a client may not attend a therapeutic school unless the school has been presented a certificate of immunization for the client from a licensed physician or authorized representative of the state or local health department stating that the client has received immunization as required by Rule R396-100;</p> <p>(b) a procedure for quarterly evaluation and assessment of the needs of each client; and</p> <p>(c) an emergency transportation plan describing how the therapeutic school shall safely transport each client to the client's legal guardian within 48 hours once the plan has been initiated.</p>	<input type="checkbox"/>	<input style="border: 2px solid red;" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<p>R501-15-4(2). The manual described in this section includes detailed descriptions of the therapeutic school's client admission, exclusion, and expulsion criteria and procedures, including:</p> <p>(a) a requirement that the therapeutic school shall not admit or provide services to an individual who:</p> <p>(i) within the past two years, has attempted suicide or made serious self-harm gestures requiring medical or therapeutic treatment;</p> <p>(ii) has a mental health diagnosis of psychosis, schizophrenia, severe depression, mental retardation, or a severe mental illness requiring medical or therapeutic treatment;</p> <p>(iii) is violent, highly combative, or physically or sexually aggressive;</p> <p>(iv) presents substantial security risks;</p> <p>(v) requires medical detoxification;</p> <p>(vi) lacks the ability to engage in a rational decision-making process or exhibits severely impaired judgment; or</p> <p>(vii) has a history of repeated runaway attempts or incidents;</p> <p>(b) a requirement that the school shall expel a client who exhibits high risk behavior or conditions, including a client who:</p> <p>(i) attempts suicide or makes serious self-harm gestures requiring medical or therapeutic treatment;</p> <p>(ii) has a psychosis, schizophrenia, severe depression, mental retardation, or a severe mental illness requiring medical or therapeutic treatment;</p> <p>(iii) is violent, highly combative, or physically or sexually aggressive;</p> <p>(iv) presents substantial security risks;</p> <p>(v) requires medical detoxification;</p> <p>(vi) lacks the ability to engage in a rational decision-making process or exhibits severely impaired judgment;</p> <p>(vii) runs away or has attempted to run away more than two times;</p> <p>(viii) uses or attempts to use illegal substances more than two times; or</p> <p>(ix) exhibits any other behavioral or emotional conditions that require more intense supervision and treatment than that permitted in a therapeutic school;</p> <p>(c) the school's academic accreditation, or disclosure that the school is not accredited;</p> <p>(d) the school's curriculum;</p> <p>(e) the school's criteria for awarding course credit, and whether credits are transferable;</p> <p>(f) the school's policy on grading, progress assessment, and testing;</p> <p>(g) the academic and career counseling provided by the school;</p> <p>(h) each school academic activity and method;</p> <p>(i) each school graduation requirement;</p> <p>(j) each school post-graduation planning service;</p> <p>(k) each school method of providing on-site specialized structure and supervision;</p> <p>(l) each method for providing off-site specialized structure and supervision;</p> <p>(m) each service or treatment related to a client's disability, emotional development, behavioral development, familial development, or social development;</p> <p>(n) each behavior management practice;</p> <p>(o) each individual, group, or family counseling service;</p> <p>(p) each therapeutic school rule;</p> <p>(q) each food service and weekly menu;</p> <p>(r) each physical education and recreational activity;</p> <p>(s) a client rights statement;</p> <p>(t) a statement on permitted and prohibited weapons;</p> <p>(u) a client grievance policy and appeal process for the grievance policy; and</p> <p>(v) contact information for the Office of Licensing.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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R501-15-4(3). The therapeutic school provides the client manual described in this section to each client and each client's legal guardian before the therapeutic school may accept any payment or process any application to provide services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Financial Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-15-5(1). The therapeutic school provides an itemized accounting of expenditures made on behalf of a client before requiring reimbursement from the client's guardian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-5(2). The therapeutic school maintains an accurate log of each fund deposited and each withdrawal made for the personal use of each client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Staff Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-15-6(1). The owners and board members of a therapeutic school successfully complete a minimum of eight hours of annual training relating to therapeutic school services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-6(2). The director or equally qualified acting director is immediately available to staff by telephone and able to arrive on-site within one hour after a staff telephone call for assistance and: (a) is at least 25 years of age; (b) has a Bachelor's degree in social work or a related field, or a minimum of three years of documented training or experience in providing therapeutic school or residential treatment services; and (c) has a minimum of two years of therapeutic school or residential treatment program supervisory experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-6(3). The therapeutic school always has at least one direct care supervisor or supervisor designee on duty. A supervisor or supervisor designee: (a) has a minimum of six months of experience providing services to children in out-of-home placements; (b) meets each requirement for direct care staff as described in Section R501-1-14; and (c) meets each qualification, including requirements for education, experience, licensing or certification, and current annual continuing education and training directly related to providing: (i) specialized structure and supervision of clients; and (ii) services or treatment related to a client's disability, emotional development, behavioral development, familial development, or social development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-15-6(4). The therapeutic school maintains a staff manual, which includes: (a) specific job descriptions for each staff position; (b) staff qualifications for each staff position, including requirements for education, experience, and licensing or certification; (c) a requirement for continuing education, competency and proficiency, and job-specific training; and (d) the required training for staff who will work with clients with a history of failing to function at home or school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-6(5). At all times, at least two direct care staff provide direct supervision to clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-6(6). Each client who has earned the privilege of unsupervised time off-site is required to engage in two-way communication with on duty direct care staff once every four hours. The therapeutic school developed and adheres to a policy that specifies what measures shall be taken if a client fails to check-in with staff as required by this subsection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-6(7). Support staff are not included in the minimum staff to client ratios.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-6(8). The therapeutic school documents and explains, to the satisfaction of the office, any waking hour direct care staff-to client ratio that does not meet the following minimum staffing requirements: (a) where eight or fewer clients are present, there shall be at least two direct care staff on duty; (b) where there are at least nine, but no more than 24 clients present, there shall be at least three direct care staff on duty; (c) where there are at least 25, but no more than 48 clients present, there shall be at least four direct care staff on duty; (d) where there are at least 49, but no more than 96 clients present, there shall be at least five direct care staff on duty; and (e) where 97 or more clients are present, at least six direct care staff shall be on duty and there shall be a staff to client ratio of one direct care staff per 20 clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-6(9). The therapeutic school documents and explains, to the satisfaction of the office, any sleeping hour direct care staff to client ratio that does not meet the following minimum requirements: (a) where no more than 48 clients are present, there shall be at least two direct care staff on duty; and (b) where 49 or more clients are present, there shall be at least three direct care staff on duty and there shall be a staff to client ratio of one direct care staff per 40 clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Client Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-15-7(1). The service plan includes a quarterly assessment of the adequacy of the therapeutic school's policy, procedure, and practice in providing for each client's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-15-7(2). The therapeutic school provides each client's legal guardian with a copy of each service plan within two weeks after the service plan is developed or updated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(3). If the therapeutic school must travel more than 30 miles to an emergency room or 24-hour urgent care facility, they retain the on-call services of a medical practitioner and a licensed mental health therapist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(4). Upon admission, each client is informed of the right to consult with a medical practitioner or a licensed mental health therapist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(5). Each client who has a serious illness, who sustains a serious injury, or who requests the services of a medical practitioner, receives an immediate assessment by a certified wilderness first responder, certified EMT, or medical practitioner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(6). The therapeutic school attaches the written assessment to an incident report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(7). Each monthly schedule of activities is posted in the common area and the office and filed and retained for at least one year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(8). The therapeutic school academic curriculum is either accredited by an accrediting entity recognized by the Utah State Board of Education or the school presents an educational service plan and educational funding plan in accordance with Section 62A-2-108.1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(9). The therapeutic school curriculum is provided to each client and the client's legal guardian prior to accepting any payment or processing any application to provide services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(10). The therapeutic school curriculum is reviewed and updated annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(11). Each modification to the curriculum is provided to each client and the client's legal guardian within two weeks of any curriculum change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(12). The therapeutic school monitors and documents each client's academic progress and communicate the progress to the client's legal guardian each month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Physical Environment	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-15-8(1). The therapeutic school provides indoor common areas for group activities such as gymnasiums, recreation areas, cafeterias, classrooms, libraries, and lounges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-8(2). The common area space in the therapeutic school contains at least 30 square feet per client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-8(3). The therapeutic school maintains at least three feet between beds and two feet at the end of each bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-15-8(4). Each bedroom ceiling is at least 7 feet in height.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-8(5). Each multiple occupant bedroom contains at least 50 square feet per client and each single occupant bedroom contains at least 80 square feet per client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-8(6). Storage space is not counted when calculating square footage requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-8(7). Each client has at least 30 cubic feet of private storage space.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-8(8). The therapeutic school provides each client with a school desk or table, light, and chair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-8(9). The therapeutic school client manual describes which dangerous weapons are permitted and which dangerous weapons are prohibited. (a) Each determination of permitted and prohibited dangerous weapons is made in accordance with the age and behavioral characteristics of the client population to be served. (b) Each therapeutic school client manual describes how dangerous weapons must be stored and the circumstances under which they may be accessible to clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

ADDITIONAL INFORMATION