

 Utah Department of <b>Health &amp; Human Services</b> Licensing & Background Checks		Residential Support <b>Congregate Care Inspection Checklist</b>			This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. <i>(Revised 08/2022)</i>	
Provider Name:	Rite of Passage Falcon Ridge	Facility ID:	F22-94203	Phone Number:	256-880-3339	Notes
Site Name or Address:	750 E Sr 9 Virgin, Utah			Email Address:	jeff.rinard@rop.com	
Approved Capacity:	48	# of Present Residents\Clients	23			
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 type="checkbox"/>	Any active rule variances.			<input checked="" type="checkbox"/>	Clients Interviews	
<input type="checkbox"/>	Any license restrictions or conditions.			<input checked="" type="checkbox"/>	Staff Interviews	
<input type="checkbox"/>	Any needed rule variances.			<input type="checkbox"/>	Other:	
<b>Inspection Information:</b>						
- The licensor will email you this inspection checklist after the inspection is completed. <b>This checklist is not an official compliance statement.</b> The licensor will send you an <b>official Inspection Report 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.</b>						
- If the only non compliance items are documentation and/or records, please submit them by the <i>correction required date</i> listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.						
<b>Signature Information</b>						
Inspection Type:	Renewal	Date:	1/19/23	Time Started On-site:	11:00	Time Ended On-site: 12:30 PM
Number of Non Compliant Items:		Name of Individual Informed of this Inspection:				
Licensor(s) Conducting this Inspection:			Brent Cardall		OL Staff Observing Inspection:	Jeff Rinard
<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.				

**Congregate Care Programs - General Inspection Checklist**

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

	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>Licensing Application and Monitoring Procedures</b>						
<b>R501-1-4(1)(c) and R501-1-10.</b> The provider permitted OL unrestricted access to site(s), records, clients, and staff during business hours.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Program Changes</b>						
<b>R501-1-6.</b> 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"/>	
<b>Variances</b>						
<b>R501-1-8.</b> If any, 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"/>	
<b>Required Approvals</b>						
<b>R501-1-9.</b> 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"/>	
<b>Investigations of Alleged Noncompliances</b>						
<b>R501-1-11.</b> All reportable critical incidents were properly reported.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Licensee Noncompliance</b>						
<b>R501-1-12.</b> 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"/>	
<b>Program Administration and Direct Service Requirements</b>						
<b>R501-1-13(1).</b> The provider clearly identifies services to the office, public, potential client, parent, or guardian regarding: (a) contact information; (b) the complaint reporting and resolution process; (c) a description of each service provided; (e) each program requirement and expectation; (f) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served; (g) each cost, fee, and expense for a service and refund policy; and (h) identification of each non-clinical, extracurricular, or supplemental service offered or referred.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<b>R501-1-13(2).</b> 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"/>	
<b>R501-1-13(3).</b> Provider is in compliance with: (a) a food handler permits for any person preparing meals for any other person; (b) business licenses; (c) capacity limits; (d) fire clearance; (e) licensure and registration of any vehicles used to transport clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	They shceduled	<input type="checkbox"/>	
<b>R501-1-13(4).</b> Provider has proof of: (a) financial viability of the program as verified by a financial professional; (b) general liability insurance; (c) professional liability insurance; (d) vehicle insurance; (e) fire insurance; and (f) additional insurance as required to cover each program activity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-13(6).</b> 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"/>	
<b>R501-1-13(8).</b> A program providing school on-site: (a) maintains the established staff to client ratio with behavioral intervention trained staff in the school setting; (b) is recognized as in good standing by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board; and (c) ensures each youth is taught at grade level.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<b>R501-1-13(9).</b> The provider ensures that unlicensed clinical and medical staff who are not associated with the facility are appropriately supervised.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-13(10).</b> 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"/>	
<b>Residential Programs Additional Administration and Direct Services Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-14(1).</b> 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"/>	
<b>R501-1-14(3).</b> 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"/>	
<b>R501-1-14(4).</b> 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"/>	

<b>R501-1-14(5).</b> The provider ensures that before allowing a direct care staff to work unsupervised, they have an approved background clearance and are trained in the following: (a) behavior management policy and curriculum including crisis intervention, appropriate use of restraint and seclusion, and de-escalation techniques; (b) which practices are prohibited for congregate care programs; (c) the clinical needs of each of the clientele; (d) client rights; (e) department code of conduct; and (f) incident reporting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-14(6).</b> 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"/>	
<b>Program Physical Facilities and Safety</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-15(1).</b> 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"/>	
<b>R501-1-15(2).</b> 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"/>	
<b>R501-1-15(3).</b> clients with disabilities are accommodated as needed or appropriately referred to comparable services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-15(4).</b> Fire drills in non-outpatient programs are conducted and documented at least quarterly and program administration provides and documents feedback regarding response time and process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-15(5).</b> A 911 recognizable phone is always on-site with clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-15(6).</b> 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"/>	
<b>R501-1-15(7).</b> Each bathroom is 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"/>	
<b>R501-1-15(8).</b> 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"/>	
<b>R501-1-15(9).</b> Medications and potentially hazardous items on-site are maintained lawfully, responsibly, and with consideration of the safety and risk level of the population served. This includes locked storage for each medication and hazardous chemical.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-15(10).</b> 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"/>	
<b>R501-1-15(11).</b> 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"/>	
<b>Residential Programs Additional Facilities and Safety Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-16(1).</b> There is designated space available for records, administrative work, and confidential phone calls for clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<b>R501-1-16(2).</b> Bedroom assignments are made in accordance with each approved agency non-discrimination policy and individualized assessment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-16(3).</b> Live-in staff have separate living spaces with a bathroom that is separate from client bathrooms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-16(4).</b> Each bedroom designated for clients is 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"/>	
<b>R501-1-16(6).</b> No client is locked in a bedroom.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-16(7).</b> 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"/>	
<b>R501-1-16(8).</b> 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"/>	
<b>R501-1-16(9).</b> Each bath or shower allows for individual privacy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-16(10).</b> Each client is supplied with hygiene supplies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-16(11).</b> 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"/>	
<b>R501-1-16(12).</b> Each bed is solidly constructed and non-portable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-16(13).</b> use of alternate sleeping arrangements other than the client's assigned bedroom is only done on an individualized basis with clinical or medical justification and: (a) preserves client dignity; (b) Is not be done as a blanket practice; (c) Is not used due to staffing shortages or for staff convenience; and (d) Is not used as a behavior management or consequence practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-16.</b> 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"/>	
<b>R501-1-16.</b> Common laundry for towels, bedding, or clothing provide separate containers for soiled and clean laundry.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-16(15).</b> 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"/>	
<b>R501-1-16(16).</b> Programs permitting clients to do the client's own laundry, provide equipment and supplies for washing and drying.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-16(17).</b> 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"/>	
<b>R501-1-16(18).</b> In facilities serving individuals with disabilities, no more than two persons are housed in each bedroom.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Food and Service Requirements</b>	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-1-17(1).</b> Residential programs that provide meals for four or more, but less than 16, clients comply with a local health inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<b>R501-1-17(2).</b> Meals are not used as incentive or punishment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-17(3).</b> 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"/>	
<b>R501-1-17(4).</b> 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"/>	
<b>R501-1-17(5).</b> 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"/>	
<b>R501-1-17(6).</b> 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"/>	
<b>Program Staffing</b>	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-1-18(1).</b> There is adequate staffing, so the current population can be safely supervised.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-18(2).</b> A manager or qualified designee is immediately available when the program is in operation or there is a qualified and trained substitute when the manager is absent or unavailable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-18(3).</b> Programs that offer clinical services employ or consult with licensed professional staff that include an individual who is familiar with the program and the needs of each client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-18(4).</b> Programs serving substance use disorder ensure each staff and client is screened for tuberculosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-18(5).</b> Programs managing, storing, or administering client medication identify a medical professional to be responsible for the medication management policy, medication oversight, and staff training regarding medication management.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-18(6).</b> 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"/>	
<b>Program Personnel Record Requirements</b>	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

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



<b>R501-1-21(1).</b> 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"/>	
<b>R501-1-21(2).</b> 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"/>	
<b>R501-1-21(3).</b> 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"/>	
<b>Residential Additional Program Intake and Discharge Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-22(1).</b> 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"/>	
<b>R501-1-22(2).</b> No youth from out of state is served without a disruption plan as described in Section 62A-2-125 and, as applicable, Title 80-2-905, Interstate Compact Placement of Children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<b>R501-1-22(3).</b> The disruption plan contains the following: (a) program must retain jurisdiction and responsibility for the youth while the youth remains in Utah; (b) a program must complete an individualized disruption plan at the time of intake for each out of state client to include: (i) who is responsible for the child's return if placement at the facility disrupts; (ii) current emergency contact information to include the name, address, phone and email address of the parent or responsible party; (iii) a signed statement from parent or responsible party outlining the plan for the youth in the event of an unplanned disruption in care; and (iv) a plan for safe transportation either to the state of origin, the responsible party identified in Subsection R501-1-22(3)(a) or to another licensed congregate care program.  <b>R501-1-22(4).</b> 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"/>	
<b>R501-1-22(5).</b> Private placements are reported to the office by the fifth business day of each month.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-22(6).</b> Critical and non-critical restraints or seclusions are reported to the office within one business day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Program Clinical Services</b>	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-1-23(1).</b> 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"/>	
<b>R501-1-23(2).</b> 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"/>	
<b>R501-1-23(3).</b> 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"/>	
<b>R501-1-23(4).</b> 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"/>	
<b>R501-1-23(5).</b> 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"/>	
<b>R501-1-23(6).</b> 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"/>	
<b>Program Policy and Procedure Requirements</b>	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

<b>R501-1-24.</b> 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"/>	
<b>Additional Policy and Procedure Requirements for Residential Programs</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-25(1).</b> 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"/>	
<b>R501-1-25(2).</b> 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"/>	
<b>R501-1-25(3).</b> 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"/>	
<b>R501-1-25(4).</b> 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"/>	
<b>R501-1-25(5).</b> 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"/>	
<b>R501-1-25(6).</b> A program managing funds for client allowances must document each expense.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-1-25(7).</b> 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"/>	
<b>Congregate Care Program Additional Policy and Procedure Requirement</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>

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

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

Administration	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-22-3(2).</b> If the residential support program offers treatment, they obtained the appropriate categorical department license for that treatment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-3(4).</b> The residential support does not require treatment as a condition of admission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-22-4(1).</b> If the residential support program serving adults is an emergency homeless shelter or a domestic violence shelter, they provide 24-hour supervision.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-4(2).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-4(3).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-4(4).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-4(5).</b> Each volunteer is informed verbally and in writing of program objectives and the scope of service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<b>R501-22-4(6).</b> 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-4(7).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Physical Facility</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-22-5(1).</b> Except as otherwise provided in this section, the residential support program has at least one bathroom for every ten clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-5(2).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-5(3).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<b>R501-22-5(4).</b> The emergency homeless setting has a policy to identify how to manage emergency overflow when capacity has been reached during extreme weather conditions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-5(5).</b> The residential support program has a policy and procedure that allows and encourages each client to have clean linen at least weekly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-5(6).</b> An emergency homeless program may have portable beds, cots, or mats to accommodate fluctuating client volume.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-5(7).</b> The residential support program provides clean bedding to each client as needed. Bedding is laundered at least weekly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-5(8).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-5(9).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-5(10).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-5(11).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<b>R501-22-5(12).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-5(13).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Specialized Services for Clients With Substance Use Disorders</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-22-6(1).</b> The program does not admit anyone who is currently experiencing convulsions, shock, delirium tremens, unconsciousness, or is in a coma.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-6(2).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-6(3).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-6(4).</b> If a licensed substance abuse treatment program, they complete the National Survey of Substance Abuse Treatment annually.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Specialized Services or Programs Serving Children</b> 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.	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-22-7(2).</b> The residential support program provides clean and safe age appropriate toys for children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-7(3).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-7(4).</b> Only a custodial parent, legal guardian, or person designated in writing is allowed to remove any child from the program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	



<b>R501-22-7(5).</b> The residential support program provides adequate staff to supervise children or be available to monitor parents supervising their own children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-7(6).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Specialized Services for Domestic Violence Shelters</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-22-8(1).</b> The domestic violence shelter provides to the client, verbally and in writing, and document shelter rules, reasons for termination, and confidentiality issues.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-8(2).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-8(3).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-8(4).</b> The program facilitates connecting services to identified resources.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-8(5).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-8(6).</b> The domestic violence shelter staff completing an action plan are supervised by an experienced and trained domestic violence provider.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Specialized Services for Temporary Homeless Youth Shelters</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-22-9(1).</b> The temporary homeless youth shelter provides a staff ratio of at least one direct care staff for every ten children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-9(2).</b> Each individual admitted is under the age of 18.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-9(3).</b> Each child may be admitted with the child's own biological children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<b>R501-22-9(4).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-9(5).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-9(6).</b> The temporary homeless youth shelter complies with Utah Statute Section 80-5-601 regarding mandatory notifications for harboring a runaway child.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-9(7).</b> The temporary homeless youth shelter complies with Section 62A-2-108.1 to coordinate educational requirements for each individual.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-9(8).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Specialized Services for Emergency Homeless Shelters</b>	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-22-10(1).</b> The emergency shelter prioritizes the safety of those needing services and emphasize transitioning into a more permanent housing setting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-10(2).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-10(3).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<b>R501-22-10(4).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Specialized Services for Programs Serving Clients of the Division of Services for People with Disabilities</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-22-11(1).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-11(2).</b> Copies of the residential attestation agreement form and self-assessment are located in program documentation and updated as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-11(3).</b> In the event of a conflict between this rule and the Settings Final Rule the Settings rule shall prevail.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Receiving Centers</b> 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.	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-22-12(3).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-12(4).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-22-12(5).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

## ADDITIONAL INFORMATION