



This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. **(Revised 08/2023)**

Inspection Checklist				
<b>Provider Name:</b> Compass Academy				
Site Name or Address: 4800 E 17160 N Moroni UT 84646	Facility ID: F22-93342			
Approved Capacity: 16	# of Present Residents\Clients 16			
<b>Please review the following items prior to the inspection:</b> (Mark with a check mark if completed and make and necessary notes)				
<input type="checkbox"/> DACS to ensure background checks are current.	Not assessed during unannounced inspection <input checked="" type="checkbox"/>			
<input type="checkbox"/> Any active rule variances.	None Listed <input checked="" type="checkbox"/>			
<input type="checkbox"/> Any license restrictions or conditions.	None <input checked="" type="checkbox"/>			
<input type="checkbox"/> Any needed rule variances.	Other: <input type="checkbox"/>			
<b>Inspection Information:</b>				
<p>- 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.</b> <b>Only items checked here as noncompliant can be part of your Inspection Report, and the inspection Report is to be considered the results of this inspection.</b></p> <p>- If the only non compliance items are documentation and/or records, please submit them by the <b>correction required date</b> listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.</p>				
Signature Information				
Inspection Type:	Unannounced	Date: 12/12/2023	Time Started On-site: 12:15 pm	Time Ended On-site: 3:00 pm
Number of Non Compliant Items:	3	Name of Individual Informed of this Inspection:	Joshua Wilkey	
Licensor(s) Conducting this Inspection:	MeRee Jacobsen			
<input checked="" type="checkbox"/> The Licensor explained noncompliance items (if any).	<p>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.</p> <p><i>Joshua Wilkey</i></p>			

**General Provisions - Inspection Checklist**

(Revised 08/2023)

**C = Compliant**

**NC = Not Compliant**

**NA = Not Assessed during this inspection**

**Licensing Application and Monitoring Procedures**

**R501-1-4(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.

**Program Changes**

**R501-1-6.** Any changes to the license, services, ownership, capacity, location, and contact information were properly reported and processed.

**Variances**

**R501-1-8.** The provider is in compliance with the terms of approved rule variances.

**Required Approvals**

**R501-1-9.** All required policies, curriculums, and updates have been approved by OL before implementation.

**Investigations of Alleged Noncompliances**

**R501-1-11.** All reportable critical incidents were properly reported.

**Licensee Noncompliance**

**R501-1-12.** If the license has been suspended or revoked, the provider does not accept new clients.

**Program Administration and Direct Service Requirements**

	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>Licensing Application and Monitoring Procedures</b>						
<b>R501-1-4(c)</b> 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 checked="" type="checkbox"/>		<input type="checkbox"/>	Not assessed during Quarterly Inspection
<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>Variances</b>						
<b>R501-1-8.</b> The provider is in compliance with the terms of approved rule variances.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>Required Approvals</b>						
<b>R501-1-9.</b> All required policies, curriculums, and updates have been approved by OL before implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>Investigations of Alleged Noncompliances</b>						
<b>R501-1-11.</b> All reportable critical incidents were properly reported.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not assessed during Quarterly Inspection
<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>Program Administration and Direct Service Requirements</b>						

<p><b>R501-1-13(1)</b> A program shall transparently identify services to the office, public, potential client, parent, or guardian regarding:</p> <ul style="list-style-type: none"> <li>(a) current and accurate contact information;</li> <li>(b) the complaint reporting and resolution process;</li> <li>(c) a description of each service provided;</li> <li>(d) each program requirement and expectation;</li> <li>(e) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served, including:           <ul style="list-style-type: none"> <li>(i) an outline of which behaviors and presenting issues would be reason for discharge or exclusion from the program; and</li> <li>(ii) the program may not take placement of a child whose needs exceed the scope or ability of the program to reasonably manage;</li> </ul> </li> <li>(g) each cost, fee, and expense for a service and refund policy; and</li> <li>(h) identification of each non-clinical, extracurricular, or supplemental service offered or referred.</li> </ul>	<input type="checkbox"/>	<p>Not assessed during Quarterly Inspection</p>
<p><b>R501-1-13(2)</b> The following items are posted in a conspicuous place:</p> <ul style="list-style-type: none"> <li>(a) abuse reporting laws;</li> <li>(b) civil rights notice;</li> <li>(c) Americans with Disabilities Act notice;</li> <li>(d) the program license;</li> <li>(e) any office notice of agency action; and</li> <li>(f) a client rights poster.</li> </ul>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<p><b>R501-1-13(3)</b> Provider is in compliance with:</p> <ul style="list-style-type: none"> <li>(a) food handler permits for any person preparing meals for any other person;</li> <li>(b) capacity limits;</li> <li>(c) licensure and registration of any vehicles used to transport clients.</li> </ul>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><b>R501-1-13(5)</b> Provider has proof of:</p> <ul style="list-style-type: none"> <li>(a) financial viability of the program as verified by a financial professional;</li> <li>(b) vehicle insurance;</li> </ul>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><b>R501-1-13(6)</b> Provider ensures that:</p> <ul style="list-style-type: none"> <li>(a) each entity associated with the licensee read, understand, sign, and follow the current department code of conduct;</li> <li>(b) current staff and client lists are available at each licensed site;</li> <li>(f) at least one CPR and First Aid trained or certified staff member is available when staff and clients are present together;</li> <li>(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</li> <li>(h) the program provides trainings and monitors staff to ensure compliance regarding program policy and procedures including:           <ul style="list-style-type: none"> <li>(i) the needs of each client;</li> <li>(ii) licensing rule;</li> <li>(iii) client rights;</li> <li>(iv) department code of conduct;</li> <li>(v) incident reporting;</li> <li>(vi) program emergency response plan; and</li> <li>(vii) CPR and first aid.</li> </ul> </li> </ul>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><b>R501-1-13(7)</b> 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.</p>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>

<p><b>R501-1-13(8).</b> A program providing school on-site shall:</p> <ul style="list-style-type: none"> <li>(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.</li> </ul>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<p><b>R501-1-13(9).</b> Clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised.</p>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<p><b>R501-1-13(10).</b> A program that utilizes telehealth for treatment complies with each applicable rule.</p>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
Residential Programs Additional Administration and Direct Services Requirements	C NC NA	Date to be corrected by	Corrected During Inspection Notes
<p><b>R501-1-14(1).</b> A program providing residential service:</p> <ul style="list-style-type: none"> <li>(b) ensures that each staff shift list remains current and available to the office upon request;</li> <li>(c) ensures access to a medical clinic or a medical professional familiar with the program and population served; and</li> <li>(d) provides a separate space for clients who are sick.</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<p><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:</p>	<input type="checkbox"/> (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;		
	<input type="checkbox"/> (b) the program has a documented need for the individual to remain in the program;		
	<input type="checkbox"/> (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;		
	<input type="checkbox"/> (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		
	<input type="checkbox"/> (e) the individual signs a consent document outlining:		
	<input type="checkbox"/> (i) the individual is consenting to remain in the program voluntarily and understands the individual is not required to remain against their will;		
	<input type="checkbox"/> (ii) that any criminal offenses committed may result in being charged as an adult; and		
	<input type="checkbox"/> (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.		
<p><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</p>	<input type="checkbox"/> (a) does not use family contact as an incentive for proper behavior or withhold family contact as a punishment;		
	<input type="checkbox"/> (b) does not deny the communication unless state law or a court order prohibits the communication; or		
	<input type="checkbox"/> modify the frequency or form of the communication unless:		
	<input type="checkbox"/> (A) the office approves the modification; or		
	<input type="checkbox"/> (B) state law or a court order prohibits the frequency or the form of the communication.		
			During client interview youth stated they do not have confidential phone calls with parents/guardians



<b>R501-1-16(1)</b> Each residential program shall ensure designated space is available for records, administrative work, and confidential phone calls for clients.	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is not a designated space for confidential phone calls for the clients.
<b>R501-1-16(2)</b> 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 type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-1-16(3)</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>R501-1-16(4)</b> Each residential program shall ensure that each bedroom designated for clients shall be comparable to other similarly utilized bedrooms with similar access, location, space, furnishings, and furnishings.	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-1-16(5)</b> Dormitory space is only allowed in an emergency homeless shelter or a program serving only adults.	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>R501-1-16(6)</b> Each residential program shall ensure that each client is not locked in a bedroom.	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-1-16(7)</b> Each residential program shall ensure that each mirror or safety mirror is secured to the bathroom wall at a convenient height.	<input type="checkbox"/> <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 type="checkbox"/> <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 type="checkbox"/> <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 type="checkbox"/> <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 type="checkbox"/> <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 type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-1-16(13)</b> Each client is permitted to decorate and personalize their bedroom, while maintaining respect for each other resident and property.	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-1-16(14)</b> A program that provides common laundry for towels, bedding, or clothing shall provide separate containers for soiled and clean laundry.	<input type="checkbox"/> <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 type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-1-16(16)</b> Programs permitting clients to do laundry provide equipment and supplies for washing and drying	<input type="checkbox"/> <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 type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-1-16(19)</b> 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 type="checkbox"/> <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 type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Food and Service Requirements</b>	<b>c</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-17(1)</b> 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 type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>R501-1-17(2)</b> 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"/>	
<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: <ul style="list-style-type: none"> <li>(a) maintain a current list of each client with special nutritional needs;</li> <li>(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</li> <li>(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:               <ul style="list-style-type: none"> <li>(i) served from dietitian or nutritionist approved menu; or</li> <li>(ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA standard homeless settings</li> </ul> </li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<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 type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<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 type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>Program Staffing</b>	<b>c</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-18(1)</b> 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"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>R501-1-18(2)</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>R501-1-18(3)</b> 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 checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>R501-1-18(4)</b> 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"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection

<b>R501-1-18(5)</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>Program Personnel Record Requirements</b>						
<b>R501-1-19(1).</b> Each program shall create and maintain personnel information for each staff member, contracted employee, and volunteer.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>R501-1-19(2). Personnel information shall include:</b> (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 acknowledgement 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<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> 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;	<input type="checkbox"/>			
(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.				
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Program Intake and Discharge Requirements</b>	C	NC	NA	Date to be corrected by
<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 type="checkbox"/>
				Not assessed during Quarterly Inspection

<b>R501-1-21(3).</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	<input type="checkbox"/>				
(b) signed consent for treatment that outlines:	<input type="checkbox"/>				Not assessed during Quarterly Inspection
(i) rules of the program;	<input type="checkbox"/>				
(ii) expectations of clients, parents, and guardians;	<input checked="" type="checkbox"/>				
(iii) services to be provided;	<input type="checkbox"/>				
(iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services;	<input type="checkbox"/>				
(v) client rights; and	<input type="checkbox"/>				
(vi) licensing contact information.	<input type="checkbox"/>				
<b>R501-1-21(4).</b> A discharge plan identify resources available to a client and include:					
(a) reason for discharge or transfer;	<input type="checkbox"/>				
(b) aftercare plan;	<input type="checkbox"/>				
(c) summary of services provided; and	<input type="checkbox"/>				
(d) progress evaluation.	<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>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;	<input type="checkbox"/>				
(b) cultural background;	<input type="checkbox"/>				
(c) dominant language and mode of communication;	<input type="checkbox"/>				
(d) family history and dynamics;	<input type="checkbox"/>				
(e) current and past health and medical history;	<input type="checkbox"/>				
(f) social, psychological, developmental, vocational, and, as appropriate, educational factors;	<input type="checkbox"/>				
(g) suicide risk screening; and	<input type="checkbox"/>				
(h) authorization to serve and obtain emergency care.	<input type="checkbox"/>				
<b>R501-1-22(2)</b> 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 type="checkbox"/>				Not assessed during Quarterly Inspection
<b>R501-1-22(3).</b> 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 type="checkbox"/>				Not assessed during Quarterly Inspection
<b>R501-1-22(4).</b> 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;	<input type="checkbox"/>				
(b) a program must complete an individualized disruption plan at the time of intake for each out of state client to include:	<input type="checkbox"/>				
(i) who is responsible for the child's return if placement at the facility disrupts;	<input type="checkbox"/>				
(ii) current emergency contact information to include the name, address, phone and email address of the parent or responsible party;	<input type="checkbox"/>				
(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	<input type="checkbox"/>				
(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 type="checkbox"/>				Not assessed during Quarterly Inspection

<b>R501-1-22(5).</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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>R501-1-22(6).</b> 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>R501-1-22(7).</b> Each congregate care program shall report each critical and non-critical restraint or seclusion to the office within one business day.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
Program Clinical Services	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:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(a) regularly reviewed and updated;						
(b) individualized; and						
(c) designed to involve the participation of each client or each client's parent or guardian.						
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>R501-1-23(5).</b> Program providing clinical treatment ensure that each client identified for treatment receives individual treatment at least weekly.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
Program Policy and Procedure Requirements	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
Additional Policy and Procedure Requirements for Residential Programs	c	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-1-25(1).</b> Residential programs that provide meals for clients have and follow a food service policy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>R501-1-25(2).</b> Residential programs managing, storing, or administering client medications have and follow a medication management policy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection

<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>R501-1-25(4).</b> Residential programs have a policy regarding the care, vaccination, licensure, and maintenance of any animals on-site.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<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;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(b) storage and return of each client belonging to the client or client's guardian at the time of discharge; and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(c) program shall replace any lost or stolen items for which the program is responsible.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>R501-1-25(6).</b> A program managing funds for client allowances must document each expense.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
<b>R501-1-25(7).</b> Residential programs develop and follow a policy for providing separate space for sick clients.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
Congregate Care Program Additional Policy and Procedure Requirement	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<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 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;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(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;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(c) inducing pain to obtain compliance;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(d) hyperextending joints;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(e) peer restraints;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(f) discipline or punishment that is intended to frighten or humiliate;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(g) requiring or forcing the child to take an uncomfortable position, including squatting or bending;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(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;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(i) spanking, hitting, shaking, or otherwise engaging in aggressive physical contact;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(j) denying an essential program service;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(k) depriving the child of a meal, water, rest, or opportunity for toileting;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(l) denying shelter, clothing, or bedding;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(m) withholding personal interaction, emotional response, or stimulation;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(n) prohibiting the child from entering the residence;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(o) abuse as defined in Section 80-1-102; and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection
(p) neglect as defined in Section 80-1-102	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed during Quarterly Inspection

**Outpatient Treatment Programs - Inspection Checklist**

**(Revised 05/2023)**

**C = Compliant**

**NC = Not Compliant**

**NA = Not Assessed during this inspection**

<b>Administration and Direct Services</b>					<b>Corrected During Inspection</b>	<b>Notes</b>
	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>		
<p><b>R501-21-4(2).</b> Programs shall have current program information readily available to the Office and the public, including a description of:</p> <ul style="list-style-type: none"> <li>(a) program services;</li> <li>(b) the client population served;</li> <li>(c) program requirements and expectations;</li> <li>(d) information regarding any non-clinical services offered;</li> <li>(e) costs, fees, and expenses that may be assessed, including any non-refundable costs, fees or expenses; and</li> <li>(f) complaint reporting and resolution processes.</li> </ul>	<input type="checkbox"/>	<input checked="" 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.

<b>Physical Facility</b>					<b>Corrected During Inspection</b>	<b>Notes</b>
	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>		
<p><b>R501-21-5(1).</b> Space shall be adequate to meet service needs and ensure client confidentiality and comfort.</p> <p><b>R501-21-5(4).</b> Programs offering supplemental services or activities in addition to outpatient treatment shall:</p> <ul style="list-style-type: none"> <li>(a) remain publicly transparent in the use of the equipment, practices and purposes;</li> <li>(b) ensure the health and safety of the consumer;</li> <li>(c) gain informed consent for participation in supplemental services or activities; and</li> <li>(d) provide verification of all trainings or certifications as required for the operation and use of any supplemental equipment.</li> </ul>	<input type="checkbox"/>	<input checked="" 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.

						Notes
						Corrected During Inspection
						Date to be corrected by
Substance Use Disorder Treatment Programs	C	NC	NA			
<b>R501-21-5(7).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<b>R501-21-6(1).</b> All substance use disorder treatment programs shall develop and implement a plan on how to support opioid overdose reversal.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<b>R501-21-6(2).</b> Maintain proof of completion of the National Survey of Substance Abuse Treatment Services (NSSATS) annually.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<b>R501-21-6(3).</b> 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.						

<b>R501-21-6(4).</b> 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	<input type="checkbox"/>		
(ii) prescribing licensed practitioner who can document specific training in current industry standards regarding methadone treatment for opioid addictions; or	<input type="checkbox"/>		
(iii) prescribing licensed practitioner who can document specific training or experience in methadone treatment for opioid addictions; and	<input type="checkbox"/>		
(d) provide one nurse to dispense or administer medications for every 150 Methadone consumers dosing on an average daily basis.	<input type="checkbox"/>		
<b>R501-21-6(5).</b> 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;	<input type="checkbox"/>	<input type="checkbox"/>	
(A) screenings may be shared between providers with client written consent;	<input type="checkbox"/>		
(ii) provide a workbook to each participant to keep upon completion of the course;	<input type="checkbox"/>		
(iii) ensure at least 16 hours of course education; and	<input type="checkbox"/>		
(iv) provide separate classes for adults and youth.	<input type="checkbox"/>		
(c) Any violations of this rule section will be reported to DSAMH for evaluation of certification.			
<b>Domestic Violence</b>	C	NC	NA
			Date to be corrected by
<b>R501-21-7(1).</b> 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;	<input type="checkbox"/>	<input type="checkbox"/>	
(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"/>		
			Notes
			Corrected During Inspection

<b>R501-21-7(2). Staff to Consumer Ratio</b>			
(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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(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 type="checkbox"/>	<input type="checkbox"/>
<b>R501-21-7(3). Client Intake and Safety</b>			
(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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) When appropriate, additional information for child consumers shall be obtained from parents, prior treatment providers, schools, and Child Protective Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) When any of the above cannot be obtained, the reason shall be documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) The assessment shall include the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(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.			

<b>R501-21-7(4).</b> 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.	<input type="checkbox"/>		
(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.	<input type="checkbox"/>	<input type="checkbox"/>	
(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.			
<b>R501-21-7(5).</b> Training			
(a) Training that is documented and approved by the designated Utah DHS DV Specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Regarding assessment and treatment practices for treating:			
(i) DV victims; and			
(ii) DV perpetrators.			
<b>R501-21-7(6).</b> Programs must disclose all current DHHS contracts and actions against the contract to the Office.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-21-7(7).</b> Programs must disclose all current Accreditations and actions against accredited status to the Office.	<input type="checkbox"/>	<input type="checkbox"/>	