

 Utah Department of <b>Health &amp; Human Services</b> Licensing & Background Checks		<b>Inspection Checklist</b>				This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. <i>(Revised 01/2024)</i>	
Provider Name:	Star Guides	Facility ID:	F22-93688	Phone Number:	(435) 862-8273	Notes	
Site Name or Address:	377 E Riverside Dr Bldg B Saint George, UT, 84790			Email Address:	matt@therapyassociates.net; Darren@therapyassociates.net		
Approved Capacity:	42	# of Present Residents\Clients:	13				
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 checked="" type="checkbox"/>	Current backgrounds in DACS			<input checked="" type="checkbox"/>	Any active rule variances		
<input checked="" type="checkbox"/>	Current staff roster collected			<input checked="" type="checkbox"/>	Introduce yourself and any DHHS staff		
<input checked="" type="checkbox"/>	Any license restrictions or conditions			<input checked="" type="checkbox"/>	Staff Interviews		
<input checked="" type="checkbox"/>	Any needed rule variances			<input checked="" type="checkbox"/>	Clients Interviews		
<b>Inspection Information:</b>							
- The licensor will email you this inspection checklist after the inspection is completed. <b>This checklist is not an official compliance statement.</b> The licensor will send you an <b>official Inspection Report</b> once this inspection has been approved by management. <b>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.</b>							
- 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.							
Inspection Type:	Announced	Date:	9/12/24	Time Started On-site:	9:00 AM	Time Ended On-site:	5:00 PM
Number of Non Compliant Items:		5	Name of Individual Informed of this Inspection:		Darren Jensen		
Licensor(s) Conducting this Inspection:		Larry Black			OL Staff Observing Inspection:	Rob Jones	
<input checked="" 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.			<i>Darren Jensen</i>		

## General Provisions - Inspection Checklist

(Revised 01/2024)

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

New and Renewal Licensing Procedures	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R380-600-3(1)</b> An applicant or provider may not accept any fee, enter into any agreement to provide a client service, or provide any client service until a license or certificate is approved by the office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R380-600-3(2)</b> Each applicant and provider shall comply with any applicable administrative rule, statute, zoning, fire, safety, sanitation, building and licensing laws, regulations, ordinances, and codes of the city and county in that the facility or agency will be or is located.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R380-600-3(3)</b> An applicant or a provider shall permit the office to have immediate, unrestricted access to: (a) each site subject to licensing or certification; (b) any unaltered on and off-site program or facility and client records; and (c) each staff and client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R380-600-3(12)</b> A provider approved by the office to certify their own program or facility sites shall register each certified site using the licensing provider portal.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R380-600-3(14)</b> The license or certificate holder shall adhere to any individualized parameter on a program or facility license or certificate to promote the health, safety, and welfare of any client. Parameters may include: (a) an age restriction; (b) an admission or placement restriction; or (c) adequate square footage to determine capacity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R380-600-3(23)</b> Each license or certificate is not transferable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Variances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R380-600-6(2)</b> The provider may not deviate from any administrative rule before receiving written approval signed by the office director or the director's designee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R380-600-6(5)</b> The provider shall sign the approved variance and comply with the terms of the written variance, including any conditions or modifications contained within the approved written variance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Inspection and Investigation Process	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R380-600-7(6)</b> The provider shall ensure that the integrity of the office's information gathering process is not compromised by withholding or manipulating information or influencing any specific response of staff or clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R380-600-7(7)</b> The provider shall allow the office to access any program or facility record or staff at an administrative or certified location that is not located at the licensed site.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R380-600-7(16)</b> When a critical incident occurs under the direct responsibility and supervision of the program or facility, the licensee or certificate holder shall: (a) submit a report of the critical incident to the office in format required by the office within one business day of the critical incident occurrence; (b) notify the legal guardian of each involved client within a 24-hour period from the time of the incident; (c) if the critical incident involves any client in the custody of the department or under contract with the department, notify the involved department division immediately; and (d) collect, maintain, and submit original witness statements and supporting documentation, including video footage if available, regarding each critical incident to the office upon request.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Policies, Procedures, and Safe Practices	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

<b>R501-1-4(2)</b> The licensee shall develop, implement, and comply with safe practices that: (a) ensure client health and safety; (b) ensure the needs of the client population served are met; (c) ensure that none of the program practices conflict with any administrative rule or statute before implementation; and (d) inform staff of how to manage any unique circumstances regarding the specific site's physical facility, supervision, community safety, and mixing populations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-4(3)</b> The licensee shall submit any change to an office approved policy or curriculum to the office for approval before implementing the proposed change.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Residential Programs Additional Safe Practices</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-5(1)</b> A licensee that manages, stores, or administers client medications shall develop and ensure compliance with the following medication management safe practices: (a) inform staff and clients of program and client responsibility for medication including storage and administration of medications on-site and, as applicable, when staff and clients are offsite in program related activities; (b) if applicable, inform staff and clients of the medication self-administration process; (c) if storing and administering medications, train staff to administer medication and the process to be followed; (d) how staff record medication dosages according to prescriptions; (e) how staff monitor for and record effects and side effects of medications; and (f) how staff log doses and record and report medication errors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-5(2)</b> The licensee shall ensure the care, vaccination, licensure, and maintenance of any animals on-site to include: (a) assessment of pet allergies for any clients interacting with animals in the program; (b) maintenance of required examinations, registrations, and vaccinations; and (c) supervision of clients in the presence of animals.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-5(3)</b> The licensee shall have separate space for clients showing symptoms of an infectious disease.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-5(4)</b> The licensee shall ensure that a ratio of one staff to one client during transports is only utilized when the program has conducted a safety assessment that indicates that client and staff safety is reasonably assured.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Program Administrative and Direct Service Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-6(1)</b> The licensee shall clearly identify services to the office, public, potential client, parent, or guardian regarding: (a) current and accurate contact information; (b) the complaint reporting and resolution process; (c) a description of each service provided; (d) each program requirement and expectation; (e) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served, including: (i) an outline of the behaviors and presenting issues that would be reason for discharge or exclusion from the program; and (ii) a statement that the program may not take placement of a child whose needs exceed the scope or ability of the program to reasonably manage; (f) each cost, fee, and expense for a service and refund policy; and (g) identification of each non-clinical, extracurricular, or supplemental service offered or referred.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-6(2)</b> The licensee shall post the following in conspicuous places where each visitor, staff, and client may view: (a) abuse reporting laws as described in Sections 80-2-609 and 26B-6-205; (b) civil rights notice; (c) Americans with Disabilities Act notice; (d) the program license; (e) any office notice of agency action; (f) a client rights poster in a residential setting except in a foster home or where prohibited by Settings Final Rule; and (g) department code of conduct poster.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Recommendation: Post posters in day treatment room and in lobby or hallway for out patient clients.

<b>R501-1-6(3)</b> The licensee shall maintain compliance with or documentation of an exemption from any of the following requirements: (b) capacity determinations that include each staff and client on premises and may not exceed the capacity limits placed by local authorities; (d) licensure and registration of any vehicles used to transport clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-6(5)</b> The licensee shall maintain and make the following available to the department upon request: (d) vehicle insurance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-6(6)</b> The licensee shall ensure: (b) current staff and client lists are available at each licensed site; (c) the organizational and governance structure of the program is available to the department upon request and includes: (i) line of authority and responsibility; (ii) a job description, including each duty and qualification for each job title; and (iii) notification to the office of any program changes as described in Section R380-600-3; (f) the licensee maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the licensee is serving, or is likely to serve, a client with a substance use disorder.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-6(8)</b> A licensee offering school on-site shall: (a) maintain the established staff to client ratio with behavioral intervention trained staff in the school setting; (c) ensure each client is taught at their appropriate grade level.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-6(9)</b> The licensee shall ensure clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised as described in Title 58 Occupations & Professions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-6(12)</b> A licensee that provides behavior interventions to people with disabilities shall comply with Rule R539-4, which supersedes any conflicting rule under Title R501, for the disabled populations served.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Residential Program Additional Administration and Direct Services Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-7(1)</b> A residential program licensee shall additionally: (a) ensure each staff shift list remains current and available to the office upon request; (b) ensure that each shift documents any illness, injury or critical incident and passes it on to the next shift and administration; (c) ensure at least two on-duty staff are present at all times; (d) ensure access to a medical clinic or a medical professional familiar with the program and population served; and (e) provide a separate space for clients who are showing symptoms of an infectious disease.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-7(3)</b> A congregate care program licensee may allow an individual turning 18 to remain in the program if: (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 licensee has a documented need for the individual to remain in the program; (c) the licensee 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 licensee outlines a plan for the protection of younger clients by supervising and 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<b>R501-1-7(4)</b> A congregate care program licensee shall ensure weekly confidential communication with family in accordance with Section 26B-2-123 and shall ensure that: (a) the frequency or form of the confidential communication requirement is only modified if the program submits a modification request that demonstrates the following to the office: (i) the program operates in an area of limited or unreliable phone accessibility or coverage; (ii) there is significant risk of harm or danger to client safety by providing youth with unsupervised telephone access; (iii) the licensee offers an alternative that satisfies the requirement of weekly confidential two-way communication; or (vi) extenuating circumstances exist outside the individual treatment plans that are prohibitive to offering voice to voice communication; (b) a parent or guardian authorizes in writing an alternate means of confidential communication when voice to voice is unavailable; and (c) the licensee offers voice to voice confidential communication as soon as it can be safely offered.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-7(6)(a)</b> A residential program licensee, excluding a residential treatment program, may allow for client independence and responsibility for their own supplies, food, laundry, or transportation by outlining in writing resources and responsibility for the provision of these items. (b) Each residential program licensee shall assist clients on a limited basis if they are temporarily unable to provide the items or services listed in Subsection R501-1-7(6)(a) for themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>Program Physical Facilities and Safety</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-8(1)</b> The licensee shall ensure: (a) the appearance & cleanliness of the building/grounds are maintained & free from health/fire hazards; (b) any appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition; (c) fire drills in non-outpatient programs are conducted at least quarterly and documented, including feedback regarding response time and process; (d) a phone that can be used to call 911 is always available on-site when clients are present; (e) bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity; (f) each bathroom is properly equipped with toilet paper, paper towels or a dryer, and soap; (g) each bathroom is ventilated by mechanical means or equipped with a window that opens; (h) non-prescription medication, if stored on-site, is stored in original manufacturer's packaging together with the manufacturer's directions and warnings; and (i) prescription medication, if stored on-site, is stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>R501-1-8(2)</b> The licensee shall accommodate a client with physical disabilities as needed or appropriately refer to comparable services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-8(3)</b> The licensee shall maintain medication and potentially hazardous items on-site lawfully, responsibly, and with consideration of the safety and risk level of the population served to include locked storage for each medication and hazardous chemical that is not in active use.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-8(4)</b> The licensee shall maintain a first aid kit that contains at least: (a) bandages of different sizes; (b) tweezers; (c) antiseptic; and (d) disposable sterile gloves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Residential Program Additional Facilities and Safety Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>

<b>R501-1-9(1)</b> A residential licensee shall ensure: (a) designated space is available for records, administrative work, & confidential phone calls for clients; (c) live-in staff have dedicated bedrooms & bathrooms separate from client use; (d) each bedroom designated for a client is comparable to other similarly utilized bedrooms with similar access, location, space, finishings, and furnishings; (e) clients are not locked in bedrooms; (f) a mirror or safety mirror is secured to each bathroom wall at a convenient height; (g) each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours; (h) each bath or shower allows for individual privacy; (i) each client is supplied with hygiene supplies; (j) each sleeping area has a source of natural light and is ventilated by mechanical means or is equipped with a window that opens; (k) each client has a similar solid type of bed or sleeping equipment to any other client in the program; (l) each client is allowed to decorate & personalize their bedroom, while maintaining respect for other residents and property; (m) there are separate containers for soiled & clean laundry, if the program provides common laundry for towels, bedding or clothing; (n) bedding & towels are laundered weekly & after each client is discharged; (o) equipment and supplies for washing & drying laundry are provided, if the program permits clients to do their own laundry; (p) there is at least 60 sq ft per person in a multiple occupancy bedroom and 80 sq ft in a single occupant bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-9(2)</b> A residential program licensee serving individuals with disabilities shall house no more than two clients in each bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-9(3)</b> The licensee utilizing seclusion rooms shall ensure the following: (a) seclusion rooms measure a minimum of 75 sq ft and have a minimum ceiling height of 7 ft with no equipment, hardware or furnishings that obstruct staff's view of the client or present a hazard; (b) a seclusion room shall have either natural or mechanical ventilation with break resistant windows and either a break resistant two-way mirror or camera that allows for observation of the entire room; (c) a seclusion room may not have locking capability and may not be located in closets, bathrooms, unfurnished areas or other areas not designated as part of residential living space; and (d) a bedroom may not be utilized as a seclusion room and a seclusion room may not be utilized as a bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-9(4)</b> The licensee shall ensure that dormitory space is only permitted in an emergency homeless shelter or a program serving only adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-9(5)</b> The licensee shall train staff and ensure that the use of any alternate sleeping arrangements other than the client's assigned bedroom is only done on an individualized, short-term basis with ongoing clinical or medical justification that: (a) preserves client dignity and confidentiality; (b) is not done as a standard, practice, or policy; (c) is not utilized due to staffing shortages or for staff convenience; and (d) is not used as behavior management or consequence.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>Food Service Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-10(2)</b> A licensee that provides meals shall: (a) ensure that meals are not used as incentive or punishment; (b) provide nutritional counseling to staff and clients; (c) designate staff responsible for food service who: (i) maintain a current list of each client with special nutritional needs; and (ii) 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; (d) 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 are: (i) served from dietitian or nutritionist approved menus; or (ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA standard homeless settings; (e) establish and post kitchen rules and privileges in a kitchen according to client needs and safe food handling practices; and (f) provide adequate dining space for clients that is maintained in a clean and safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<b>R501-1-10(3)</b> A licensee that allows self-serve meals shall ensure that self-serve kitchen users are supervised, directed, and trained by a staff that has a food handler's permit or is trained by Serv-Safe, USDA, or a comparable program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-10(4)</b> A licensee that serves parents and their children may allow a consenting adult client to maintain full responsibility for their, and their child's, special dietary needs, if consent is maintained in writing in the client record.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-10(5)</b> A licensee that offers meals for clients shall ensure there is documented training confirming staff are trained to and adhere to the following safe practices: (a) how to identify and accommodate clients with special dietary needs; and (b) allowances for nutritious snacks to be available during restricted hours if the program restricts access to food and kitchen equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-10(6)</b> If meals are prepared by clients, the licensee shall inform staff and clients in writing of the following: (a) rules and privileges of kitchen use; (b) menu planning and procedures; (c) sharing self-prepared food; (d) nutrition and sanitation requirements; (e) schedule of responsibilities; and (f) shopping and storage responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>Program Client Record Requirements</b>	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-1-11(1)</b> The licensee shall maintain client information to include the following: (a) client name, address, email address, phone number, date of birth and identified gender; (b) emergency contact names, including legal guardian where applicable, and at minimum, the emergency contact's 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 in treatment services; (m) any grievance or complaint 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 agreement and consent form.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/11/24	<input type="checkbox"/>	Provider did not have a greivence process. Assessment for weapons and intoxicant need to be added.
<b>Program Intake and Discharge Requirements</b>	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-1-12(1)</b> The licensee shall complete an intake screening before accepting a client into the program that includes at least: (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; and (d) suicide risk screening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-12(2)</b> A licensee 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 checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-12(3)</b> A licensee serving incarcerated or court-mandated justice involved clients shall: (a) conduct a criminogenic risk assessment; (c) separate high and low criminogenic risk populations.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

<b>R501-1-12(4)</b> The licensee shall ensure that , the client, parent, or guardian signs and receives copies of the following agreements to be maintained as client records: (a) determination of eligibility; (b) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (c) 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-12(5)</b> The licensee shall ensure that a discharge plan identifies resources available to a client and includes: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Residential Additional Program Intake and Discharge Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-13(1)</b> A residential program licensee shall ensure an intake assessment is completed following an approved intake screening, no later than seven days from the admission date, and that 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 checked="" type="checkbox"/>	<input type="checkbox"/>	10/11/24	<input type="checkbox"/>	Dominant Language needs to be added.
<b>R501-1-13(2)</b> A residential program licensee may not serve youth from out of state without a disruption plan as described in Section 26B-2-124 and, as applicable, Section 80-2-905, Interstate Compact Placement of Children (ICPC).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-13(3)</b> A congregate care program licensee shall ensure that each congregate care disruption plan complies with the following: (a) the program retains jurisdiction and responsibility for the youth while the youth remains in Utah; and (b) the program completes 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 person; (iii) a signed statement from parent or responsible person 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 person as identified in Subsection R501-1-13(3)(b)(i) or to another licensed congregate care program or higher level of care, as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-13(4)</b> A congregate care program licensee may demonstrate compliance with Subsections R501-1-13(2) and R501-1-13(3) by producing the 100A and 100B forms and disruption plan as required by the ICPC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-13(5)</b> A congregate care program licensee shall report private placements to the office as described in Section 26B-2-124 by completing the congregate care out of state placement survey on the office website no later than the fifth business day of each month. (b) A congregate care program licensee that does not comply with the disruption plan requirements stated in Section 26B-2-124 shall pay for the cost of care incurred by entities maintaining the youth for purposes of locating, housing, or transporting the youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Program Clinical Services</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>



<b>R501-1-14(1)</b> A licensee that offers clinical treatment shall: (a) assign a clinical director to ensure that assessment, treatment, and service planning practices are: (i) regularly reviewed and updated; (ii) individualized; and (iii) designed to involve the participation of each client or each client's parent or guardian; (b) ensure 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; (c) ensure client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission; (d) ensure discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives; (e) ensure that each client identified for treatment receives individual treatment at least weekly; and (f) ensure any missing individual weekly treatment is justified, approved, and documented by the clinical director.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-14(2)(a)</b> A residential program licensee shall ensure that in addition to the required weekly individual therapy, frequency and need for family and group therapy and other clinical services are addressed in the individual's treatment plan. <b>(b)</b> A non-residential program licensee who offers clinical treatment may alter the weekly therapy requirement as designated in the individual's treatment plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-14(4)</b> A licensee who offers group counseling, family counseling, skills development, or other treatment shall offer and document these treatment services as prescribed in the treatment plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-14(5)</b> The licensee shall make any records available to the department for review upon request.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Program Staffing</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-15(1)</b> The licensee shall ensure adequate staffing to safely supervise the current population, including adding more staff than required by the usual staffing ratio as needed to manage behaviors, dynamics, and individual client treatment and supervision needs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-15(2)</b> The licensee shall identify a manager or qualified designee who 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-15(3)</b> A licensee that offers clinical services shall employ or consult with licensed professional staff that include an individual who is familiar with the program and the needs of each client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-15(4)</b> The licensee shall ensure that before allowing a direct care staff to work unsupervised they have an approved background clearance except as excluded in Section R501-14-17;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-15(5)</b> A licensee who serves clients with substance use disorder shall ensure each staff is screened for tuberculosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-15(6)</b> A licensee who serves a client with substance use disorder may not offer, entice, refer, or recommend medical cannabis as treatment for substance use disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-15(7)</b> A licensee who manages, stores, or administers client medication shall identify a medical professional to oversee the medication management, medication oversight, and staff training regarding medication management and administration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-15(8)</b> The licensee shall ensure that each person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers as described in the 21 CFR Part 1301.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-15(9)</b> The licensee shall create and maintain personnel information for each staff member, contracted employee, and volunteer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-15(10)</b> The licensee shall ensure that personnel information includes: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Rule R501-14; (c) a provider code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any pre-service and annual training records with the date completed, topic, and the individual's signed acknowledgment of training completion; (e) any grievances or complaints made by or against the individual and actions taken by the program; & (f) each crisis intervention or critical incident report involving the individual.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-15(11)</b> The licensee shall ensure that at least one CPR and First Aid-certified staff member is available when staff and clients are present unless a currently licensed healthcare professional is present.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Personnel Training Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-1-16(1)</b> The licensee shall ensure that each staff receives pre-serving training on the following topics before being left unsupervised and within 30-days of hire: (a) program policies, procedures and safe practices as outlined in Section R501-1-5; (b) program emergency preparedness, response, and recovery plan, including at least: (i) emergency procedures to instruct staff how to address incident reporting, continuity of care, transport, relocation, and client health and safety during natural disasters, extreme weather events, fire, utility or structural failures, or other unexpected disruptions to the program service; and (ii) instructions to staff regarding how to report and respond to significant criminal activity and significant medical emergencies; (c) CPR and First Aid; (d) client eligibility, emphasizing the behaviors and circumstances the program can safely manage; (e) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes; (f) client rights; (g) supervision and ratios; (h) as applicable, medications management, storing, and administration; (i) as applicable, food handling as outlined in Subsection R501-1-10(3); (j) background checks; (k) prevention, signs and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements; (l) provider code of conduct as outlined in Rule 380-80; (m) non-discrimination policy in accordance with Section 26B-2-109 that includes a prohibition of abuse, discrimination, and harassment based on sex, gender identity, or sexual orientation; (n) staff and client grievance procedures; (o) crisis intervention; (p) appropriate use of restraint and seclusion; (q) de-escalation techniques; (r) appropriate searches; (s) appropriate and inappropriate behaviors of clients; (t) appropriate and inappropriate staff responses to client behaviors; and (u) if applicable, staff response to a client leaving a program without permission.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/11/24	<input type="checkbox"/>	Missing training in the following: prevention, signs and symptoms of abuse and neglect, including sexual abuse and legal reporting requirements, non-discrimination policy, staff and client grievance procedures,

<p><b>R501-1-16(2)</b> The licensee shall ensure each staff completes the following training topics each year, based on the program's license date:</p> <p>(a) program policies, procedures and safe practices as outlined in Section R501-1-4;</p> <p>(b) general provisions and applicable categorical licensing rule;</p> <p>(c) client eligibility, as outlined in Subsection R501-1-6(1)(e), emphasizing the behaviors and circumstances the program can safely manage;</p> <p>(d) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes;</p> <p>(e) provider code of conduct as outlined in Rule R380-80;</p> <p>(f) program plan for the prevention or control of infectious and communicable disease to include coordination with and following any guidance of the state or local health authorities, Center for Disease Control, and the department;</p> <p>(g) emergency procedures to instruct staff how to address incident reporting, continuity of care, transport, relocation, and client health and safety during natural disasters, extreme weather events, fire, utility or structural failures, or other unexpected disruptions to the program service;</p> <p>(h) program rules regarding firearms that does not conflict with constitutional or statutory rights regarding concealed weapons permits as described in Title 53, Chapter 5, Part 7, Concealed Firearms Act;</p> <p>(i) smoking rules in accordance with Title 26B, Chapter 7, Part 5, Regulation of Smoking, Tobacco Products, and Nicotine Products;</p> <p>(j) how to manage clients who screen with elevated suicide risk levels;</p> <p>(k) general incident reporting;</p> <p>(l) prevention, signs, and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements;</p> <p>(m) CPR and first aid;</p> <p>(n) if storing and administering medications, training required to administer medication and the process to be followed;</p> <p>(o) training to identify and address in a residential or congregate care program:</p> <p>(i) clients who pose a risk of violence;</p> <p>(ii) what constitutes contraband, possession of contraband, and how the program ensures restriction of client access to contraband and dangerous weapons or materials;</p> <p>(iii) clients who are at risk for suicide;</p> <p>(iv) managing clients with mental health concerns; and</p> <p>(v) identifying the signs and symptoms of clients presenting under the influence of substances or alcohol;</p> <p>(p) if the licensee manages funds for client allowances, training to document each expense; and</p> <p>(q) appropriate use of any alternate sleeping arrangements in a residential or congregate care program.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/11/24	<input type="checkbox"/>	Missing annual training in: prevention or control of infectious and communicable diseases, prevention, signs and symptoms of abuse and neglect, what constitutes contraband, possession of contraband,
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## Outdoor Youth Program - Inspection Checklist

(Revised 01/2024)

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

Administration	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-8-3(1)</b> Each outdoor youth program shall provide an educational component as determined by the Utah State Board of Education for clients 18 years of age or younger who have been removed from their educational opportunities for more than one month. The administrators of the program shall meet and document cooperation with the State Board of Education.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-8-4(4).</b> Each client has clothing and equipment to protect them from the environment. This equipment is never be removed, denied, or made unavailable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-4(5).</b> During an expedition, if a client refuses or cannot hike or to carry the client's equipment, the group ceases hiking. The program establishes, documents, and resolves the reasons for the client's refusal or inability to continue before hiking continues.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-4(6).</b> Deprivation of essential equipment or items is not used as a consequence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-4(7).</b> The program conducts an individual assessment of each client's recommended backpack weight. Each backpack weight guideline may not exceed 20 % of the client's body weight. If a client is required to carry other items, the total weight carried must not exceed 30 % of the client's body weight unless individually documented with parental permission to exceed this ratio.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-4(8).</b> The program provides clients with clean clothing at least weekly and provides a means for each client to bathe or otherwise clean the client's body at least twice weekly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-4(9).</b> Hiking does not exceed the physical capability of the weakest member of the group. Hiking is prohibited at temperatures above 90 degrees F. or at temperatures below ten degrees F.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-4(10).</b> A field staff in each group carries a means to accurately measure and display the current temperature.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-4(11).</b> Each expedition plan including map routes, anticipated schedules, and times is carried by the field staff and recorded in the field office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-4(12).</b> A field staff in each group maintains a signed daily log or dictates a recorded log to be transcribed and signed immediately following termination of the activity to contain the following information: (a) each critical incident; (b) prescription compliance; (c) each medical concern; (d) each behavioral concern or refusal to hike and how the concern is addressed; (e) each unusual occurrence; and (f) each log entry that is recorded is in an un-editable format and remains available to the office upon request.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-4(13).</b> Each program staff is required to carry an accurate, reliable time piece accurately reflecting the time of day and for documentation purposes in log notes and incident reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-4(14).</b> Program administration trains each staff regarding the standards of this section and regularly monitors and ensures compliance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Staff, Interns, and Volunteers	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

<b>R501-8-5(1).</b> The outdoor youth program has a governing body and an executive director who has responsibility and authority over the policies and activities of the program and coordinates office and support services and training. The executive director has the following qualifications: (a) be at least 25 years of age; (b) have a bachelor's degree or equal training and experience in a related field; (c) have at least two years of outdoor youth program administrative experience; (d) have at least 30 credit hours education in recreational therapy or related experience or one-year outdoor youth program field experience; (e) demonstrate knowledge and understanding of relevant licensing rules; and (f) have completed each required staff training.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-5(2).</b> The outdoor youth program has a direct care field director who has primary responsibility for coordinating field operations, managing field staff, operating the field office, and supervising emergency response procedures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-5(3).</b> A field director or a qualified designee must: (a) be trained as a direct care staff in accordance with Section R501-1-14; (b) be at least 25 years of age; (c) have a bachelor's degree or equal training and experience in a related field; (c) have at least two years of outdoor youth program field experience; (d) visit in the field at least two days a week with no more than five days between visits; and (e) document each field visit, including: (i) the condition of each client; (ii) interactions with clients and staff; (iii) incidents and interventions to be reported to each client's guardian and the office; (iv) each report of compliance with Subsection 62A-2-123(6) regarding weekly confidential communication with family; and (v) staff compliance with each policy and rule.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-5(4).</b> The outdoor youth program has field support staff to be responsible for delivering supplies and mail to the field, communication with each client in the field, and first aid support.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-5(5).</b> Each outdoor youth program group has direct care senior field staff working directly with the clients and who meet the following qualifications: (a) be trained as a direct care staff in accordance with Section R501-1-14; (b) be at least 21 years of age; (c) have an associate's degree or high school diploma with 30 credit hours of education and training or comparable experience and training in a related field; and (d) have six months outdoor youth program field experience or comparable experience which shall be documented in the individual's personnel file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-5(6).</b> The outdoor youth program has direct care field staff working directly with the clients and meet the following qualifications: (a) be at least 20 years of age; (b) have a high school diploma or equivalent; (c) have 48 field-days of outdoor youth program experience or comparable experience which shall be documented in the individual's personnel file; and (d) exhibit skilled leadership.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-5(7).</b> The outdoor youth program has direct care assistant field staff as required to meet or exceed staff to client ratios. Assistant field staff meet the following qualifications: (a) be at least 19 years of age; (b) have a high school diploma or equivalent; (c) have 24 field days of outdoor youth programs experience; and (d) exhibit skilled leadership.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-5(8).</b> The outdoor youth program has a licensed physician and mental health professional accessible to each client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<b>R501-8-5(9).</b> If the outdoor youth program has interns or volunteers who are learning the program practices while completing educational requirements: (a) Each intern must be at least 19 years of age. (b) Each volunteer must be at least 18 years of age. (c) Staff training must be completed by each incoming staff including interns and volunteers regardless of background experience. (d) Each volunteer and intern must be supervised by the clinical director, program administration, or senior direct care staff. (e) Each intern and volunteer may never directly supervise a client.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Provider does not use interns or volunteers.
<b>Client Supervision and Ratios</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-8-6(1).</b> Each youth group is directly supervised by at least two direct care staff, one of which is a direct care senior field staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-6(2).</b> Each field group does not exceed 16 people with a ratio of at least one staff per four clients. Staff counts towards the field group size.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-6(3).</b> Each volunteer is counted as a client in figuring staff to client ratios.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-6(4).</b> Field group size does not exceed the number specified by federal, state, or local agencies in whose jurisdiction the program is operated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Staff Training</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-8-7(1).</b> The outdoor youth program provides at least 80 hours initial staff training.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-7(2).</b> Initial staff training is not considered completed until the staff have demonstrated to the field director proficiency in each of the following areas: (a) counseling, teaching and supervisory skills; (b) water, food, and shelter procurement, preparation, and conservation; (c) low impact wilderness expedition and environmental conservation skills and procedures; (d) client management, including containment, control, safety, conflict resolution, and behavior management; (e) instruction in safety procedures and safe equipment use, fuel, fire, life protection,& related tools; (f) instruction in emergency procedure, medical treatment, evacuation, weather, signaling, fire, and dealing with runaway and lost clients; (g) sanitation procedures, water, trash, human waste, food handling; (h) wilderness medicine, including health issues related to acclimation, exposure to the environment, and anaphylaxis; (i) CPR, standard first aid, first aid kit contents and use, and the program's medication management policy and procedure; (j) navigation skills, including map and compass use and contour and celestial navigation; (k) local environmental precautions, including terrain, weather, spiders, ticks, scorpions, snakes, insects, predatory animals, poisonous plants, giardia, frostbite, hypothermia, heat exhaustion, dehydration, responses to adverse situations, and emergency evacuation; (l) leadership and judgment; (m) report writing, including required development and maintenance of logs; and (n) federal, state, and local regulations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-7(3).</b> At least 80 hours of initial staff training is completed, documented, and maintained in each staff personnel file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-7(4).</b> The field director or equally qualified designee documents in each personnel file how the field director or qualified designee determined that each staff has demonstrated proficiency in each of the required topic areas as listed in Subsection (2) of this section.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-7(5).</b> Each initial staff training and demonstration of proficiency is completed and documented before the staff may count in the staff client ratio.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-7(6).</b> The program provides and documents on-going staff training to improve proficiency in knowledge and skills and to maintain certifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Staff Health Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-8-8(1).</b> Before engaging in any field activity, each staff adhereS to the following: (a) each field staff, intern, and volunteer haS an annual physical examination and health history signed by a licensed medical professional; (b) a recognized physical stress assessment is completed as part of the physical examination of each staff; (c) the physical examination of each staff is reviewed and maintained by the provider in the staff personnel file; and (d) each program staff, intern, and volunteer submits to drug and alcohol screening upon request.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10.11.24	<input type="checkbox"/>	Staff Missing annual health screening
Client Admission Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-8-9(1).</b> Clients are no younger than 13 years of age and no older than 17 years of age and have a current health history report which includes notation of client physical limitations and prescriptive medications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-9(2).</b> The health history report is completed, submitted, and verified by each client's parent or guardian as part of the intake screening or assessment in accordance with Sections R501-1-18 and R501-1-23 and before entry into the field.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-9(3).</b> An admissions assessment is conducted by a treatment professional before each client enters into the field and includes the following: (a) a review of each client's social and psychological history with the client's parent or legal guardian before enrollment; and (b) an interview with the client before entrance into the field program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-9(4).</b> Before entry into the field and within 15 days of admission to the program, the following requirements are met: (a) a licensed medical professional must review each client's health history report and conduct a physical examination; and (b) the program provides a physical examination form to a licensed medical professional that clearly states a description of the physical demands and environment of the program, and requires the following information before a client may enter the field: (i) a urinalysis drug screen; (ii) a complete blood count (CBC) unless waived in writing by the client's parent or guardian; (iii) a complete metabolic profile (CMP) unless waived in writing by the client's parent or guardian; (iv) a urinalysis for possible infections; (v) a pregnancy test; (vi) a physical stress assessment; (vii) a determination by the physician if detoxification is indicated for client before entrance into field portion of the program; (viii) any other tests as necessary to assess fitness for the field portion of the program; and (ix) a medical professional shall review current and historical medical data and approve the client to enter the field with recommendations for any medical monitoring.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-9(5).</b> A copy of each client's medical forms and approvals are maintained at the field office and another copy is carried by staff members in a waterproof container throughout the field expedition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-9(6).</b> The program clinically reviews each client's psychological history and conducts an additional psychological assessment as clinically necessary before the client's entry into the field.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-9(7).</b> Upon admission and for a period of no fewer than three days in the field, direct care field staff closely monitor each client for any health problems that may be a result of hiking or living outdoors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Water and Nutritional Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-8-10(1).</b> At least six quarts of potable water are available per person per day, plus one additional quart per person for each five miles hiked. Although it is not required that the entire amount be hand carried, water is always accessible during hiking.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-10(2).</b> In temperatures above 90 degrees F., staff make sure each client's fluid intake is at least three quarts of water per day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-10(3).</b> Each field group in the field always has electrolyte replacement available.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<b>R501-8-10(4).</b> In temperatures above 80 degrees F., water is available for coating each client's body, and other techniques are available for cooling as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-10(5).</b> Potable water is available at each campsite. Water cache location information is verified with field staff before the group leaves camp each day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-10(6).</b> No expedition group depends on aerial drops for water. Aerial water drops are used for emergency situations only.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-10(7).</b> Water from natural sources is made safe to drink through boiling, filtering, or disinfection in accordance with the center for disease control guidance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-10(8).</b> The outdoor youth program has a written menu describing food supplied to the client which provides at least 3,000 calories per day while in the field. There are fresh fruit and vegetables available at least twice a week. Food is never withheld from a client for any reason. If no fire is available, other food of equal caloric value, which does not require cooking, is available. (a) The menu is adjusted to increase minimum dietary needs as energy expenditure, including exercise and climate conditions, dictate. (b) Food is from a balance of the food groups. (c) Forage items do not count toward the determination of caloric intake. (d) Multiple vitamin supplements are offered daily.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Health Care</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-8-11(1).</b> The outdoor youth program provides first aid treatment promptly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-11(2).</b> When a client has an illness or physical complaint that does not respond to or cannot be treated by standard first aid, the program immediately arranges for the client to be seen and treated as indicated by a licensed medical professional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-11(3).</b> Each client's physical condition is assessed at least every 14 days by a qualified medical professional. Blood pressure, heart rate, allergies, and general physical condition are checked and documented. Any assessment concerns are documented, and the client is taken to the appropriate medical professional for treatment. There are no consequences issued to a client for requesting to see a healthcare professional or for anything said to a health care professional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-11(4).</b> Each prescription and over the counter medication is kept in the secure possession of designated staff and provided to clients in accordance with labels or prescription directions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-11(5).</b> Staff are trained for medication administration in accordance with Rule R501-1 and communicate with the field director and document reason and plan for any lost or missing prescription medication.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-11(6).</b> A foot check is conducted at least twice daily and documented.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Safety</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-8-12(1).</b> Each first aid kits includes sufficient supplies for the activity, location, and environment as approved by the program's medical professional. First aid kit supplies are available during each field activity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-12(2).</b> Each outdoor youth program has a support system that meets the following criteria: (a) reliable daily two-way radio communications between groups and with support staff, with additional charged battery packs and a reliable backup system of contact in the event the radio system fails; (b) the support vehicles and field office are equipped with first aid equipment; (c) the support and field staff have access to contact information including telephone numbers, locations, contact personnel, maps, medical forms, and procedures for an emergency evacuation or field incident; and (d) daily morning and evening contacts are completed between field staff, support staff, and the field office and contacts are documented in the field office log daily.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Field Office</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-8-13(1).</b> The program maintains a field office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	



<b>R501-8-13(2).</b> Communication systems between the field and the field office are monitored 24 hours a day when clients are in the field.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-13(3).</b> Support staff respond immediately to any emergency situation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-13(4).</b> Support staff on duty are within one hour of any field group.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-13(5).</b> When staff are not present in the field office a contact telephone number is posted on the field office door and the field director designates responsible on-call staff who continually monitors communications and remains available and able to access all necessary equipment and files within 15 minutes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-13(6).</b> Field office staff adhere to the following: (a) maintain current staff and client records in accordance with Rule R501-1; (b) maintain a master map of each activity area; (c) maintain copies of each expeditionary route with its schedule and itinerary to be immediately available to the office and emergency medical services, law enforcement or search and rescue agencies as needed; (d) maintain a log of daily communications; (e) be responsible for training and orientation, management of field personnel, related files, and records; and (f) be responsible for maintaining communications, inspecting equipment, and overseeing medical incidents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Environmental Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-8-14(1).</b> The outdoor youth program adheres to land use agency requirements including sanitation and low impact camping.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-14(2).</b> Each client is continuously supervised in the observance of low impact camping requirements.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-14(3).</b> Personal hygiene supplies are of biodegradable materials or packed out and properly disposed of.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Evaluation</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-8-15(1).</b> Following the wilderness experience, each client receives a debriefing to include a written summary of the client's participation and the progress the client achieved.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-15(2).</b> Each guardian, client, or other involved individuals are provided the opportunity and be encouraged to submit a written evaluation of the wilderness experience, which is retained by the program in the client file record.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Individual Experiences</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>

<b>R501-8-16(1).</b> If an outdoor youth program conducts an individual component for clients as part of the program, the program has and follows written policies and procedures, which include the following: (a) an assessment of each client's ability to safely participate in the experience; (b) a description of the individual component to ensure that each client is not exposed to an unreasonable risk; (c) guardian permission for the youth to participate in the experience; (d) a policy that individual experiences are not required and must be entered voluntarily by the client or only as clinically indicated; (e) a policy of providing preparatory instruction and guidance to the client before an individual experience; (f) an individual assessment of client readiness; (g) a description of the maximum duration of each individual experience; (h) a policy explaining that a solo experience may not be used as a punishment or general practice; (i) a policy that each staff shall be familiar with the area chosen to conduct individual experiences; (j) a supervision plan for each individual event with a frequent check-in to allow each client to rescind voluntary participation and go back to the group; (k) documentation of the duration of each individual event; (l) a plan for managing emergencies; and (m) documentation of how each individual program component is not used as seclusion or in violation of Section 62A-2-123.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	in student manual
<b>Stationary Campsites</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-8-17(1).</b> If the program offering a stationary camp that does not provide a 24-hour outdoor group living environment may require residential treatment licensure.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>R501-8-17(2).</b> If the outdoor youth program maintains a designated building to serve a client, the program s subject to fire, health, and safety standards. (a) A stationary outdoor youth program camp shall be inspected by a certified fire inspector before being occupied and on an annual basis thereafter. A copy of the inspection shall be maintained at the outdoor youth program camp. (b) At least one 2-A-10BC type fire extinguisher shall be in a group of tents within a 75- foot travel distance. (c) Flammable liquids may not be used to start fires, be stored in structures that house clients, or be stored near ignition sources. If generators are used, they will only be refueled by staff when the generator is not running and cool to the touch. (d) A stationary outdoor youth program camp shall be inspected by the local health department before being occupied and on an annual basis thereafter. A copy of the inspection shall be maintained at the site of the camp. (e) Food shall be stored, prepared, and served in a manner that is protected from contamination. (f) Each water supply shall be from a source that is accepted by the local health authority according to Rule R392-300, Recreation Camp Sanitation, at the time of application and for annual renewal of such licenses. (g) Sewage shall be disposed of through a public system, or in absence of a public system, in a manner approved by the local health authority, according to Rule R392-300, Recreation Camp Sanitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

### Day Treatment Programs - Inspection Checklist

(Revised 01/2024)

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

Administration and Direct Service	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-20-4(1)</b> In addition to the following rules, each day treatment licensee shall comply with Rules R501-1 and R501-14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-20-4(2)</b> Non-residential licensees may meet less frequently than weekly only with individualized justification in the client record.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-20-4(3)</b> A licensee shall: (a) ensure that activity plans are prepared to meet individual client needs or link to applicable resources in the community; (b) design and implement a daily activity or service schedule based on client needs and not staff convenience; (c) ensure clients are supervised onsite and encouraged to participate in activities; and (d) ensure all clients are given the same quality of care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-20-4(4)</b> Except as outlined in Subsections R501-20-6(2) and R501-20-7(3), a licensee shall ensure that the minimum staffing ratio is one direct care staff to ten clients at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-20-4(5)</b> Day treatment or day support services may not be offered within a residential setting unless: (a) each resident is a recipient of the day support services; or (b) the residential setting has a current residential treatment license.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-20-4(6)</b> A licensee who utilizes restraints shall report each incident of restraint resulting in injury beyond basic first aid to the office as a critical incident.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Physical Facility	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-20-5(1)</b> Except as outlined in Subsection R501-20-6(3), a licensee shall ensure that the facility has a minimum of 50 square feet of floor space per client designated specifically for day treatment services. Hallways, office, storage, kitchens, and bathrooms may not be included in computation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-20-5(2)</b> A licensee shall ensure that outdoor recreational space and compatible recreational equipment are available when necessary to meet treatment plans.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Additional Considerations for Professional Licensees Providing ABA Day Treatment Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-20-6(1)</b> An ABA licensee shall additionally adhere to Rule R539-4, if contracted for providing services to DSPD clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Program does not provide these services.
<b>R501-20-6(2)</b> A licensee shall ensure that behavior support plans outline individual behaviors and staff responses to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Program does not provide these services.
<b>R501-20-6(3)</b> The licensee shall submit a critical incident to the office for: (a) any self-directed violence not identified in the behavior support plan; and (b) any staff responses outside of the behavior support plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Program does not provide these services.
Additional Considerations for Licensees Providing Clubhouse Day Treatment Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-20-7(1)</b> This section of rule supersedes any conflicting requirements of Rules R501-1 and R501-20.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a clubhouse program
<b>R501-20-7(2)(a)</b> A clubhouse licensee accredited by Clubhouse International may apply a staff to client ratio of 1 staff to 15 clients in accordance with national standards. <b>(b)</b> A clubhouse licensee may apply the higher ratio only for specialized activities involving transports or for clients and their guests when: (i) staff and client safety has been assessed; and (ii) there is identified back-up for the staff in case of emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a clubhouse program

<b>R501-20-7(3)</b> Square footage calculations in a clubhouse may include hallways, office, storage, kitchens, and bathrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a clubhouse program
<b>R501-20-7(4)</b> A clubhouse licensee may offer clients the option to bring their own food or purchase meals or snacks at a reduced rate.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a clubhouse program
<b>R501-20-7(5)</b> A clubhouse licensee may allow clients cleaning chemicals as part of their work-ordered day. Clubhouse staff shall follow suicide prevention policy and safety protocols when assessing and allowing client access to chemicals.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a clubhouse program
<b>R501-20-7(6)</b> Visitors to the clubhouse may only be exempt from background clearance in accordance with Subsection 26B-2-120(10).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a clubhouse program
<b>Additional Considerations for DSPD Home and Community Based Medicaid Waiver Licensees</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-20-8(1)</b> This section of rule supersedes any conflicting requirements of Rules R501-1& R501-20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a dspd program.
<b>R501-20-8(2)</b> A licensee serving clients of DSPD shall ensure staff to client ratios are determined by the DSPD worksheet and are individualized based on the person's need.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a dspd program.
<b>R501-20-8(3)</b> A licensee shall ensure a ratio of one staff to six persons is maintained at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a dspd program.
<b>R501-20-8(4)</b> A licensee serving Home and Community Based Services (HCBS) Medicaid Waiver clients shall: (a) identify themselves as a Waiver provider on their licensing application and follow all attestation and survey requirements therein; (b) comply with the HCBS Settings rule and Rule R414-519 to include: (i) providing non-segregated bathrooms; (ii) providing individually stalled bathrooms with locking capability with only trained and authorized staff having access to keys for safety; (iii) ensuring the setting is fully accessible and affords access to the community; (iv) ensuring client information is not posted or stored in public spaces; (v) not restricting client access to food unless documented in the person-centered service plan or behavior support plan; (vi) allowing clients individual initiative, autonomy, independence and choices in regard to their daily activities, physical environment and with whom they interact as much as safely possible; and (vii) supervising clients and maintaining supporting documentation according to the person-centered service plan or behavior support plan; and (c) when there is a conflict between a rule under Title R501 and Settings rule, Settings rule shall supersede.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a dspd program.
<b>R501-20-8(5)</b> A licensee shall identify any community-based supports provided under the day treatment license and ensure that community-based services are provided safely and in consideration of weather, transportation, emergencies and overall client needs for food, medicine and any other assistance necessary for safe participation in the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

**Outpatient Treatment Programs - Inspection Checklist**

*(Revised 01/2024)*

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

Administration and Direct Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-21-4(1)</b> In addition to this rule, each outpatient treatment program shall comply with Rules R501-1 and R501-14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-21-4(2)</b> An outpatient treatment program shall: (a) provide general outpatient treatment on a weekly basis, or less than weekly only with individualized clinical justification; (b) only provide intensive outpatient treatment, if offered, for between 9 and 19 hours weekly for adults, and six or more hours weekly for adolescents; and (c) ensure the following when clients are present in the facility for six or more consecutive hours: (i) client meals; (ii) administration of any required medications; (iii) maximum group sizes according to building capacity; and (iv) a physical environment that provides for the comfort of clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-21-4(3)</b> An outpatient treatment provider that provides only telehealth services may apply for a single license for one centralized site to cover any telehealth services offered and shall ensure that any telehealth services provided to out of state clients are done so in accordance with the telehealth laws of the client's state of residence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Substance Use Disorder Treatment Programs	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-21-5(1)</b> Each substance use disorder treatment program shall: (a) develop and implement a plan on how to support opioid overdose reversal; (b) maintain proof of completion of the National Survey of Substance Abuse Treatment Services annually; and (c) ensure medical cannabis is not an enticement or offered, referred, or recommended as treatment for substance use disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a substance abuse program.
<b>R501-21-5(2)</b> A program providing medication for opioid use disorder (MOUD) shall: (a) maintain a program-wide counselor to client ratio of: 1:65 to provide adequate substance use counseling to each client as clinically necessary; and (b) assure each client sees a licensed practitioner that may prescribe controlled substances at least once yearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a substance abuse program.
<b>R501-21-5(3)</b> Each MOUD provider that prescribes, administers or dispenses methadone shall: (a) admit a client to the program only after the completion of a face-to-face visit with a licensed practitioner authorized to prescribe controlled substances who confirms opioid dependence; (b) ensure that a licensed practitioner authorized to prescribe controlled substances approves every subsequent dose increase before the change; (c) require each client admitted to the program to participate in random drug testing performed randomly at least eight times per year, per patient in maintenance treatment, in accordance with generally accepted clinical practice and in accordance with 42CFR part 8; and (d) require one hour of prescribing practitioner time at the program site each month for every ten MOUD clients enrolled.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a substance abuse program.
<b>R501-21-5(4)</b> Each MOUD program that prescribes, administers or dispenses methadone shall: (a) maintain Substance Abuse and Mental Health Services Administration certification and accreditation as an opioid treatment program; (b) employ the following: (i) a licensed physician who is an ASAM-certified physician; (ii) a prescribing licensed practitioner who can document specific training in current industry standards regarding methadone treatment for opioid addictions; or (iii) a prescribing licensed practitioner who can document specific training or experience in methadone treatment for opioid addictions; and (c) provide one qualified provider as defined in Section 58-17b-309.7 to dispense or administer medications for every 150 methadone clients dosing on an average daily basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a substance abuse program.

<b>R501-21-6(5)</b> An outpatient treatment program may offer mobile MOUD services under their physical site license if: (a) the existing licensed site provides MOUD services; (b) the licensee maintains policy and procedures addressing the agency policies as they apply to the mobile unit; and (c) registration requirements of the Drug Enforcement Administration Code of Federal Regulations, Title 21, Parts 1300, 1301 and 1304, 2021 edition are met.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a substance abuse program.
<b>R501-21-5(6)</b> An alcohol and drug education provider shall provide court ordered education only if certified to do so through the OSUMH in accordance with Rule R523-11.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Not a substance abuse program.
<b>R501-21-5(7)</b> A licensed substance use disorder counselor (SUDC) in a substance use disorder outpatient treatment program may: (a) collect client information; (b) conduct the screening portion of an assessment; (c) make level of care recommendations; and (d) identify a substance use disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a substance abuse program.
<b>R501-21-5(8)</b> A SUDC may not diagnose a client.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a substance abuse program.
<b>R501-21-5(9)</b> A OSUMH certified alcohol and drug education provider shall: (a) complete and maintain a substance use screening, that may be shared between providers with written client consent, for each client before providing the education course; (b) provide a workbook to each participant to keep upon completion of the course; (c) ensure at least 16 hours of course education; and (d) provide separate classes for adults and youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a substance abuse program.
<b>R501-21-5(10)</b> A provider offering services to justice-involved clients shall: (a) operate in compliance with Rules R523-3 and R523-4; (b) maintain a validated criminogenic screen or risk assessment for each justice involved client that is conducted with an accepted tool including: (i) Level of Service Inventory-Revised (LSI-R); (ii) Risk and Needs Triage (RANT); (iii) Ohio Risk Assessment System (ORAS); or (iv) any other screen that the provider can demonstrate their validation to the OSUMH; (c) separate clients into treatment groups according to level of risk assessed; (d) complete screenings that assess both substance abuse and mental health comorbidity; and (e) treat, or refer to other licensed Department of Health and Human Services programs that serve justice-involved clients to treat the array of disorders noted in the screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a substance abuse program.
<b>Domestic Violence</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-21-6(1)</b> A domestic violence (DV) treatment provider shall comply with generally accepted and current practices in DV treatment, and shall meet the following requirements: (a) maintain and document cooperative working relationships with DV shelters, treatment programs, referring agencies, local DV coalitions, and custodial parents when the client is a minor; (b) treatment for children and victims offers at least ten sessions for each client, not including intake or orientation; (c) if the client is a perpetrator, provider contact with the victims, current partner, and the criminal justice referring agencies is also required, as applicable; and (d) a Licensed Mental Health Therapist shall complete a DV treatment evaluation for each offender to include individualized recommendations for the offender's treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Not a domestic violence program.
<b>R501-21-6(2)</b> A provider shall ensure staff to client ratios are set as follows: (a) the staff to client ratio in a one hour long adult treatment group is one staff to eight clients; (b) the staff to client ratio in a group exceeding one hour is one staff to ten clients; (c) the maximum group size may not exceed 16; (d) child victim or child witness groups shall have a ratio of one staff to eight children, when the clients are under 12 years of age; and (e) a staff to client ratio of one staff to ten children when the clients are 12 years of age and older.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a domestic violence program.

<p><b>R501-21-6(3)</b> The licensee shall ensure client intake and safety as follows:</p> <p>(a) when a client enters a DV treatment program, the staff shall conduct an in-depth, face-to-face interview and assessment to determine the client's clinical profile and treatment needs, and the evaluation in Subsection R501-2[3]1-7(1)(d) shall count for this assessment when the client is an offender;</p> <p>(b) obtain additional information for perpetrator clients from the police incident report, perpetrator's criminal history, prior treatment providers, the victim, or victim advocate;</p> <p>(c) when appropriate, obtain additional information for a child client from parents, prior treatment providers, schools, and Division of Child and Family Services Child Protective Services;</p> <p>(d) when any of Subsections R501-21-6(3)(a) through (c) cannot be obtained, the provider shall document the reason; and</p> <p>(e) the provider shall ensure that the intake assessment includes the following:</p> <p>(i) a profile of the frequency, severity, and duration of the DV behavior, that includes a summary of psychological violence;</p> <p>(ii) documentation of any homicidal, suicidal ideation and intentions, as well as abusive behavior toward children;</p> <p>(iii) a clinical diagnosis and a referral for evaluation to determine the need for medication, if indicated;</p> <p>(iv) documentation of safety planning when the client is an adult victim, child victim, or child witness and they have contact with the perpetrator;</p> <p>(v) address safety planning upon contact for victims who choose not to become treatment clients; and</p> <p>(vi) documentation that appropriate measures have been taken to protect children from harm.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a domestic violence program.
<p><b>R501-21-6(4)</b> A provider shall ensure that treatment procedures adhere to the following:</p> <p>(a) an individualized treatment plan addressing relevant treatment issues is created for each client;</p> <p>(b) refer each client deemed not appropriate for a DV program to the appropriate resource, with the reasons for referral documented, and notification given to the referring agency;</p> <p>(c) provide DV counseling concurrently with, or after, other necessary treatment when appropriate;</p> <p>(d) conjoint or group therapy sessions with victims and perpetrators, or with co-perpetrators may not be provided until a comprehensive assessment has been completed to determine that the violence has stopped, and that conjoint treatment is appropriate;</p> <p>(e) the perpetrator shall complete at least four DV treatment sessions, unless otherwise noted in the offender evaluation recommendations before the provider implements conjoint therapy;</p> <p>(f) implement a written procedure in an efficient and timely manner to facilitate:</p> <p>(i) entry of the court ordered defendant into treatment;</p> <p>(ii) notification of client compliance, participation, or completion;</p> <p>(iii) disposition of a non-compliant client;</p> <p>(iv) notification of the recurrence of violence; and</p> <p>(v) notification of factors that may exacerbate an individual's potential for violence;</p> <p>(g) a provider shall comply with the duty to warn, in accordance with Section 78B-3- 502;</p> <p>(h) a provider shall document specialized training in DV assessment and treatment practices for any individual providing treatment service, to include:</p> <p>(i) 24 hrs of Utah Association for Domestic Violence Treatment pre-service training within the last 2 years;</p> <p>(ii) 16 hrs annual training thereafter; and</p> <p>(i) clinical supervision for treatment staff that are not clinically licensed shall consist of at least 1 hour per week to discuss clinical dynamics of cases.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a domestic violence program.
<p><b>R501-21-6(5)</b> The provider shall ensure training is documented and approved by the designated Utah Department of Health and Human Services DV Specialist regarding assessment and treatment practices for treating DV victims and perpetrators.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a domestic violence program.
<p><b>R501-21-6(6)</b> A provider shall disclose any current Department of Health and Human Services contracts and actions against the contract to the Office of Licensing.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a domestic violence program.
<p><b>R501-21-6(7)</b> A provider shall disclose any current accreditations and actions against accredited status to the Office of Licensing.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a domestic violence program.

## ADDITIONAL INFORMATION



