

 Utah Department of Health & Human Services Licensing & Background Checks		Inspection Checklist				This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. <i>(Revised 08/2023)</i>	
Provider Name:	Oxbow Academy, LLC dba West Campus	Facility ID:	F22-93560	Phone Number:	(435) 436-9460	Notes	
Site Name or Address:	95 N State St Wales UT, 84667			Email Address:	alank@oxbowacademy.net; kathyh@oxbowacademy.net; shawnb@oxbowacademy.net		
Approved Capacity:	24	# of Present Residents\Clients	3				
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"/>	DACS to ensure background checks are current.			<input checked="" type="checkbox"/>	Introduce yourself and any DHHS staff		
<input checked="" type="checkbox"/>	Any active rule variances.	Variance requested previous licensor noted in UCLAPP it was not needed		<input checked="" type="checkbox"/>	Clients Interviews	2	
<input checked="" type="checkbox"/>	Any license restrictions or conditions.			<input checked="" type="checkbox"/>	Staff Interviews	3	
<input checked="" type="checkbox"/>	Any needed rule variances.			<input type="checkbox"/>	Other:		
Inspection Information:							
- The licensor will email you this inspection checklist after the inspection is completed. This checklist is not an official compliance statement. The licensor will send you an official Inspection Report once this inspection has been approved by management. Only items checked here as noncompliant can be part of your Inspection Report, and the Inspection Report is to be considered the results of this inspection.							
- If the only non compliance items are documentation and/or records, please submit them by the <i>correction required date</i> listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.							
Signature Information							
Inspection Type:	Announced	Date:	12/21/2023	Time Started On-site:	9:00 am	Time Ended On-site:	12:30pm
Number of Non Compliant Items:		0	Name of Individual Informed of this Inspection:		Alan Kendall		
Licensor(s) Conducting this Inspection:			MeRee Jacobsen		OL Staff Observing Inspection:	NA	
<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>Alan Kendall 12:30 pm 12/21/2021</i>		

General Provisions - Inspection Checklist						
(Revised 08/2023)						
C = Compliant NC = Not Compliant NA = Not Assessed during this inspection						
Licensing Application and Monitoring Procedures	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-4(1)(c) An applicant or a licensee shall permit the office to have immediate, unrestricted access to: (i) each site subject to licensing; (ii) any on and off-site program and client records; and (iii) each staff and client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Changes	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-6. Any changes to the license, services, ownership, capacity, location, and contact information were properly reported and processed.	<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
R501-1-8. The provider is in compliance with the terms of approved rule variances.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Required Approvals	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-9. All required policies, curriculums, and updates have been approved by OL before implementation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Investigations of Alleged Noncompliances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-11. All reportable critical incidents were properly reported.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Licensee Noncompliance	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-12. If the license has been suspended or revoked, the provider does not accept new clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Administration and Direct Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-13(1) A program shall transparently 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; (e) each program requirement and expectation; (f) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served, including: (i) an outline of which behaviors and presenting issues would be reason for discharge or exclusion from the program; and (ii) the program may not take placement of a child whose needs exceed the scope or ability of the program to reasonably manage; (g) each cost, fee, and expense for a service and refund policy; and (h) identification of each non-clinical, extracurricular, or supplemental service offered or referred.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(2). The following items are posted in a conspicuous place: (a) abuse reporting laws; (b) civil rights notice; (c) Americans with Disabilities Act notice; (d) the program license; (e) any office notice of agency action; and (f) a client rights poster.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(3). Provider is in compliance with: (a) food handler permits for any person preparing meals for any other person; (b) capacity limits; (c) licensure and registration of any vehicles used to transport clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(5). Provider has proof of: (a) financial viability of the program as verified by a financial professional; (b) vehicle insurance;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(6). Provider ensures that: (a) each entity associated with the licensee read, understand, sign, and follow the current department code of conduct; (b) current staff and client lists are available at each licensed site; (f) at least one CPR and First Aid trained or certified staff member is available when staff and clients are present together; (g) the program maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the program is serving, or is likely to serve, a client with a substance use disorder; and (h) the program provides trainings and monitors staff to ensure compliance regarding program policy and procedures including: (i) the needs of each client; (ii) licensing rule; (iii) client rights; (iv) department code of conduct; (v) incident reporting; (vi) program emergency response plan; and (vii) CPR and first aid.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-13(7) A program serving education entitled children, as that term is defined in Section 62A-2-108.1, shall comply with Section 62A-2-108.1 regarding coordination of educational services to include completion of youth education forms at initial and renewal licensure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(8) A program providing school on-site shall: (a) maintain the established staff to client ratio with behavioral intervention trained staff in the school setting; (b) be recognized as in good standing by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board; and (c) ensure each youth is taught at grade level.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(9) Clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(10) A program that utilizes telehealth for treatment complies with each applicable rule.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Programs Additional Administration and Direct Services Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-14(1) A program providing residential service: (b) ensures that each staff shift list remains current and available to the office upon request; (c) ensures access to a medical clinic or a medical professional familiar with the program and population served; and (d) provides a separate space for clients who are sick.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-14(3) If the congregate care program caring for youth allows an individual turning 18 years old to remain in the program, the provider ensures that: (a) the individual remains in the custody of a State entity or the individual was admitted and continuously resided in the program for at least 30 days before the individual's 18th birthday; (b) the program has a documented need for the individual to remain in the program; (c) the program maintains responsibility for discharge to an appropriate setting when clinically appropriate and no later than the day an individual reaches 19 years of age; (d) the program outlines a policy regarding the protection of younger clients by supervising or separating 18-year-old individuals from youth who are more than two years younger; and (e) the individual signs a consent document outlining: (i) the individual is consenting to remain in the program voluntarily and understands the individual is not required to remain against their will; (ii) that any criminal offenses committed may result in being charged as an adult; and (iii) that if the individual is involved in any critical incidents posing a risk to the health and safety of other program residents they may be discharged from the program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-14(4) The provider facilitates weekly confidential voice-to-voice communication between a child and the child's parents, guardian, foster parents, and siblings. The provider ensures that the communication complies with the child's treatment plan, if any; and (a) does not use family contact as an incentive for proper behavior or withhold family contact as a punishment; (b) does not deny the communication unless state law or a court order prohibits the communication; or modify the frequency or form of the communication unless: (A) the office approves the modification; or (B) state law or a court order prohibits the frequency or the form of the communication.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-14(5) Before allowing a direct care staff to work unsupervised they must have an approved background clearance and be trained in the following: (a) behavior management policy and curriculum including crisis intervention, appropriate use of restraint and seclusion, and de-escalation techniques; (b) which practices are prohibited for congregate care programs by Section 62A-2-123; (c) the clinical needs of each of the clientele; (d) client rights; (e) department code of conduct; and (f) incident reporting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-14(6) Direct care staff are trained in first aid and CPR within six months of hire.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Physical Facilities and Safety	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-15(1) Each program shall ensure the appearance and cleanliness of the building and grounds are maintained and free from health and fire hazards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(2) Each program shall ensure that all appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(3) Each program shall accommodate clients with disabilities as needed or appropriately refer to comparable services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(4) Each program shall ensure that fire drills in non-outpatient programs shall be conducted and documented at least quarterly and program administration shall provide and document feedback regarding response time and process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(5) Each program shall ensure that a 911 recognizable phone is always on-site with clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(6) Each program shall ensure that bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(7) Each program shall ensure that each bathroom shall be properly equipped with toilet paper, paper towels or a dryer, and soap.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(8) Each program shall ensure that each bathroom is ventilated by mechanical means or equipped with a window that opens.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(9) Each program shall maintain medications and potentially hazardous items on-site lawfully, responsibly, and with consideration of the safety and risk level of the population served. This shall include locked storage for each medication and hazardous	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-15(10). Each program shall ensure that non-prescription medications, if stored on-site, are stored in original manufacturer's packaging together with the manufacturer's directions and warnings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(11). Each program shall ensure that prescription medications, if stored on-site, are stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(12). Each program shall maintain a fully supplied first aid kit as recommended by the American Red Cross.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Program Additional Facilities and Safety Requirements.	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-16(1) Each residential program shall ensure designated space is available for records, administrative work, and confidential phone calls for clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(2) Each residential program shall ensure bedroom assignments shall be made in accordance with each agency policy and individualized assessment described in Section 62A-2-124.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(3) Each residential program shall ensure that live-in staff have separate living spaces with a bathroom that is separate from client bathrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(4) Each residential program shall ensure that each bedroom designated for clients shall be comparable to other similarly utilized bedrooms with similar access, location, space, finishings, and furnishings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(5) Dormitory space is only allowed in an emergency homeless shelter or a program serving only adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(6) Each residential program shall ensure that each client is not locked in a bedroom.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(7) Each residential program shall ensure that each mirror or safety mirror is secured to the bathroom wall at a convenient height.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(8) Each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(9) Each bath or shower allows for individual privacy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(10) Each client is supplied with hygiene supplies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(11) Each sleeping area has a source of natural light and is ventilated by mechanical means or is equipped with a window that opens.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(12) Each bed is solidly constructed and non-portable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(13) Each client is permitted to decorate and personalize their bedroom, while maintaining respect for each other resident and property.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(14) A program that provides common laundry for towels, bedding, or clothing shall provide separate containers for soiled and clean laundry.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(15) Bedding and towels are laundered weekly and after each client is discharged.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(16) Programs permitting clients to do laundry provide equipment and supplies for washing and drying	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(17) Each individual is provided with at least 60 square feet in a multiple occupancy bedroom and 80 square feet in a single occupant bedroom.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(19) Seclusion room measures 75 square ft. with 7 feet ceiling. nothing that obstructs view of client, no safety hazards, has natural light or mechanical ventilation, no locking capability, cannot be a bathroom, bedroom, closet or area outside the licensed site.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(18). In facilities serving individuals with disabilities, no more than two persons are housed in each bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Food and Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-17(1) Each residential program that provides meals for four or more, but less than 16, clients shall comply with a local health inspection as described in Rule R392-110, Food Service and Sanitation in Residential Facilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(2) Each program that provides meals shall ensure that meals are not used as incentive or punishment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(3) Each program that provides meals provides nutritional counseling to staff and clients and designate staff responsible for food service. As part of these responsibilities, each program ensures that designated staff: (a) maintain a current list of each client with special nutritional needs; (b) ensure that each client with special nutritional needs has food storage and a preparation area that is not exposed to any identified allergen or contaminant; and (c) except in a day treatment program serving clients for less than ten hours a day, or outpatient programs serving clients for less than six consecutive hours a day, provide a variety of three nutritious meals a day that is: (i) served from dietician or nutritionist approved menus; or (ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA standard homeless settings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(4) Programs that provide meals establish and post kitchen rules and privileges in a kitchen according to client needs and safe food handling practices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(5) Programs that provide meals provide adequate dining space that is maintained in a clean and safe condition for each client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-17(6) Programs that provide self-serve meals ensure that self-serve kitchen users are supervised, directed, and trained by a staff that has a Department of Health food handler's permit or is trained by Serv-Safe, USDA, or a comparable program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-18(1) Each program shall ensure adequate staffing such that the current population can be safely supervised including, where necessary, more staff than required by the usual staffing ratio.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(2) Each program shall identify a manager or qualified designee who shall be immediately available when the program is in operation or there shall be 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"/>	
R501-1-18(3) Each program 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"/>	
R501-1-18(4) Each program serving substance use disorder shall ensure each staff and client is screened for tuberculosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(5) Each program managing, storing, or administering client medication shall identify a medical professional to be responsible for the medication management policy, medication oversight, and staff training regarding medication management.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(6) Each program or person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers as described in 21 CFR 1301.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Personnel Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-19(1). Each program 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"/>	
R501-1-19(2). Personnel information shall include: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Section R501-14-17; (c) a department code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any training records with the date completed, topic, and the individual's signed acknowledgment of training completion to include: (i) current CPR and First Aid certification; (ii) current policy and procedure training; and (iii) proof of annual department code of conduct and behavior management training; (e) any grievances or complaints made by or against the individual and actions taken by the program; and (f) each crisis intervention or critical incident report involving the individual.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Client Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-20(1) A program shall maintain client information to include the following: (a) client name, address, email address, phone numbers, date of birth and identified gender; (b) emergency contact names, including legal guardian where applicable, and at minimum, the emergency contact'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; (m) any grievances or complaints made by or against the client and actions taken by the program; (n) each crisis intervention or critical incident report involving the client; and (o) any signed agreements and consent forms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-20(2). There is a plan detailing how each program staff and client file will be maintained and remain available to the office and other agencies legally authorized to access the files for seven years regardless of whether the program remains licensed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-21(1). The program completes an intake screening before accepting a client into the program. Intake screenings assess at minimum: (a) verification that the client meets the eligibility requirements of the program; (b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve; (c) description of presenting needs; (d) suicide risk screening; and (e) a program serving substance use disorder clients may not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-21(3). Following determination of eligibility, the client or parent or guardian signs and receives copies of the following agreements to be maintained as client records: (a) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (b) signed consent for treatment that outlines: (i) rules of the program; (ii) expectations of clients, parents, and guardians; (iii) services to be provided; (iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services; (v) client rights; and (vi) licensing contact information.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-21(4). A discharge plan identify resources available to a client and include: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Additional Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-22(1). In residential facilities, an intake assessment is completed following an approved intake screening and no later than seven days from the admission date. The assessment considers and contains: (a) gender identity and individualized assessment for bedroom and bathroom assignments; (b) cultural background; (c) dominant language and mode of communication; (d) family history and dynamics; (e) current and past health and medical history; (f) social, psychological, developmental, vocational, and, as appropriate, educational factors; (g) suicide risk screening; and (h) authorization to serve and obtain emergency care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-22(2) A residential program serving children shall inform the parent or guardian and obtain signed verification of understanding that their child may be interviewed by a licensing representative in accordance with Subsection 62A-2-106-1(k).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-22(3). A program may not serve youth from out of state without a disruption plan as described in Section 62A-2-125 and, as applicable, Title 62A, Chapter 4a, Part 7, Interstate Compact Placement of Children	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-22(4). Each congregate care disruption plan must contain the following: (a) program must retain jurisdiction and responsibility for the youth while the youth remains in Utah; (b) a program must complete an individualized disruption plan at the time of intake for each out of state client to include: (i) who is responsible for the child's return if placement at the facility disrupts; (ii) current emergency contact information to include the name, address, phone and email address of the parent or responsible party; (iii) a signed statement from parent or responsible party outlining the plan for the youth in the event of an unplanned disruption in care; and (iv) a plan for safe transportation either to the state of origin, the responsible party identified in Subsection R501-122(3)(a) or to another licensed congregate care program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-22(5). Each congregate care program may demonstrate compliance with Subsections R501-1-22(2) and R501-1-22(3) by producing the 100A and 100B forms and disruption plan as required by the Interstate Compact for the Placement of Children (ICPC).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-22(6). Each congregate Care program shall report private placements to the office as described in Section 62A-2-125 by completing the congregate care out of state placement survey on the office website no later than the fifth business day of each month.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-22(7). Each congregate care program shall report each critical and non-critical restraint or seclusion to the office within one business day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Clinical Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-23(1). Programs providing clinical treatment assign a clinical director to ensure that assessment, treatment, and service planning practices are: (a) regularly reviewed and updated; (b) individualized; and (c) designed to involve the participation of each client or each client's parent or guardian.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(2). Programs providing clinical treatment ensure that each person working directly with a client is informed of the client's individual treatment needs and advised of the best approach to working with that client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(3). Programs providing clinical treatment ensure that client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(4). Program providing clinical treatment ensure that discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(5). Program providing clinical treatment ensure that each client identified for treatment receives individual treatment at least weekly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(6). Program providing group counseling, family counseling, skills development, or other treatment ensure the treatment is offered and documented as prescribed in the treatment plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Policy and Procedure Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-24. As submitted to the office, the program developed, implemented, and complied with policies and procedures sufficient to ensure client health and safety and meet the needs of the client population served.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Additional Policy and Procedure Requirements for Residential Programs	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-25(1). Residential programs that provide meals for clients have and follow a food service policy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-25(2). Residential programs managing, storing, or administering client medications have and follow a medication management policy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-25(3). Residential programs have a policy to train staff to identify and address critical risks including violence, suicide, mental health concerns, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-25(4). Residential programs have a policy regarding the care, vaccination, licensure, and maintenance of any animals on-site.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-25(5). Residential programs have a policy regarding client belongings policy that addresses: (a) initial and updated inventory signed by the client; (b) storage and return of each client belonging to the client or client's guardian at the time of discharge; and (c) program shall replace any lost or stolen items for which the program is responsible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-25(6). A program managing funds for client allowances must document each expense.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-25(7). Residential programs develop and follow a policy for providing separate space for sick clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Congregate Care Program Additional Policy and Procedure Requirement	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-26. A Congregate Care Program does not utilize any behavior management technique, restraint, seclusion, or curriculum unless it has been approved by the office. They do not use cruel, severe, unusual, or unnecessary practice on a child, including: (a) a strip search unless the congregate care program determines and documents that a strip search is necessary to protect an individual's health or safety; (b) a body cavity search unless the congregate care program determines and documents that a body cavity search is necessary to protect an individual's health or safety; (c) inducing pain to obtain compliance; (d) hyperextending joints; (e) peer restraints; (f) discipline or punishment that is intended to frighten or humiliate; (g) requiring or forcing the child to take an uncomfortable position, including squatting or bending; (h) for the purpose of punishing or humiliating, requiring or forcing the child to repeat physical movements or physical exercises such as running laps or performing push-ups; (i) spanking, hitting, shaking, or otherwise engaging in aggressive physical contact; (j) denying an essential program service; (k) depriving the child of a meal, water, rest, or opportunity for toileting; (l) denying shelter, clothing, or bedding; (m) withholding personal interaction, emotional response, or stimulation; (n) prohibiting the child from entering the residence; (o) abuse as defined in Section 80-1-102; and (p) neglect as defined in Section 80-1-102	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Outdoor Youth Program - Inspection Checklist

(Revised 08/2023)

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

Administration	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-3(1) 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 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
R501-8-4(4). Each client has clothing and equipment to protect them from the environment. This equipment is never be removed, denied, or made unavailable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(5). 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(6). Deprivation of essential equipment or items is not used as a consequence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(7). 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(8). 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(9). 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(10). A field staff in each group carries a means to accurately measure and display the current temperature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(11). Each expedition plan including map routes, anticipated schedules, and times is carried by the field staff and recorded in the field office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(12). 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(13). 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(14). Program administration trains each staff regarding the standards of this section and regularly monitors and ensures compliance.	<input 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
R501-8-5(1). 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-5(2). 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-5(3). 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-8-5(4). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-5(5). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-5(6). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-5(7). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-5(8). The outdoor youth program has a licensed physician and mental health professional accessible to each client.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-5(9). 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 checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Client Supervision and Ratios	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-6(1). Each youth group is directly supervised by at least two direct care staff, one of which is a direct care senior field staff.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-6(2). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-6(3). Each volunteer is counted as a client in figuring staff to client ratios.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-6(4). Field group size does not exceed the number specified by federal, state, or local agencies in whose jurisdiction the program is operated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Staff Training	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-7(1). The outdoor youth program provides at least 80 hours initial staff training.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-7(2). 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, and 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-7(3). At least 80 hours of initial staff training is completed, documented, and maintained in each staff personnel file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-7(4). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-8-7(5). Each initial staff training and demonstration of proficiency is completed and documented before the staff may count in the staff client ratio.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-7(6). The program provides and documents on-going staff training to improve proficiency in knowledge and skills and to maintain certifications.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Staff Health Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-8(1). 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"/>		<input type="checkbox"/>	
Client Admission Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-9(1). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-9(2). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-9(3). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-9(4). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-9(5). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-9(6). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-9(7). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Water and Nutritional Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-10(1). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-10(2). In temperatures above 90 degrees F., staff make sure each client's fluid intake is at least three quarts of water per day.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-10(3). Each field group in the field always has electrolyte replacement available.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-10(4). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-10(5). Potable water is available at each campsite. Water cache location information is verified with field staff before the group leaves camp each day.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-10(6). No expedition group depends on aerial drops for water. Aerial water drops are used for emergency situations only.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-8-10(7). Water from natural sources is made safe to drink through boiling, filtering, or disinfection in accordance with the center for disease control guidance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-10(8). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Health Care	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-11(1). The outdoor youth program provides first aid treatment promptly.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-11(2). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-11(3). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-11(4). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-11(5). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-11(6). A foot check is conducted at least twice daily and documented.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Safety	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-12(1). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-12(2). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Field Office	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-13(1). The program maintains a field office.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-13(2). Communication systems between the field and the field office are monitored 24 hours a day when clients are in the field.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-13(3). Support staff respond immediately to any emergency situation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-13(4). Support staff on duty are within one hour of any field group.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-13(5). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-13(6). 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Environmental Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-8-14(1). The outdoor youth program adheres to land use agency requirements including sanitation and low impact camping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-14(2). Each client is continuously supervised in the observance of low impact camping requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-14(3). Personal hygiene supplies are of biodegradable materials or packed out and properly disposed of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Evaluation	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-15(1). 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-15(2). 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Individual Experiences	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-16(1). 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Stationary Campsites	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-17(1). 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 type="checkbox"/>		<input type="checkbox"/>	
R501-8-17(2). 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 type="checkbox"/>		<input type="checkbox"/>	

ADDITIONAL INFORMATION

Residential Support Programs - Inspection Checklist

(Revised 08/2023)

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

Administration	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-3(2). If the residential support program offers treatment, they obtained the appropriate categorical department license for that treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-3(4). The residential support does not require treatment as a condition of admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-4(1). If the residential support program serving adults is an emergency homeless shelter or a domestic violence shelter, they provide 24-hour supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-4(2). The program established a policy and procedure that identifies each situation requiring medical attention and how the program will meet the client's medical needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-4(3). If the residential support program accepts the services of a student or volunteer, they provide screening, training, and evaluation for each student or volunteer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-4(4). Each volunteer that provides care without a paid staff present in any emergency homeless shelter or domestic violence shelter has direct communication access to designated staff and has a cleared background screening prior to unsupervised client access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-4(5). Each volunteer is informed verbally and in writing of program objectives and the scope of service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-4(6). The emergency homeless shelter is able to provide the following information regarding each client or has documented reasons why each piece of information is not obtainable: (a) name; (b) date of birth; (c) race; (d) ethnicity; (e) gender; (f) veteran status; (g) disabling condition; (h) start date; (i) exit date; (j) destination; (k) relationship to head of household; (l) service location; (m) prior living situation; (n) case management log and service plan, where applicable; (o) information that could affect health, safety, or well-being, include medication needs; (p) documentation, which must be updated to include each service and contact and must be summarily updated at 90-day intervals; and (q) service plans, which emphasize self-sufficiency and identify and refer to applicable sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-4(7). Documentation for each client remains in effect for re-opening for 30 days past the last shelter stay with the exception of single night stays.	<input 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
R501-22-5(1). Except as otherwise provided in this section, the residential support program has at least one bathroom for every ten clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(2). A domestic violence shelter and emergency homeless shelter may allow family members to share a bathroom. Where a bathroom is shared by more than one family or by children over the age of eight, either the child's parent or program staff ensures that client privacy is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(3). The emergency homeless shelter may exceed the bathroom ratio set forth in Subsection R501-22-5(1) if: (a) each bathroom ratio is approved by either the local authority that determines capacity or the Department of Health; (b) each bathroom ratio specifically designated for males and females in adult-only nightly shelter settings; (c) each bathroom is inspected, cleaned, and re-stocked daily and as needed; (d) the emergency homeless shelter ensures individual privacy in bathing and toileting; (e) each individual with disabilities has access to at least one locking bathroom or stall; and (f) each emergency homeless shelter accommodates each parent's needs for changing, toileting, and bathing their children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(4). The emergency homeless setting has a policy to identify how to manage emergency overflow when capacity has been reached during extreme weather conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(5). The residential support program has a policy and procedure that allows and encourages each client to have clean linen at least weekly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(6). An emergency homeless program may have portable beds, cots, or mats to accommodate fluctuating client volume.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-22-5(7). The residential support program provides clean bedding to each client as needed. Bedding is laundered at least weekly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(8). Each family may be permitted to share bedroom space with rules outlined by the program as described in this rule and in dormitory settings allowed by this rule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(9). The following bedroom standards apply to domestic violence shelters, family support centers, temporary homeless youth shelters, emergency homeless family shelters, and children's shelters: (a) Each program shall provide at least 40 square feet per client in a multiple occupancy bedroom. Storage space and the use of one crib for children under two years of age shall not be counted in the square foot requirement as long as the crib does not inhibit access to and from the room. (b) Each program may use roll away and hide-a-beds as long as the client square foot requirement is maintained. (c) Each family member is allowed to share a bedroom with another family member. Where a bedroom is shared by more than one family, program staff shall make appropriate arrangements to ensure client privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(10). If temporary youth shelter, they ensure that children in a temporary youth shelter with their own children have at least 40 square feet per person in a separately enclosed bedroom that houses only children that have their own children. Storage space may not be counted in the square foot requirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(11). If emergency homeless shelter, temporary homeless youth shelter, and receiving center, they ensure that the standards of this subsection are met. (a) Dormitory style bedrooms may be permitted with square footage and capacity determinations made by the local fire authority. Capacity determinations shall include any staff present in the facility. (b) If the local fire authority does not identify capacity, licensing square footage requirements apply. (c) There is a policy to identify how to manage overflow when capacity has been reached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(12). The program outlines policies and procedures regarding: (a) rules and guidelines for each family or mixed gender sharing the same dormitory space or bedroom, including each individualized bedroom assignment; (b) securing personal belongings; (c) responsibility for each client supervising the client's own children; (d) conflict resolution; (e) nuisance and disruptive behavior; (f) housekeeping responsibilities; (g) daily schedules; (h) prohibited items; and (i) search policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(13). If the program requires a client to provide the client's own laundry supplies and locate a laundromat for laundering, the program has a policy to assist each client on a limited basis when the client is unable to provide the client's laundry supplies and locate a laundromat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Specialized Services for Clients With Substance Use Disorders	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-6(1). The program does not admit anyone who is currently experiencing convulsions, shock, delirium tremens, unconsciousness, or is in a coma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-6(2). The residential support program potentially serving clients with substance use disorder provides evidence of ongoing coordination with the local health authorities regarding managing communicable diseases within the licensed setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-6(3). Staff are informed regarding: (a) various types of communicable diseases; (b) recognizing signs and symptoms of communicable diseases; (c) steps to take when a potential disease is identified or an outbreak occurs; and (d) screening staff and clients for risk of tuberculosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Specialized Services or Programs Serving Children Each residential support program serving only child populations is considered "congregate care" and must adhere to each requirement for background clearances, policy development and behavior management practices.	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-7(2). The residential support program provides clean and safe age appropriate toys for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-7(3). The residential support program provides an outdoor play area enclosed with a five-foot safety fence or enclosure as otherwise required by local ordinances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-7(4). Only a custodial parent, legal guardian, or person designated in writing is allowed to remove any child from the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-7(5). The residential support program provides adequate staff to supervise children or be available to monitor parents supervising their own children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-7(6). The residential support program complies as required with the Interstate Compact on the Placement of Children (ICPC), including by ensuring the disruption plan is followed when a minor presents at a shelter as a result of a failed ICPC placement in a Utah residential setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Specialized Services for Domestic Violence Shelters	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-8(1). The domestic violence shelter provides to the client, verbally and in writing, and document shelter rules, reasons for termination, and confidentiality issues.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-8(2). The parent is responsible for supervising the parent's child while at the shelter. If a parent is required to be away from the shelter or involved in shelter activities without the parent's child, the parent arranges for appropriate child-care services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-8(3). The domestic violence shelter action plan includes: (a) a review and discuss with each victim danger and lethality and discuss the level of the victim's risk of safety assessment; (b) review the victim's safety plan with each victim; (c) review the procedure for a protective order and a refer the victim to the appropriate agency or clerk of the court authorized to issue the protective order; and (d) review supportive services for each client, including medical care, self-sufficiency, day care, legal assistance, financial assistance, and housing assistance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-8(4). The program facilitates connecting services to identified resources.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-8(5). An appropriate referral is made and documented when indicated in the client record for victim treatment, psychiatric consultation, drug and alcohol treatment, or other allied service.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-8(6). The domestic violence shelter staff completing an action plan are supervised by an experienced and trained domestic violence provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Specialized Services for Temporary Homeless Youth Shelters	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-9(1). The temporary homeless youth shelter provides a staff ratio of at least one direct care staff for every ten children.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-9(2). Each individual admitted is under the age of 18.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-9(3). Each child may be admitted with the child's own biological children.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-9(4). Each temporary homeless youth shelter may provide shelter to an individual that is older than 18 but younger than 21 under the following conditions: (a) each individual that is older than 18 but younger than 21 is placed in age and gender appropriate sleeping quarters away from the minor population; (b) each individual that is older than 18 but younger than 21 remains in the program voluntarily and is made aware of program rules and the repercussions of criminal behavior as an adult; (c) a ratio of at least one staff to every ten clients is maintained; and (d) children and individuals who are older than 18 but younger than 21 shall be assessed by a facility staff that is a mental health therapist, as described in Section 58-60-102, to determine whether the individual is at imminent risk of harming themselves or others. Individuals that are assessed as at imminent risk shall be referred to programs qualified to serve them.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-9(5). The temporary youth homeless shelter documents and maintain individualized assessments of risk of harm and justification for each client admitted in the youth setting.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-9(6). The temporary homeless youth shelter complies with Utah Statute Section 80-5-601 regarding mandatory notifications for harboring a runaway child.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-9(7). The temporary homeless youth shelter complies with Section 62A-2-108.1 to coordinate educational requirements for each individual.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-9(8). The temporary homeless youth shelter coordinates and transition each client to a more appropriate setting when the client is unable to remain in the youth setting.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Specialized Services for Emergency Homeless Shelters	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-10(1). The emergency shelter prioritizes the safety of those needing services and emphasize transitioning into a more permanent housing setting.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-10(2). The emergency homeless shelter ensures that no less than two direct care staff are always present and available. A ratio shall be maintained of no fewer than one staff present for every 40 clients during weekday daytime hours. Ratios may be increased as needed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-10(3). The emergency homeless shelter may deviate from the staffing and capacity ratio requirements of Subsection R501-22-10(2) in emergency homeless settings during extreme weather, on weekends, and during sleeping hours if: (a) the program has a documented chain of command for on-call availability; (b) the program has a surveillance camera system; (c) the program has an emergency radio onsite and each staff on-duty are trained regarding how and when it is to be used; or (d) the program identifies and can rely upon other means of back up support in case of emergency.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-22-10(4). The emergency homeless shelter requires each adult resident to sign an agreement form at admission which outlines that visitors are allowed on premises to assist with housing, food stamps, assessments, religious, social and other client-specific needs. Each agreement outlines that participation in any meetings or groups with these visitors is strictly voluntary. Each client signature on the form and voluntary participation in the visitation constitutes the client's invitation to these visitors in the department licensed setting. Each client that has not signed the agreement does not participate in any voluntary services offered onsite. Staff in the homeless setting may not be considered a visitor as outlined in this section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Specialized Services for Programs Serving Clients of the Division of Services for People with Disabilities	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-11(1). In accordance with the federal Home and Community-Based Services (HCBS) Settings final rule, programs serving HCBS Waiver clients complete and adhere to the characteristics of a compliant setting outlined in the residential attestation agreement form and self-assessment survey for each licensed site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-11(2). Copies of the residential attestation agreement form and self-assessment are located in program documentation and updated as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-11(3). In the event of a conflict between this rule and the Settings Final Rule the Settings rule shall prevail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Receiving Centers Each receiving center may be licensed under multiple license types to be able to assess and triage immediate client needs. Each receiving center may offer short-term residential support that is intended to mitigate the initial identified problem, stabilize each client, and return each client to the community as quickly and safely as possible.	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-12(3). The receiving center outlines in policy and procedure and consumer agreements how each population will be separated and maintained and under which circumstances interactions between populations will be permitted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-12(4). The receiving center includes individualized clinical documentation for each instance in which a stay lasts longer than 30 days. The individualized clinical documentation outlines the ongoing need and anticipated time frame during which the client will remain in the receiving center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-12(5). Each placement in a receiving center is a voluntary alternative to a more restrictive placement. A receiving center may not mandate treatment as a condition to residence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Residential Treatment Programs - Inspection Checklist

(Revised 08/2023)

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

Administration	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-19-3(2). The residential treatment program serving a child provides direct supervision that meets supervision and ratio requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(3). The residential treatment program serving a child has no less than two direct care staff on duty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(4). The residential treatment program serving a child maintains a staff to client ratio of no less than one staff to every four clients or as otherwise dictated in department contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(5). Except as provided under Section R501-19-4, a residential treatment program serving a child may decrease the staff to client ratio during client sleeping hours to one staff to every 16 clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(6). The residential treatment program serving a child only decreases the number of staff as described in Section R501-19-4 if: (a) each client is appropriately supervised to ensure health and safety at the ratio; and (b) each direct care staff remains awake while on duty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(7). The residential treatment program increases each staff to client ratio as necessary to ensure the health and safety of the current client population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(8). Direct supervision is only performed by direct care staff who are in physical proximity to the clients and actively supervising with line-of-sight check-ins no less frequently than every 15 minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(9). Except in an emergency situation that is caused by a client's behavior or medical needs, each direct care staff assigned to a one-on-one or line-of-sight supervision is not counted at the same time in the staffing ratio for any other client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(10). The program policy includes how the program will accommodate client privacy in each bedroom space while assuring client health and safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(11). The residential treatment program may utilize on-site video surveillance to directly supervise a client in time out or seclusion or as an enhancement to minimum supervision ratio requirements. 15-minute physical check-ins must be conducted and documented when a client is being monitored by video.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(12). Video surveillance in bedrooms is only used by a residential treatment program: (a) with client, parent, or guardian permission; (b) when there is a documented need; (c) when the programs monitor cameras or checks in at intervals of 15-minutes or less; and (d) in a program serving an individual with disabilities, where video surveillance is in compliance with Rule R539-3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(13). A residential treatment program serving a child may provide step-down privileges to include unsupervised time and authorized departures from the program if: (a) the program maintains a 1:4 direct care staff to client ratio; (b) the program documents in the client record and communicates to each of the client's direct care staff individualized justification for the step-down privileges and which privileges are authorized by a clinical professional; (c) the program obtains written parental or guardian consent prior to allowing step-down privileges; and (d) the program provides to each client and parent or guardian a policy that includes: (i) a description of what constitutes authorized departure and unsupervised time; (ii) a description of how each step-down privilege, including authorized departure or unsupervised time, is achieved and rescinded; (iii) a policy that the program will immediately communicate to each client parent or guardian and direct care staff when the step-down privileges have been rescinded; and (iv) a statement that no step-down client is permitted to perform any direct care staff duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(14). A residential treatment program serving adults may admit a 17-year-old under the following circumstances: (a) the program obtains written permission from the individual's parent or legal guardian; (b) the program provides clinical justification; (c) the program ensures that the individual sleeps in a separate room from adults or a room that the individual shares with adults no more than two years older than the individual; (d) the program ensures that any adult with direct access to the 17-year-old is directly supervised by a direct care staff; and (e) the program ensures enhanced safety and supervision measures for treating a minor in an adult setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(15). The residential treatment program providing services to a substance use disorder client: (a) only admits a substance use disorder client with a level of care that falls within American Society of Addiction Medicine levels 3.1 through 3.5; and (b) obtains any required licenses before providing any service to a substance use disorder client outside of the residential milieu with a level of care described in Subsection R501-19-3(16).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-19-3(16). The residential treatment program makes any necessary accommodation before allowing a child to continue the child's education with a curriculum approved by the State Board of Education.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(17). A program that provides education utilizes a curriculum that is recognized by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(18). A program that allows a client to participate in meal preparation ensures proper training and justify the client's participation in writing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(19). The residential treatment program provides individual, group, and family counseling or other treatment, including skills development, at least weekly or as outlined in the individual's treatment plan.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(20). A residential treatment program that provides therapeutic service such as life skill development, psychoeducation, or social coaching is included in the therapeutic environment and be overseen by a clinical professional.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(21). The residential treatment program documents the time and date of each service provided to each client. Any documentation includes the signature of the individual providing service.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(22). The residential treatment program provides indoor space for free and informal client activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Requirements for Intermediate Secure Treatment	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-19-4(1). The intermediate secure treatment program clearly defines in policy the responsibilities of the manager described in Section R501-1-18.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-4(2). Subsection R501-19-3(4) does not apply to an intermediate secure treatment program serving youth. Intermediate secure treatment programs serving youth maintain a staff to client ratio of no less than one staff to every five clients.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-4(3). The manager described in Section R501-1-18: (a) is at least 25 years of age; (b) has a BA or BS degree or equivalent training in a human services related field; and (c) has at least three years management experience in a residential or secure treatment setting.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-4(4). Each direct care staff working in an intermediate secure treatment program is trained to work with a child with behavioral or mental health needs and works under the supervision of a licensed clinical professional.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-4(5). In addition to the direct care staff training requirements described in Subsection R501-1-14(5), each direct care staff working in an intermediate secure treatment program receives 30 hours of additional training annually that includes training on the following topics: (a) human relations and communication skills; (b) the special needs of children and families; (c) problem solving and guidance; (d) client rules and regulations; (e) client record and incident documentation ; (f) maintaining staff, client, and visitor safety in a secure setting; and (g) universal precautions for bloodborne pathogens.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-4(6). The intermediate secure treatment facility incorporates the use of fixtures and furnishings that help limit self-harm and suicide. Such fixtures and furnishings include: (a) plexiglass or safety glass; (b) recessed lighting; (c) sealed light fixtures; (d) non-exposed fire sprinkler heads; and (e) pressure release robe hooks.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Specialized Services Required to Serve Clients Under the Division of Services for People with Disabilities	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-19-5(1). The residential treatment program made policy and procedures governing each facility daily operation and activity available to each client and visitor. Each policy and procedures governing facility daily operation and activity applies to any individual that enters the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-5(2). The residential treatment program specifies, in policy, the amount of time non-client individuals may stay as overnight guests.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-5(3). The residential treatment program presents each client with an individual plan that addresses appropriate day treatment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-5(4). The residential treatment program shares with each client a monthly activity schedule.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-5(5). The residential treatment program maintains a record of income earned and unearned, and client service fees.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-5(6). The residential treatment facility is located within a reasonable distance from school, church, recreation, and other community facilities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-19-5(7). The residential treatment program maintains an accurate record of each fund deposited with the residential facility for client use. This record contains a list of each deposit and withdrawal.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-5(8). The residential treatment program substantiates client purchase of over \$20 with receipts signed by the client and professional staff. The residential treatment program keeps a record of each client petty cash fund.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-5(9). The residential treatment program, in conjunction with the support coordinator for the Division of Services for People With Disabilities and each client's parent or guardian, applies for unearned income benefits for which a client is entitled.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-9(10). In the event of a conflict between licensing rule and the Federal Home and Community Based Settings Final rule, the settings rule shall prevail.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Day Treatment Programs - Inspection Checklist

(Revised 08/2023)

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

Administration	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-20-4(B). A list of current consumers shall be available and on-site at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-20-5(A). The program shall have an employed manager who is responsible for the day to day supervision and operation of the facility. The responsibilities of the manager shall be clearly defined. Whenever the manager is absent, there shall be a substitute available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-5(B). The program shall have a staff person trained, by a certified instructor, in first aid and CPR on duty with the consumers at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-5(C). Staffing Ratios 1. The minimum ratio shall be one direct care staff to ten consumers. In Division of Services for People With Disabilities programs, consumer ratios shall be determined by type of activity. 2. When 10% or more of the consumers are non-ambulatory, the ratio shall be one direct care staff to seven consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-5(D). Professional staff shall include the following individuals who have received training in the specific area listed below: 1. Mental Health a. a licensed physician, or consulting licensed physician, b. a licensed psychologist, or consulting licensed psychologist, c. a licensed mental health therapist or consulting licensed mental health therapist, and d. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or a consulting licensed advanced practice registered nurse-psychiatric mental health nurse specialist. e. If unlicensed staff are used they shall be supervised by a licensed clinical professional. 2. Substance Abuse a. a licensed physician or consulting licensed physician, b. a licensed psychologist or consulting licensed psychologist, c. a licensed mental health therapist or consulting licensed mental health therapist, and d. a licensed substance abuse counselor or unlicensed staff who work with substance abuses shall be supervised by a licensed clinical professional. 3. Children and Youth a. a licensed physician, or consulting licensed physician, b. a licensed psychologist, or consulting licensed psychologist, c. a licensed mental health therapist or consulting licensed mental health therapist, to provide a minimum of one hour of service per week per consumer enrolled in the program, and d. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or consulting licensed advanced practice registered nurse-psychiatric mental health nurse specialist. e. If unlicensed staff are used, they shall be trained to work with emotionally and behaviorally disturbed, or conduct disordered children and youth and shall be under the supervision of a licensed clinical professional. 4. Services for People With Disabilities a. a staff person responsible for consumer supervision and operation of the facility, and b. trained staff to provide the services and treatment stated in the consumer's plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Direct Service	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-20-6(A). Day treatment activity plans shall be prepared to meet individual consumer needs. Daily activity plans may include behavioral training, community living skills, work activity, work adjustment, recreation, self-feeding, self-care, toilet training, social appropriateness, development of gross and fine motor skills, interpersonal adjustment, mobility training, self-sufficiency training, and to encourage optimal mental or physical function, speech, audiology, physical therapy, and psychological services, counseling, and socialization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-6(B). A daily activity or service schedule shall be designed and implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-6(C). While on-site, consumers shall be supervised as necessary and encouraged to participate in activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-6(D). All consumers shall be afforded the same quality of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Physical Environment	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-20-7(A). The program shall provide written documentation of compliance with the following: 1. local zoning ordinances, 2. local business license requirements, 3. local building codes, 4. local fire safety regulations, 5. local health codes, and 6. local approval from the appropriate government agency for new program services or increased consumer capacity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-20-7(B). Building and Grounds 1. The program shall ensure that the appearance and cleanliness of the building and grounds are maintained. 2. The program shall take reasonable measures to ensure a safe physical environment for consumers and staff.	<input 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
R501-20-8(A). The program shall have a minimum of fifty square feet of floor space per consumer designated specifically for day treatment. Hallways, office, storage, kitchens, and bathrooms will not be included in computation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-8(B). Outdoor recreational space and compatible recreational equipment shall be available when necessary to meet treatment plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-8(C). Furniture and equipment shall be of sufficient quantity, variety, and quality to meet program and consumer needs and shall be maintained in a clean and safe condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-8(D). The program shall have locked storage for hazardous chemicals and materials, according to the direction of the local fire authorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-8(E). Equipment Equipment for work activities shall be kept in safe operating condition. 1. Power equipment shall be installed and maintained in accordance with the National Electrical Code. 2. When operating power equipment, the operator shall wear safe clothing and protective eye gear. 3. Rings and watches are not to be worn, and long hair shall be confined when operating power equipment. 4. Consumer exposure to hazardous materials shall be controlled as defined in Utah State Industrial Regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-8(F). Bathrooms 1. The program shall have one or more bathrooms each for males and females in accordance with current uniform building codes. They shall be maintained in good operating order and in a clean and safe condition. 2. Bathrooms shall accommodate consumers with physical disabilities as required. 3. Bathrooms shall be properly equipped with toilet paper, towels, soap, and other items required for personal hygiene. 4. Bathrooms shall be ventilated by mechanical means or equipped with a screened window that opens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Food Service	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-20-9(A). One person shall be responsible for food service. If this person is not a professionally qualified dietitian, regularly scheduled consultation with a professionally qualified dietitian shall be obtained. Meals served shall be from dietitian approved menus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-9(B). The person responsible for food service shall maintain a current list of consumers with special nutritional needs and record in the consumers service record information relating to special nutritional needs and provide for nutrition counseling where indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-9(C). When meals are prepared by consumers, there shall be a written policy to include the following: 1. rules of kitchen privileges, 2. menu planning and procedures, 3. nutritional and sanitation requirements, and 4. schedule of responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-9(D). The program shall provide adequate storage and refrigeration for meals carried to the program by consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-9(E). Kitchens shall have clean, operational equipment for the preparation, storage, serving, and clean up of all meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-9(F). Adequate dining space shall be provided for consumers. The dining space shall be maintained in a clean and safe condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Medication	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-20-10(A). Prescriptive medication shall be provided as prescribed by a qualified person according to the Medical Practices Act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-20-10(B). The program shall have locked storage for medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-10(C). The program shall have written policy and procedure to include the following: 1. self administered medication, 2. storage, 3. control, and 4. release and disposal of drugs in accordance with federal and state regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Outpatient Treatment Programs - Inspection Checklist

(Revised 08/2023)

**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
R501-21-4(2). Programs shall have current program information readily available to the Office and the public, including a description of: (a) program services; (b) the client population served; (c) program requirements and expectations; (d) information regarding any non-clinical services offered; (e) costs, fees, and expenses that may be assessed, including any non-refundable costs, fees or expenses; and (f) complaint reporting and resolution processes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-4(3). The Program shall: (e) disclose any potential conflicts of interest to the Office; (f) ensure that staff are licensed or certified in good standing as required and that unlicensed individuals providing direct client services shall do so only in accordance with the Mental Health Professional Practices Act;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-4(8). Programs shall maintain documentation of all critical incidents; critical incident reports shall contain: (a) time of incident; (b) summary of incident; (c) individuals involved; and (d) program response to the incident.	<input 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
R501-21-5(1). Space shall be adequate to meet service needs and ensure client confidentiality and comfort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(4). Programs offering supplemental services or activities in addition to outpatient treatment shall: (a) remain publically transparent in the use of the equipment, practices and purposes; (b) ensure the health and safety of the consumer; (c) gain informed consent for participation in supplemental services or activities; and (d) provide verification of all trainings or certifications as required for the operation and use of any supplemental equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(6). The program site shall provide access to a toilet and lavatory sink in a manner that ensures basic privacy, and shall be: (a) stocked with toilet paper, soap, and paper towels/dryer; and (b) maintained in good operating order and kept in a clean and safe condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(7). The program shall ensure that the physical environment is safe for consumers and staff and that the appearance and cleanliness of the building and grounds are maintained.	<input 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
R501-21-6(1). All substance use disorder treatment programs shall develop and implement a plan on how to support opioid overdose reversal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-6(2). Maintain proof of completion of the National Survey of Substance Abuse Treatment Services (NSSATS) annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-6(3). Medication-assisted treatment (MAT) in substance use disorder programs shall: (a) maintain a program-wide counselor to MAT consumer ratio of: 1:50; (b) assure all consumers see a licensed practitioner that is authorized to prescribe controlled substances at least once yearly; (c) show proof of completion of federally required physician training for physicians prescribing buprenorphine; (d) admit consumers to the program and prescribe, administer or dispense medications only after the completion of a face-to-face visit with a licensed practitioner having authority to prescribe controlled substances who confirms opioid dependence. A licensed practitioner having authority to prescribe controlled substances must approve every subsequent dose increase prior to the change; (e) require all consumers admitted to the program to participate in random drug testing. Drug testing will be performed by the program a minimum of two times per month for the first three months of treatment, and monthly thereafter; except for a consumer whose documented lack of progress shall require more frequent drug testing for a longer period of time; (f) require that consumers participate in at least one counseling session per week for the first 90 days. Upon documented successful completion of this phase of treatment, consumers shall be required to participate in counseling sessions at least twice monthly for the next six months. Upon documented successful completion of nine months of treatment, consumers shall be seen by a licensed counselor at least monthly thereafter until discharge; and (g) require one hour of prescribing practitioner time at the program site each month for every ten MAT consumers enrolled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-21-6(4). MAT Programs prescribing, administering or dispensing Methadone (Opioid Treatment Programs) shall: (a) maintain Substance Abuse and Mental Health Services Administration (SAMHSA) certification and accreditation as an opioid treatment program. (b) comply with DSAMH Rule R523-10 Governing Methadone and other opioid treatment service providers; (c) employ a: (i) licensed physician who is an American Society of Addiction Medicine certified physician; or (ii) prescribing licensed practitioner who can document specific training in current industry standards regarding methadone treatment for opioid addictions; or (iii) prescribing licensed practitioner who can document specific training or experience in methadone treatment for opioid addictions; and (d) provide one nurse to dispense or administer medications for every 150 Methadone consumers dosing on an average daily basis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-6(5). Certified DUI Education Programs (a) Only programs certified with the Division of Substance Abuse and Mental Health (DSAMH) to provide Prime for Life education in accordance with and R523-11 shall provide court ordered DUI education. (b) Certified DUI education programs shall: (i) complete and maintain a substance use screening for each participant prior to providing the education course; (A) screenings may be shared between providers with client written consent.; (ii) provide a workbook to each participant to keep upon completion of the course; (iii) ensure at least 16 hours of course education; and (iv) provide separate classes for adults and youth. (c) Any violations of this rule section will be reported to DSAMH for evaluation of certification.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Domestic Violence	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-21-7(1). Domestic Violence (DV) treatment programs shall comply with generally accepted and current practices in domestic violence treatment, and shall meet the following requirements: (a) maintain and document cooperative working relationships with domestic violence shelters, treatment programs, referring agencies, custodial parents when the consumer is a minor, and local domestic violence coalitions; (i) treatment sessions for children and victims shall offer a minimum of ten sessions for each consumer, not including intake or orientation; (b) if the consumer is a perpetrator, program contact with the victims, current partner, and the criminal justice referring agencies is also required, as appropriate; (i) In accordance with UCA50-60-102(5), a Licensed Mental Health Therapist shall complete a domestic violence treatment evaluation for each offender to include individualized recommendations for the offender's treatment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-7(2). Staff to Consumer Ratio (a) The staff to consumer ratio in adult treatment groups shall be one staff to eight consumers, for a one hour long group; or one staff to ten consumers for an hour and a half long group. The maximum group size shall not exceed 16. (b) Child victim, or child witness groups shall have a ratio of one staff to eight children, when the consumers are under 12 years of age; and a ratio of one staff to ten children when the consumers are 12 years of age and older.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-7(3). Client Intake and Safety (a) When any consumer enters a treatment program, the staff shall conduct an in-depth, face-to-face interview and assessment to determine the consumer's clinical profile and treatment needs. The evaluation in R501-23-7 shall count for this assessment when the consumer is an offender. (b) For perpetrator consumers, additional information shall be obtained from the police incident report, perpetrator's criminal history, prior treatment providers, the victim, or victim advocate. (c) When appropriate, additional information for child consumers shall be obtained from parents, prior treatment providers, schools, and Child Protective Services. (d) When any of the above cannot be obtained, the reason shall be documented. (e) The assessment shall include the following: (i) a profile of the frequency, severity, and duration of the domestic violence behavior, which includes a summary of psychological violence; (ii) documentation of any homicidal, suicidal ideation and intentions, as well as abusive behavior towards children; (iii) a clinical diagnosis and a referral for evaluation to determine the need for medication, if indicated; (iv) documentation of safety planning when the consumer is an adult victim, child victim, or child witness; and that they have contact with the perpetrator; (A) for victims who choose not to become treatment consumers, safety planning shall be addressed when they are contacted; and (v) documentation that appropriate measures have been taken to protect children from harm.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-21-7(4). Treatment Procedures (a) Consumers deemed appropriate for a domestic violence treatment program shall have an individualized treatment plan, which addresses all relevant treatment issues. (b) Consumers who are not deemed appropriate for domestic violence programs shall be referred to the appropriate resource, with the reasons for referral documented, and notification given to the referring agency. (c) Domestic violence counseling shall be provided concurrently with, or after other necessary treatment, when appropriate. (d) Conjoint or group therapy sessions with victims and perpetrators together, or with both co-perpetrators, shall not be provided until a comprehensive assessment has been completed to determine that the violence has stopped, and that conjoint treatment is appropriate. (e) The perpetrator must complete a minimum of 4 domestic violence treatment sessions, unless otherwise noted in the offender evaluation recommendations prior to the provider implementing conjoint therapy. (f) A written procedure shall be implemented to facilitate the following, in an efficient and timely manner: (i) entry of the court ordered defendant into treatment; (ii) notification of consumer compliance, participation, or completion; (iii) disposition of non-compliant consumers; (iv) notification of the recurrence of violence; and (v) notification of factors which may exacerbate an individual's potential for violence. (g) The program shall comply with the "Duty to Warn," Section 78B-3-502. (h) The program shall document specialized training in domestic violence assessment and treatment practices, including 24 hours of Utah Association for Domestic Violence Treatment (UADVT) pre-service training, within the last two years; and 16 hours annual training thereafter for all individuals providing treatment service. (i) Clinical supervision for treatment staff that are not clinically licensed shall consist of a minimum of one hour per week to discuss clinical dynamics of cases.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-7(5). Training (a) Training that is documented and approved by the designated Utah DHS DV Specialist Regarding assessment and treatment practices for treating: (i) DV victims; and (ii) DV perpetrators.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-7(6). Programs must disclose all current DHHS contracts and actions against the contract to the Office.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-7(7). Programs must disclose all current Accreditations and actions against accredited status to the Office.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

General Provisions - Inspection Checklist						
(Revised 08/2023)						
C = Compliant NC = Not Compliant NA = Not Assessed during this inspection						
Licensing Application and Monitoring Procedures	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-4(1)(c) An applicant or a licensee shall permit the office to have immediate, unrestricted access to: (i) each site subject to licensing; (ii) any on and off-site program and client records; and (iii) each staff and client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Changes	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-6. Any changes to the license, services, ownership, capacity, location, and contact information were properly reported and processed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Variances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-8. The provider is in compliance with the terms of approved rule variances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Required Approvals	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-9. All required policies, curriculums, and updates have been approved by OL before implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Investigations of Alleged Noncompliances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-11. All reportable critical incidents were properly reported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Licensee Noncompliance	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-12. If the license has been suspended or revoked, the provider does not accept new clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Administration and Direct Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-13(1) A program shall transparently 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; (e) each program requirement and expectation; (f) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served, including: (i) an outline of which behaviors and presenting issues would be reason for discharge or exclusion from the program; and (ii) the program may not take placement of a child whose needs exceed the scope or ability of the program to reasonably manage; (g) each cost, fee, and expense for a service and refund policy; and (h) identification of each non-clinical, extracurricular, or supplemental service offered or referred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(2). The following items are posted in a conspicuous place: (a) abuse reporting laws; (b) civil rights notice; (c) Americans with Disabilities Act notice; (d) the program license; (e) any office notice of agency action; and (f) a client rights poster.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(3). Provider is in compliance with: (a) food handler permits for any person preparing meals for any other person; (b) capacity limits; (c) licensure and registration of any vehicles used to transport clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(5). Provider has proof of: (a) financial viability of the program as verified by a financial professional; (b) vehicle insurance;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(6). Provider ensures that: (a) each entity associated with the licensee read, understand, sign, and follow the current department code of conduct; (b) current staff and client lists are available at each licensed site; (f) at least one CPR and First Aid trained or certified staff member is available when staff and clients are present together; (g) the program maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the program is serving, or is likely to serve, a client with a substance use disorder; and (h) the program provides trainings and monitors staff to ensure compliance regarding program policy and procedures including: (i) the needs of each client; (ii) licensing rule; (iii) client rights; (iv) department code of conduct; (v) incident reporting; (vi) program emergency response plan; and (vii) CPR and first aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-13(7) A program serving education entitled children, as that term is defined in Section 62A-2-108.1, shall comply with Section 62A-2-108.1 regarding coordination of educational services to include completion of youth education forms at initial and renewal licensure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(8) A program providing school on-site shall: (a) maintain the established staff to client ratio with behavioral intervention trained staff in the school setting; (b) be recognized as in good standing by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board; and (c) ensure each youth is taught at grade level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(9) Clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(10) A program that utilizes telehealth for treatment complies with each applicable rule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Physical Facilities and Safety	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-15(1) Each program shall ensure the appearance and cleanliness of the building and grounds are maintained and free from health and fire hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(2) Each program shall ensure that all appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(3) Each program shall accommodate clients with disabilities as needed or appropriately refer to comparable services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(4) Each program shall ensure that fire drills in non-outpatient programs shall be conducted and documented at least quarterly and program administration shall provide and document feedback regarding response time and process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(5) Each program shall ensure that a 911 recognizable phone is always on-site with clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(6) Each program shall ensure that bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(7) Each program shall ensure that each bathroom shall be properly equipped with toilet paper, paper towels or a dryer, and soap.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(8) Each program shall ensure that each bathroom is ventilated by mechanical means or equipped with a window that opens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(9) Each program shall maintain medications and potentially hazardous items on-site lawfully, responsibly, and with consideration of the safety and risk level of the population served. This shall include locked storage for each medication and hazardous chemical.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(10) Each program shall ensure that non-prescription medications, if stored on-site, are stored in original manufacturer's packaging together with the manufacturer's directions and warnings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(11) Each program shall ensure that prescription medications, if stored on-site, are stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(12) Each program shall maintain a fully supplied first aid kit as recommended by the American Red Cross.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-18(1) Each program shall ensure adequate staffing such that the current population can be safely supervised including, where necessary, more staff than required by the usual staffing ratio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(2) Each program shall identify a manager or qualified designee who shall be immediately available when the program is in operation or there shall be a qualified and trained substitute when the manager is absent or unavailable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(3) Each program 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(4) Each program serving substance use disorder shall ensure each staff and client is screened for tuberculosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(5) Each program managing, storing, or administering client medication shall identify a medical professional to be responsible for the medication management policy, medication oversight, and staff training regarding medication management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(6) Each program or person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers as described in 21 CFR 1301.21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Personnel Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-19(1) Each program shall create and maintain personnel information for each staff member, contracted employee, and volunteer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-19(2). Personnel information shall include: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Section R501-14-17; (c) a department code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any training records with the date completed, topic, and the individual's signed acknowledgment of training completion to include: (i) current CPR and First Aid certification; (ii) current policy and procedure training; and (iii) proof of annual department code of conduct and behavior management training; (e) any grievances or complaints made by or against the individual and actions taken by the program; and (f) each crisis intervention or critical incident report involving the individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Client Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-20(1) A program shall maintain client information to include the following: (a) client name, address, email address, phone numbers, date of birth and identified gender; (b) emergency contact names, including legal guardian where applicable, and at minimum, the emergency contact'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; (m) any grievances or complaints made by or against the client and actions taken by the program; (n) each crisis intervention or critical incident report involving the client; and (o) any signed agreements and consent forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-20(2) A program shall document a plan detailing how each program staff and client file shall be maintained and remain available to the office and other agencies legally authorized to access the files for seven years regardless of whether the program remains licensed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-21(1). The program completes an intake screening before accepting a client into the program. Intake screenings assess at minimum: (a) verification that the client meets the eligibility requirements of the program; (b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve; (c) description of presenting needs; (d) suicide risk screening; and (e) a program serving substance use disorder clients may not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-21(3). Following determination of eligibility, the client or parent or guardian signs and receives copies of the following agreements to be maintained as client records: (a) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (b) signed consent for treatment that outlines: (i) rules of the program; (ii) expectations of clients, parents, and guardians; (iii) services to be provided; (iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services; (v) client rights; and (vi) licensing contact information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-21(4). A discharge plan identify resources available to a client and include: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Clinical Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-23(1). Programs providing clinical treatment assign a clinical director to ensure that assessment, treatment, and service planning practices are: (a) regularly reviewed and updated; (b) individualized; and (c) designed to involve the participation of each client or each client's parent or guardian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(2). Programs providing clinical treatment ensure that each person working directly with a client is informed of the client's individual treatment needs and advised of the best approach to working with that client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(3). Programs providing clinical treatment ensure that client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(4). Program providing clinical treatment ensure that discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-23(5). Program providing clinical treatment ensure that each client identified for treatment receives individual treatment at least weekly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(6). Program providing group counseling, family counseling, skills development, or other treatment ensure the treatment is offered and documented as prescribed in the treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Policy and Procedure Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-24. As submitted to the office, the program developed, implemented, and complied with policies and procedures sufficient to ensure client health and safety and meet the needs of the client population served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Social Detoxification Programs - Inspection Checklist

(Revised 08/2023)

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

Physical Facility	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-11-5(2) Each provider shall ensure that the physical facility is compliant with the following: (a) 24 hour live-in staff have a separate living space with a private bathroom; (b) a large room may be used as a dormitory style bedroom; (c) a minimum of 50 square feet per individual, excluding storage space, is provided for a multiple occupant bedroom; (d) a minimum of 70 square feet per individual, excluding storage space is provided for a single occupant bedroom; (e) there is an escape window for each sleeping room unless there are two ways to exit the room; and (f) each bathroom meets a minimum ratio of one toilet, one sink, and one tub or shower for each eight residents.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Specialized Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-11-6(1) Social detoxification services shall serve clients who require a clinical managed residential withdrawal management level of care only until they can be stabilized and transition to a lower level of care, or medical necessity requires moving the individual to a higher level of care.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-11-6(2) A provider wishing to provide medically monitored inpatient withdrawal management under a social detoxification license may only do so under the following conditions: (a) medical and nursing professionals provide 24-hour medically monitored evaluation and withdrawal management under physician-approved policies and physician-monitored procedures and protocols; (b) justification is documented for how clients served at this level do not require services at the level of either a higher or lower level of care; (c) the individual meets the admission and continued service criteria for medically monitored withdrawal management; and (d) the program meets each requirement for medically monitored withdrawal management.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-11-6(3) The provider shall complete a preliminary screening when an individual presents for service to determine appropriateness for social model detox and shall complete the subsequent intake evaluation within seven days.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-11-6(4) The provider shall require a client to provide recent evidence of a Tuberculosis screening or get tested for Tuberculosis within one week of presenting for service. R501-11-6(4) The provider shall require a client to provide recent evidence of a Tuberculosis screening or get tested for Tuberculosis within one week of presenting for service. R501-11-6(4) The provider shall require a client to provide recent evidence of a Tuberculosis screening or get tested for Tuberculosis within one week of presenting for service.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-11-6(5) The provider shall ensure:(a) a client who exhibits signs of possible active Tuberculosis is screened by the provider immediately with assistance from the local health department; and(b) any local health department recommendations are followed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-11-6(6) Once a client has completed the acute detoxification period as demonstrated by reasonable physical and psychological stability, the provider shall conduct an evaluation to determine the treatment referral.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

!!Coming soon!!

Adult Day Care - Inspection Checklist						
(Revised 08/2023)						
C = Compliant NC = Not Compliant NA = Not Assessed during this inspection						
Record Keeping	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-13-2.(1) (a) In addition to record keeping requirements in Rule R501-1, the director shall maintain the following onsite at all times; (b) daily client attendance records; and (c) a current health assessment signed by a physician for each client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Activity Plans	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-13-3(1) Each licensee shall prepare daily activity plans that meet individual client and group physical, social, psychological, or emotional, development. These plans may include: (a) community living skills; (b) work activity; (c) recreation; (d) nutrition; (e) personal hygiene; or (f) social skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-13-3(2) The licensee shall maintain activity plans on file and orient staff to their use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-13-3(3) There shall be a daily schedule posted and implemented onsite.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-13-3(4) Each client shall have the opportunity to use four of the following activity areas each day: (a) general activities; (b) sedentary activities; (c) specialized activities; (d) rest area; (e) self-care area; (f) appointed outdoor area; (g) kitchen and nutrition area; or (h) reality orientation area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-13-4(1) The licensee shall ensure that staff to client ratios meet the following: (a) except as outlined in Subsection R501-13-4(1)(e), eight or less clients require one staff person to provide direct supervision at all times with a second staff person meeting minimum staff requirements immediately available; (b) nine to sixteen clients require two staff providing direct supervision at all times; (c) sixteen or more clients require a staffing ratio of one staff to each eight clients; (d) administrative and maintenance staff shall not be included in the staff to client ratio when nine or more clients are present; (e) in each program where one-half or more of the clients are medically diagnosed with Alzheimer's Disease or related dementia, a staffing ratio of one staff to six clients is required; and (f) staff trainees shall be supervised at all times while with clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-13-4(2) The director shall meet one of the following credentials: (a) licensed nurse; (b) licensed social worker; (c) licensed psychologist; (d) licensed or certified recreational or physical therapist; (e) other licensed professionals in related fields who have demonstrated competence in working with functionally impaired adults; or (f) an individual who has received verifiable training to work with functionally impaired adults and is in consultation on an ongoing basis with a licensed or certified professional with director credentials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-13-4(3) The director shall obtain and document 10 hours of related training on an annual basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-13-4(4) Direct care staff shall be 18 years of age or older and able to demonstrate competency in working with functionally impaired adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-13-4(5) In addition to the training requirements of Subsection R501-1-19(2)(d), direct care staff shall receive: (a) eight hours of initial orientation training specific to the program and client needs; and (b) ten hours of work-related training on an annual basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Physical Environment	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-13-5(1) The licensee shall ensure that a minimum of 50 square feet of indoor floor space per client is designated specifically for adult daycare during operation hours. Hallways, kitchens, offices, storage, and bathrooms may not be included in the computation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-13-5(2) The licensee shall ensure that there is at least one bathroom exclusively for clients during operation hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-13-5(3) The licensee shall maintain indoor air temperature at a minimum of 70 degrees Fahrenheit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-13-5(4) The licensee shall ensure that clients receive meals or snacks in accordance with the Child and Adult Care Food Program (CACFP) and the following: (a) there is no more than three hours between snack or meal service; (b) there is sufficient food for second servings; and (c) powdered milk is used for cooking only.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-13-5(5) The licensee shall provide outdoor recreational space on or off site with compatible recreational equipment available to facilitate activity plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-13-5(6) The licensee shall comply with local building code enforcement for disability accessibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-13-5(7) The licensee shall abate and mitigate hazards on the property, including burning, falling, or drowning hazards, through protective hardware, fences, banisters, railings, grates, natural barriers, or other licenser or local fire authority approved methods.



Therapeutic Schools - Inspection Checklist						
(Revised 08/2023)						
C = Compliant NC = Not Compliant NA = Not Assessed during this inspection						
Administration	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-15-4(1). The therapeutic school developed, maintained, and followed a current policy and procedure manual which includes: (a) except as described in Title 53G, Chapter 9, Part 3, Immunization Requirements, a requirement that a client may not attend a therapeutic school unless the school has been presented a certificate of immunization for the client from a licensed physician or authorized representative of the state or local health department stating that the client has received immunization as required by Rule R396-100; (b) a procedure for quarterly evaluation and assessment of the needs of each client; and (c) an emergency transportation plan describing how the therapeutic school shall safely transport each client to the client's legal guardian within 48 hours once the plan has been initiated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-4(2). The manual described in this section includes detailed descriptions of the therapeutic school's client admission, exclusion, and expulsion criteria and procedures, including: (a) a requirement that the therapeutic school shall not admit or provide services to an individual who: (i) within the past two years, has attempted suicide or made serious self-harm gestures requiring medical or therapeutic treatment; (ii) has a mental health diagnosis of psychosis, schizophrenia, severe depression, mental retardation, or a severe mental illness requiring medical or therapeutic treatment; (iii) is violent, highly combative, or physically or sexually aggressive; (iv) presents substantial security risks; (v) requires medical detoxification; (vi) lacks the ability to engage in a rational decision-making process or exhibits severely impaired judgment; or (vii) has a history of repeated runaway attempts or incidents; (b) a requirement that the school shall expel a client who exhibits high risk behavior or conditions, including a client who: (i) attempts suicide or makes serious self-harm gestures requiring medical or therapeutic treatment; (ii) has a psychosis, schizophrenia, severe depression, mental retardation, or a severe mental illness requiring medical or therapeutic treatment; (iii) is violent, highly combative, or physically or sexually aggressive; (iv) presents substantial security risks; (v) requires medical detoxification; (vi) lacks the ability to engage in a rational decision-making process or exhibits severely impaired judgment; (vii) runs away or has attempted to run away more than two times; (viii) uses or attempts to use illegal substances more than two times; or (ix) exhibits any other behavioral or emotional conditions that require more intense supervision and treatment than that permitted in a therapeutic school; (c) the school's academic accreditation, or disclosure that the school is not accredited; (d) the school's curriculum; (e) the school's criteria for awarding course credit, and whether credits are transferable; (f) the school's policy on grading, progress assessment, and testing; (g) the academic and career counseling provided by the school; (h) each school academic activity and method; (i) each school graduation requirement; (j) each school post-graduation planning service; (k) each school method of providing on-site specialized structure and supervision; (l) each method for providing off-site specialized structure and supervision; (m) each service or treatment related to a client's disability, emotional development, behavioral development, familial development, or social development; (n) each behavior management practice; (o) each individual, group, or family counseling service; (p) each therapeutic school rule; (q) each food service and weekly menu; (r) each physical education and recreational activity; (s) a client rights statement; (t) a statement on permitted and prohibited weapons; (u) a client grievance policy and appeal process for the grievance policy; and (v) contact information for the Office of Licensing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-4(3). The therapeutic school provides the client manual described in this section to each client and each client's legal guardian before the therapeutic school may accept any payment or process any application to provide services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Financial Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-15-5(1). The therapeutic school provides an itemized accounting of expenditures made on behalf of a client before requiring reimbursement from the client's guardian.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-5(2). The therapeutic school maintains an accurate log of each fund deposited and each withdrawal made for the personal use of each client.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Staff Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-15-6(1). The owners and board members of a therapeutic school successfully complete a minimum of eight hours of annual training relating to therapeutic school services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-6(2). The director or equally qualified acting director is immediately available to staff by telephone and able to arrive on-site within one hour after a staff telephone call for assistance and: (a) is at least 25 years of age; (b) has a Bachelor's degree in social work or a related field, or a minimum of three years of documented training or experience in providing therapeutic school or residential treatment services; and (c) has a minimum of two years of therapeutic school or residential treatment program supervisory experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-6(3). The therapeutic school always has at least one direct care supervisor or supervisor designee on duty. A supervisor or supervisor designee: (a) has a minimum of six months of experience providing services to children in out-of-home placements; (b) meets each requirement for direct care staff as described in Section R501-1-14; and (c) meets each qualification, including requirements for education, experience, licensing or certification, and current annual continuing education and training directly related to providing: (i) specialized structure and supervision of clients; and (ii) services or treatment related to a client's disability, emotional development, behavioral development, familial development, or social development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-6(4). The therapeutic school maintains a staff manual, which includes: (a) specific job descriptions for each staff position; (b) staff qualifications for each staff position, including requirements for education, experience, and licensing or certification; (c) a requirement for continuing education, competency and proficiency, and job-specific training; and (d) the required training for staff who will work with clients with a history of failing to function at home or school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-6(5). At all times, at least two direct care staff provide direct supervision to clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-6(6). Each client who has earned the privilege of unsupervised time off-site is required to engage in two-way communication with on duty direct care staff once every four hours. The therapeutic school developed and adheres to a policy that specifies what measures shall be taken if a client fails to check-in with staff as required by this subsection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-6(7). Support staff are not included in the minimum staff to client ratios.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-6(8). The therapeutic school documents and explains, to the satisfaction of the office, any waking hour direct care staff-to client ratio that does not meet the following minimum staffing requirements: (a) where eight or fewer clients are present, there shall be at least two direct care staff on duty; (b) where there are at least nine, but no more than 24 clients present, there shall be at least three direct care staff on duty; (c) where there are at least 25, but no more than 48 clients present, there shall be at least four direct care staff on duty; (d) where there are at least 49, but no more than 96 clients present, there shall be at least five direct care staff on duty; and (e) where 97 or more clients are present, at least six direct care staff shall be on duty and there shall be a staff to client ratio of one direct care staff per 20 clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-6(9). The therapeutic school documents and explains, to the satisfaction of the office, any sleeping hour direct care staff to client ratio that does not meet the following minimum requirements: (a) where no more than 48 clients are present, there shall be at least two direct care staff on duty; and (b) where 49 or more clients are present, there shall be at least three direct care staff on duty and there shall be a staff to client ratio of one direct care staff per 40 clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Client Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-15-7(1). The service plan includes a quarterly assessment of the adequacy of the therapeutic school's policy, procedure, and practice in providing for each client's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(2). The therapeutic school provides each client's legal guardian with a copy of each service plan within two weeks after the service plan is developed or updated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(3). If the therapeutic school must travel more than 30 miles to an emergency room or 24-hour urgent care facility, they retain the on-call services of a medical practitioner and a licensed mental health therapist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(4). Upon admission, each client is informed of the right to consult with a medical practitioner or a licensed mental health therapist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-15-7(5). Each client who has a serious illness, who sustains a serious injury, or who requests the services of a medical practitioner, receives an immediate assessment by a certified wilderness first responder, certified EMT, or medical practitioner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(6). The therapeutic school attaches the written assessment to an incident report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(7). Each monthly schedule of activities is posted in the common area and the office and filed and retained for at least one year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(8). The therapeutic school academic curriculum is either accredited by an accrediting entity recognized by the Utah State Board of Education or the school presents an educational service plan and educational funding plan in accordance with Section 62A- 2-108.1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(9). The therapeutic school curriculum is provided to each client and the client's legal guardian prior to accepting any payment or processing any application to provide services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(10). The therapeutic school curriculum is reviewed and updated annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(11). Each modification to the curriculum is provided to each client and the client's legal guardian within two weeks of any curriculum change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-7(12). The therapeutic school monitors and documents each client's academic progress and communicate the progress to the client's legal guardian each month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Physical Environment	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-15-8(1). The therapeutic school provides indoor common areas for group activities such as gymnasiums, recreation areas, cafeterias, classrooms, libraries, and lounges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-8(2). The common area space in the therapeutic school contains at least 30 square feet per client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-8(3). The therapeutic school maintains at least three feet between beds and two feet at the end of each bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-8(4). Each bedroom ceiling is at least 7 feet in height.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-8(5). Each multiple occupant bedroom contains at least 50 square feet per client and each single occupant bedroom contains at least 80 square feet per client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-8(6). Storage space is not counted when calculating square footage requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-8(7). Each client has at least 30 cubic feet of private storage space.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-8(8). The therapeutic school provides each client with a school desk or table, light, and chair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-15-8(9). The therapeutic school client manual describes which dangerous weapons are permitted and which dangerous weapons are prohibited. (a) Each determination of permitted and prohibited dangerous weapons is made in accordance with the age and behavioral characteristics of the client population to be served. (b) Each therapeutic school client manual describes how dangerous weapons must be stored and the circumstances under which they may be accessible to clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Recovery Residence Services - Inspection Checklist

(Revised 08/2023)

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

Legal Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-18-4(2) The provider shall comply with Rule R501-14 for background screenings by either: (a) participating in the background clearances for all staff; or (b) obtaining an approval by the Division of Licensing and Background Checks for an exemption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-18-4(3) (3) A provider that offers clinical treatment services, shall obtain a residential treatment license or applicable separate outpatient or day treatment license. (a) Clinical treatment may not be a mandatory condition of residence. (b) Clinical treatment may not be offered within the recovery residence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-18-4(4) A provider that offers social detoxification services shall obtain a separate social detoxification license before offering any social detoxification services. The provider shall not provide housing or services to a client in active withdrawal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-18-4(5) A recovery residence program shall only serve adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Administration	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-18-5(1) The recovery residence shall ensure that clients receive supportive services from a person associated with the licensee or from a licensed professional. Supportive services include but are not limited to: (a) vocational services; (b) peer support; (c) skills training; or (d) community resource referral.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-18-5(2) The provider may not offer, entice, refer, or recommend medical cannabis for residents in a recovery residence or as treatment for substance use disorder, as it is not considered a qualifying condition in Subsection 26B-4-203(2).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-18-6(1) (1) The provider shall contract with, or otherwise provide as needed, referral information for client access to the following: (a) physician; (b) psychiatrist; (c) mental health therapist (LCMHT); or (d) substance use disorder counselor (SUDSC).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-18-6(2) The recovery residence shall have an identified recovery residence director(s) who shall have: (a) Utah licensure, in good standing, as a substance use disorder counselor, licensed clinical social worker or equivalent; or (b) a minimum of 2 years experience in one of the following: (i) administration of a recovery residence; (ii) substance use disorder treatment education; or (iii) recovery/support services education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-18-6(3) (3) The director's responsibilities that shall not be delegated include: (a) monitoring all aspects of the program and operation of the facility; (b) policy and procedure development, implementation, compliance and oversight; (c) clearly defining responsibilities of the director, manager, and staff of the program; (d) supervision, and training of staff; and (e) overseeing client activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-18-6(4) The director may manage directly or employ a manager to work under the supervision of the director. (a) The director shall perform the manager's duties when the manager is on scheduled or unscheduled leave unless the manager designates a substitute manager. (b) The manager or substitute manager may not be a currently enrolled client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-18-6(5) In addition to the staff training requirements of Rule R501-1, the director shall maintain documentation of 40 hours of training covering the following topics for the director, manager and any direct care staff: (a) recovery services in substance use disorder settings; (b) peer support; (c) emergency overdose reversal; (d) recognition and response to substance-related activities; (e) current certification in First Aid and CPR; and (f) an employee may not work unsupervised with clients until training is completed and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-18-6(8) The director or manager shall ensure administrative on-call availability at all times and remain able to respond to the recovery residence staff and the Office of Licensing immediately by phone, or at the residence in-person within one hour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-18-6(7) The director or manager shall have documented face-to-face or telephone daily contact with each admitted client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-18-6(8) The recovery residence director shall ensure administrative on-call availability at all times and remain able to respond to the recovery residence staff and the Office of Licensing immediately by phone, or at the residence in-person within one hour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-18-6(9) The provider shall ensure a director, manager, or substitute manager is on-site seven days per week to assess safety and support clients. The provider shall schedule and document daily visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Direct Service	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-18-7(1). In addition to client record requirements of Rule R501-1, the provider shall ensure that the recovery residence client records contain: (a) intake documentation indicating that the client meets the admission criteria, that includes the following: (i) the client is not currently using or withdrawing from alcohol or substances of abuse; and (ii) the client is not presenting with a current clinical assessment that contraindicates this level of care; (b) any client medications; (c) any client allergies; (d) any client chronic conditions; (e) any client communicable diseases; (f) individual recovery plan that includes: (i) documentation of all services provided by the program, including a disclosure that no clinical treatment services occur on-site at the recovery residence; and (ii) documentation of all referred supportive services, not directly associated with the recovery residence site; (g) a signed written lease agreement for the recovery residence, if required; (h) a signed agreement indicating that the client was notified in writing before admission regarding: (i) program and client responsibilities related to transportation to and location of off-site services; (ii) program and client responsibilities related to the provision of toiletries, bedding and linens, laundry, and other household items; (iii) program and client responsibilities related to shopping, provision of food and preparation of meals; (iv) fee disclosures including Medicaid number, insurance information and identification of any other entities who may be billed for the client's services; and (v) rules of the program.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Building and Grounds	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-18-8(1). (1) In addition to the physical facility requirements of Rule R501-1, the provider shall: (a) maintain a client to toilet ratio of 1:10; (b) maintain a client to tub or shower ratio of 1:8; (c) adhere to the following if a fire clearance is not required from the local fire authority: (i) a bedroom on the ground floor shall have a minimum of one window that may be used to evacuate the room in case of fire; and (ii) a bedroom that is not on the ground floor shall have a minimum of two exits, at least one of which shall exit directly to outside the building that may be used to evacuate the room in case of fire; (d) provide either equipment or reasonable access to equipment for washing and drying of linens and clothing; (e) maintain an environment free from non-prescribed substances and alcohol; (f) ensure client mail addressed to the program site is opened by the client in the presence of program staff to ensure that no contraband enters the program; and (g) ensure any unlawful items found onsite are turned over to law enforcement and a critical incident report made to the office.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Medical Standards	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-18-9(1) The provider shall not admit anyone who is currently in an intoxicated state or withdrawing from alcohol or drugs or otherwise unable to understand terms and consent to reside in the recovery residence.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-18-9(2) A provider shall ensure that clients who manage their own medications keep all prescription and non-prescription medications in individually accessed locked storage that is not accessible to other clients.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-18-9(3) The provider shall ensure that a non-expired opioid reversal kit is safely maintained and available onsite, and staff and clients are trained in its proper use.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-18-9(4) Medical cannabis is permitted in a recovery residence only as follows: (a) for an individual who has a medical cannabis card issued by the Department of Health and Human Services (DHHS); (b) the cannabis is obtained from a DHHS licensed pharmacy with identifying information on the label; and (c) the cardholder is instructed and adheres to the requirement to ensure medication is not shared and remains locked at all times when not in active use.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	