 Utah Department of Health & Human Services Licensing & Background Checks		Outdoor Youth Program Inspection Checklist				This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. <i>(Revised 03/2023)</i>	
Provider Name: Therapy Associates DBA Star Guides DBA Star Guides dba Star Guides		Facility ID: F22-93688		Phone Number:		Notes	
Site Name or Address: 377 E Riverside Dr Bldg B St. George, UT 84790				Email Address:		On Conditional status until 10/31/2023. Two day inspection with one day in the field and another in the office. Total duration:11.75 hrs	
Approved Capacity: 42		# of Present Residents\Clients 13					
Please review the following items prior to the inspection: (Mark with a check mark if completed and make and necessary notes)				Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)			
<input checked="" type="checkbox"/>		DACS to ensure background checks are current.		<input checked="" type="checkbox"/>		Introduce yourself and any DHHS staff	
<input checked="" type="checkbox"/>		Any active rule variances.		<input checked="" type="checkbox"/>		Clients Interviews	
<input checked="" type="checkbox"/>		Any license restrictions or conditions.		<input checked="" type="checkbox"/>		Staff Interviews	
<input checked="" type="checkbox"/>		Any needed rule variances.		<input checked="" type="checkbox"/>		Other:	
Inspection Information:							
- The licensor will email you this inspection checklist after the inspection is completed. This checklist is not an official compliance statement. The licensor will send you an official Inspection Report once this inspection has been approved by management. Only items checked here as noncompliant can be part of your Inspection Report, and the Inspection Report is to be considered the results of this inspection.							
- If the only non compliance items are documentation and/or records, please submit them by the <i>correction required date</i> listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.							
Signature Information							
Inspection Type: Renewal Inspection		Date: 09/19/2023		Time Started On-site: 11:00 am		Time Ended On-site: 10:45 am	
Number of Non Compliant Items: 21		Name of Individual Informed of this Inspection: Matt Bulkley					
Licensor(s) Conducting this Inspection: McCabe Peterson		OL Staff Observing Inspection:					
<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.		Matt Bulkley	

General Provisions Inspection Checklist

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

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

R501-1-13(2). The following items are posted in a conspicuous place: (a) abuse reporting laws; (b) civil rights notice; (c) Americans with Disabilities Act notice; (d) the program license; (e) any office notice of agency action; and (f) a client rights poster.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/22/2023	<input type="checkbox"/>	Posters not in a conspicuous place as required by rule.
R501-1-13(3). Provider is in compliance with: (a) food handler permits for any person preparing meals for any other person; (b) capacity limits; (c) licensure and registration of any vehicles used to transport clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Checklist error. Provider is compliant.
R501-1-13(5). Provider has proof of: (a) financial viability of the program as verified by a financial professional; (b) vehicle insurance;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(6). Provider ensures that: (a) each entity associated with the licensee read, understand, sign, and follow the current department code of conduct; (b) current staff and client lists are available at each licensed site; (f) at least one CPR and First Aid trained or certified staff member is available when staff and clients are present together; (g) the program maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the program is serving, or is likely to serve, a client with a substance use disorder; and (h) the program provides trainings and monitors staff to ensure compliance regarding program policy and procedures including: (i) the needs of each client; (ii) licensing rule; (iii) client rights; (iv) department code of conduct; (v) incident reporting; (vi) program emergency response plan; and (vii) CPR and first aid.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(7) & (8). A program providing school on-site: (a) completes youth education forms for all education entitled children (b) maintains the established staff to client ratio with behavioral intervention trained staff in the school setting; (c) 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 (d) ensures each youth is taught at grade level.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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

R501-1-14(5). 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"/>	
R501-1-14(6). Direct care staff are trained in first aid and CPR within six months of hire.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Physical Facilities and Safety	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-15(1). The appearance and cleanliness of the building and grounds are maintained and free from health and fire hazards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(2). Appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(3). 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"/>	
R501-1-15(4). Fire drills in non-outpatient programs are conducted and documented at least quarterly and program administration provides and documents feedback regarding response time and process.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Haven't had day treatment in a year and not applicable for outdoor youth.
R501-1-15(5). A 911 recognizable phone is always on-site with clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(6). Bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(7). Each 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"/>	
R501-1-15(8). Each bathroom is ventilated by mechanical means or equipped with a window that opens.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(9). Medications and potentially hazardous items on-site are maintained lawfully, responsibly, and with consideration of the safety and risk level of the population served. This includes locked storage for each medication and hazardous chemical.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/22/2023	<input type="checkbox"/>	Medications not in a locked container.
R501-1-15(10). Non-prescription medications, if stored on-site, are stored in original manufacturer's packaging together with the manufacturer's directions and warnings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(11) & (12). 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. Maintains fully supplied First Aid Kit as recommended by the American Red Cross	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/20/2023	<input type="checkbox"/>	Prescription not stored in original pharmacy packaging or individual pharmacy bubble pack.
Residential Programs Additional Facilities and Safety Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-16(1). There is designated space available for records, administrative work, and confidential phone calls for clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-16(2). Bedroom assignments are made in accordance with each approved agency non-discrimination policy and individualized assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No bedrooms
R501-1-16(3). 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"/>	
R501-1-16(4). Each bedroom designated for clients is comparable to other similarly utilized bedrooms with similar access, location, space, finishings, and furnishings.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No bedrooms
R501-1-16(6). No client is locked in a bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No bedrooms
R501-1-16(7). Each mirror or safety mirror is secured to the bathroom wall at a convenient height.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No mirror's
R501-1-16(8). Each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No bedrooms
R501-1-16(9). Each bath or shower allows for individual privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No showers
R501-1-16(10). Each client is supplied with hygiene supplies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(11). Each sleeping area has a source of natural light and is ventilated by mechanical means or is equipped with a window that opens.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No bedrooms
R501-1-16(12). Each bed is solidly constructed and non-portable.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No beds
R501-1-16(13). Each client is permitted to decorate and personalize their bedroom, while maintaining respect for each other resident and property.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No bedroom space
R501-1-16.(14) A program that provides common laundry for towels, bedding, or clothing shall provide separate containers for soiled and clean laundry.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16. (15). Bedding and towels are laundered weekly and after each client is discharged.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Outdoor youth
R501-1-16(16). Programs permitting clients to do laundry provide equipment and supplies for washing and drying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't do their own laundry
R501-1-16(17). Each individual is provided with at least 60 square feet in a multiple occupancy bedroom and 80 square feet in a single occupant bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No bedrooms
R501-1-16(18). In facilities serving individuals with disabilities, no more than two persons are housed in each bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No physical site
R501-1-16(19). Seclusion room measures 75 square ft. with 7 feet ceiling. nothing that obstructs view of client, no safety hazards, has natural light or mechanical ventilation, no locking capability, cannot be a bathroom, bedroom, closet or area outside the licensed site.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No use of seclusion rooms
Food and Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-17(1). Residential programs that provide meals for four or more, but less than 16, clients comply with a local health inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-17(2). Meals are not used as incentive or punishment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(3). Each program that provides meals provides nutritional counseling to staff and clients and designate staff responsible for food service. As part of these responsibilities, each program ensures that designated staff: (a) maintain a current list of each client with special nutritional needs; (b) ensure that each client with special nutritional needs has food storage and a preparation area that is not exposed to any identified allergen or contaminant; and (c) except in a day treatment program serving clients for less than ten hours a day, or outpatient programs serving clients for less than six consecutive hours a day, provide a variety of three nutritious meals a day that is: (i) served from dietician or nutritionist approved menus; or (ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA standard homeless settings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(4). Programs that provide meals establish and post kitchen rules and privileges in a kitchen according to client needs and safe food handling practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No kitchen
R501-1-17(5). Programs that provide meals provide adequate dining space that is maintained in a clean and safe condition for each client .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No dining space.
R501-1-17(6). Programs that provide self-serve meals ensure that self-serve kitchen users are supervised, directed, and trained by a staff that has a Department of Health food handler's permit or is trained by Serv-Safe, USDA, or a comparable program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-18(1). 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"/>	
R501-1-18(2). A manager or qualified designee is immediately available when the program is in operation or there is a qualified and trained substitute when the manager is absent or unavailable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(3). Programs that offer clinical services employ or consult with licensed professional staff that include an individual who is familiar with the program and the needs of each client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(4). Programs serving substance use disorder ensure each staff and client is screened for tuberculosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(5). Programs managing, storing, or administering client medication identify a medical professional to be responsible for the medication management policy, medication oversight, and staff training regarding medication management.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(6). Each program or person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers as described in 21 CFR 1301.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Personnel Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-1-19(1)-(2). The program create and maintains personnel information for each staff member, contracted employee, and volunteer, including: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Section R501-14-17; (c) a department code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any training records with the date completed, topic, and the individual's signed acknowledgment of training completion to include: (i) current CPR and First Aid certification; (ii) current policy and procedure training; and (iii) proof of annual department code of conduct and behavior management training; (e) any grievances or complaints made by or against the individual and actions taken by the program; and (f) each crisis intervention or critical incident report involving the individual.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/29/2023	<input type="checkbox"/>	Staff missing critical incident from their information.
Program Client Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-20(1). Client information is maintained and includes: (a) client name, address, email address, phone numbers, date of birth and identified gender; (b) emergency contact names, including legal guardian where applicable, and at minimum, the emergency contact physical address, current email address or current phone numbers; (c) a program serving substance use disorder clients shall maintain compliance with an initial and annual client tuberculosis screening results in each client record; (d) any information that could affect health safety or well-being of the client including each medication, allergy, chronic condition or communicable disease; (e) intake screening and assessment; (f) discharge documentation; (g) treatment or service plan; (h) progress notes and services provided with date and signature of staff completing each entry; (i) individualized assessment for restriction of access to on-site items that could be used as weapons for self-directed violence or as an intoxicant; (j) any referral arrangements made by the program; (k) client or guardian signed consent or court order of commitment to services in lieu of signed consent for each treatment and non-clinical service; (l) summary of attendance and absences; (m) any grievances or complaints made by or against the client and actions taken by the program; (n) each crisis intervention or critical incident report involving the client; and (o) any signed agreements and consent forms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-20(2). There is a plan detailing how each program staff and client file will be maintained and remain available to the office and other agencies legally authorized to access the files for seven years regardless of whether the program remains licensed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-1-21(1). The program completes an intake screening before accepting a client into the program. Intake screenings assess at minimum: (a) verification that the client meets the eligibility requirements of the program; (b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve; (c) description of presenting needs; (d) suicide risk screening; and (e) a program serving substance use disorder clients may not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-21(3). Following determination of eligibility, the client or parent or guardian signs and receives copies of the following agreements to be maintained as client records: (a) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (b) signed consent for treatment that outlines: (i) rules of the program; (ii) expectations of clients, parents, and guardians; (iii) services to be provided; (iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services; (v) client rights; and (vi) licensing contact information.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/22/2023	<input type="checkbox"/>	Missing DHHS clients rights and licensing contact information. Don't receive copy of rules and expectations. Parents don't sign expectations.
R501-1-21(4). A discharge plan identify resources available to a client and include: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/25/2023	<input type="checkbox"/>	No discharge summary.
Residential Additional Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-22(1). In residential facilities, an intake assessment is completed following an approved intake screening and no later than seven days from the admission date. The assessment considers and contains: (a) gender identity and individualized assessment for bedroom and bathroom assignments; (b) cultural background; (c) dominant language and mode of communication; (d) family history and dynamics; (e) current and past health and medical history; (f) social, psychological, developmental, vocational, and, as appropriate, educational factors; (g) suicide risk screening; and (h) authorization to serve and obtain emergency care.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/25/2023	<input type="checkbox"/>	Psycosocial that includes cultural background, family history not competed in 7 days.
R501-1-22(3). 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"/>	

R501-1-22(4). The disruption plan contains the following: (a) program must retain jurisdiction and responsibility for the youth while the youth remains in Utah; (b) a program must complete an individualized disruption plan at the time of intake for each out of state client to include: (i) who is responsible for the child's return if placement at the facility disrupts; (ii) current emergency contact information to include the name, address, phone and email address of the parent or responsible party; (iii) a signed statement from parent or responsible party outlining the plan for the youth in the event of an unplanned disruption in care; and (iv) a plan for safe transportation either to the state of origin, the responsible party identified in Subsection R501-1-22(3)(a) or to another licensed congregate care program. R501-1-22(5). Each congregate care program may demonstrate compliance with Subsections R501-1-22(2) and R501-1-22(3) by producing the 100A and 100B forms and disruption plan as required by the Interstate Compact for the Placement of Children (ICPC).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-22(6). Private placements are reported to the office by the fifth business day of each month.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/25/2026	<input type="checkbox"/>	Not reporting private placements
R501-1-22(7). 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"/>	
Program Clinical Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-23(1). Programs providing clinical treatment assign a clinical director to ensure that assessment, treatment, and service planning practices are: (a) regularly reviewed and updated; (b) individualized; and (c) designed to involve the participation of each client or each client's parent or guardian.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(2). Programs providing clinical treatment ensure that each person working directly with a client is informed of the client's individual treatment needs and advised of the best approach to working with that client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(3). Programs providing clinical treatment ensure that client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(4). Program providing clinical treatment ensure that discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(5). Program providing clinical treatment ensure that each client identified for treatment receives individual treatment at least weekly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(6). Program providing group counseling, family counseling, skills development, or other treatment ensure the treatment is offered and documented as prescribed in the treatment plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Policy and Procedure Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

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

<p>R501-1-26. A Congregate Care Program does not utilize any behavior management technique, restraint, seclusion, or curriculum unless it has been approved by the office. They do not use 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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Outdoor Youth Program - Additional Inspection Checklist

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

Program Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-4(4). Each client has clothing and equipment to protect them from the environment. This equipment is never be removed, denied, or made unavailable.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/06/2023	<input type="checkbox"/>	Client was made to hike in sweatpants as they did not have regular pants or shorts If clients run out of TP
R501-8-4(5). During an expedition, if a client refuses or cannot hike or to carry the client's equipment, the group ceases hiking. The program establishes, documents, and resolves the reasons for the client's refusal or inability to continue before hiking continues.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/06/2023	<input type="checkbox"/>	No documentation on reason for refusal or how it was resolved.
R501-8-4(6). Deprivation of essential equipment or items is not used as a consequence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(7). The program conducts an individual assessment of each client's recommended backpack weight. Each backpack weight guideline may not exceed 20 % of the client's body weight. If a client is required to carry other items, the total weight carried must not exceed 30 % of the client's body weight unless individually documented with parental permission to exceed this ratio.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(8). The program provides clients with clean clothing at least weekly and provides a means for each client to bathe or otherwise clean the client's body at least twice weekly.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	09/25/2023	<input type="checkbox"/>	Pants/shorts are not laundered
R501-8-4(9). Hiking does not exceed the physical capability of the weakest member of the group. Hiking is prohibited at temperatures above 90 degrees F. or at temperatures below ten degrees F.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(10). A field staff in each group carries a means to accurately measure and display the current temperature.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(11). Each expedition plan including map routes, anticipated schedules, and times is carried by the field staff and recorded in the field office.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/06/2023	<input type="checkbox"/>	Anticipated schedules are not noted.
R501-8-4(12). A field staff in each group maintains a signed daily log or dictates a recorded log to be transcribed and signed immediately following termination of the activity to contain the following information: (a) each critical incident; (b) prescription compliance; (c) each medical concern; (d) each behavioral concern or refusal to hike and how the concern is addressed; (e) each unusual occurrence; and (f) each log entry that is recorded is in an un-editable format and remains available to the office upon request.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/20/2023	<input type="checkbox"/>	Logs can be edited and are not signed after activity for critical incident

R501-8-4(13). Each program staff is required to carry an accurate, reliable time piece accurately reflecting the time of day and for documentation purposes in log notes and incident reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(14). Program administration trains each staff regarding the standards of this section and regularly monitors and ensures compliance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Staff, Interns, and Volunteers	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-5(1). The outdoor youth program has a governing body and an executive director who has responsibility and authority over the policies and activities of the program and coordinates office and support services and training. The executive director has the following qualifications: (a) be at least 25 years of age; (b) have a bachelor's degree or equal training and experience in a related field; (c) have at least two years of outdoor youth program administrative experience; (d) have at least 30 credit hours education in recreational therapy or related experience or one-year outdoor youth program field experience; (e) demonstrate knowledge and understanding of relevant licensing rules; and (f) have completed each required staff training.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-5(2). The outdoor youth program has a direct care field director who has primary responsibility for coordinating field operations, managing field staff, operating the field office, and supervising emergency response procedures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-5(3). A field director or a qualified designee must: (a) be trained as a direct care staff in accordance with Section R501-1-14; (b) be at least 25 years of age; (c) have a bachelor's degree or equal training and experience in a related field; (d) visit in the field at least two days a week with no more than five days between visits; and (e) document each field visit, including: (i) the condition of each client; (ii) interactions with clients and staff; (iii) incidents and interventions to be reported to each client's guardian and the office; (iv) each report of compliance with Subsection 62A-2-123(6) regarding weekly confidential communication with family; and (v) staff compliance with each policy and rule.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Field documentation does not document condition of each client nor the interactions with clients and staff.
R501-8-5(4). The outdoor youth program has field support staff to be responsible for delivering supplies and mail to the field, communication with each client in the field, and first aid support.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-8-5(5). Each outdoor youth program group has direct care senior field staff working directly with the clients and who meet the following qualifications: (a) be trained as a direct care staff in accordance with Section R501-1-14; (b) be at least 21 years of age; (c) have an associate's degree or high school diploma with 30 credit hours of education and training or comparable experience and training in a related field; and (d) have six months outdoor youth program field experience or comparable experience which shall be documented in the individual's personnel file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-5(6). The outdoor youth program has direct care field staff working directly with the clients and meet the following qualifications: (a) be at least 20 years of age; (b) have a high school diploma or equivalent; (c) have 48 field-days of outdoor youth program experience or comparable experience which shall be documented in the individual's personnel file; and (d) exhibit skilled leadership.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-5(7). The outdoor youth program has direct care assistant field staff as required to meet or exceed staff to client ratios. Assistant field staff meet the following qualifications: (a) be at least 19 years of age; (b) have a high school diploma or equivalent; (c) have 24 field days of outdoor youth programs experience; and (d) exhibit skilled leadership.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-5(8). The outdoor youth program has a licensed physician and mental health professional accessible to each client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-5(9). If the outdoor youth program has interns or volunteers who are learning the program practices while completing educational requirements: (a) Each intern must be at least 19 years of age. (b) Each volunteer must be at least 18 years of age. (c) Staff training must be completed by each incoming staff including interns and volunteers regardless of background experience. (d) Each volunteer and intern must be supervised by the clinical director, program administration, or senior direct care staff. (e) Each intern and volunteer may never directly supervise a client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Client Supervision and Ratios	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-6(1). Each youth group is directly supervised by at least two direct care staff, one of which is a direct care senior field staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-6(2). Each field group does not exceed 16 people with a ratio of at least one staff per four clients. Staff counts towards the field group size.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-8-6(3). Each volunteer is counted as a client in figuring staff to client ratios.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-6(4). Field group size does not exceed the number specified by federal, state, or local agencies in whose jurisdiction the program is operated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Staff Training	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-7(1). The outdoor youth program provides at least 80 hours initial staff training.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-7(2). Initial staff training is not considered completed until the staff have demonstrated to the field director proficiency in each of the following areas: (a) counseling, teaching and supervisory skills; (b) water, food, and shelter procurement, preparation, and conservation; (c) low impact wilderness expedition and environmental conservation skills and procedures; (d) client management, including containment, control, safety, conflict resolution, and behavior management; (e) instruction in safety procedures and safe equipment use, fuel, fire, life protection, and related tools; (f) instruction in emergency procedure, medical treatment, evacuation, weather, signaling, fire, and dealing with runaway and lost clients; (g) sanitation procedures, water, trash, human waste, food handling; (h) wilderness medicine, including health issues related to acclimation, exposure to the environment, and anaphylaxis; (i) CPR, standard first aid, first aid kit contents and use, and the program's medication management policy and procedure; (j) navigation skills, including map and compass use and contour and celestial navigation; (k) local environmental precautions, including terrain, weather, spiders, ticks, scorpions, snakes, insects, predatory animals, poisonous plants, giardia, frostbite, hypothermia, heat exhaustion, dehydration, responses to adverse situations, and emergency evacuation; (l) leadership and judgment; (m) report writing, including required development and maintenance of logs; and (n) federal, state, and local regulations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/02/2023	<input type="checkbox"/>	Staff not trained in first aide/CPR
R501-8-7(3). At least 80 hours of initial staff training is completed, documented, and maintained in each staff personnel file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-7(4). The field director or equally qualified designee documents in each personnel file how the field director or qualified designee determined that each staff has demonstrated proficiency in each of the required topic areas as listed in Subsection (2) of this section.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-7(5). Each initial staff training and demonstration of proficiency is completed and documented before the staff may count in the staff client ratio.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/02/2023	<input type="checkbox"/>	Staff did not have documented proficiency and was counted as staff.
R501-8-7(6). The program provides and documents on-going staff training to improve proficiency in knowledge and skills and to maintain certifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Staff Health Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-8(1). Before engaging in any field activity, each staff adhereS to the following: (a) each field staff, intern, and volunteer haS an annual physical examination and health history signed by a licensed medical professional; (b) a recognized physical stress assessment is completed as part of the physical examination of each staff; (c) the physical examination of each staff is reviewed and maintained by the provider in the staff personnel file; and (d) each program staff, intern, and volunteer submits to drug and alcohol screening upon request.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Staff participating in field activities prior to physical examination.
Client Admission Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-9(1). Clients are no younger than 13 years of age and no older than 17 years of age and have a current health history report which includes notation of client physical limitations and prescriptive medications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-9(2). The health history report is completed, submitted, and verified by each client's parent or guardian as part of the intake screening or assessment in accordance with Sections R501-1-18 and R501-1-23 and before entry into the field.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-9(3). An admissions assessment is conducted by a treatment professional before each client enters into the field and includes the following: (a) a review of each client's social and psychological history with the client's parent or legal guardian before enrollment; and (b) an interview with the client before entrance into the field program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-8-9(4). Before entry into the field and within 15 days of admission to the program, the following requirements are met: (a) a licensed medical professional must review each client's health history report and conduct a physical examination; and (b) the program provides a physical examination form to a licensed medical professional that clearly states a description of the physical demands and environment of the program, and requires the following information before a client may enter the field: (i) a urinalysis drug screen; (ii) a complete blood count (CBC) unless waived in writing by the client's parent or guardian; (iii) a complete metabolic profile (CMP) unless waived in writing by the client's parent or guardian; (iv) a urinalysis for possible infections; (v) a pregnancy test; (vi) a physical stress assessment; (vii) a determination by the physician if detoxification is indicated for client before entrance into field portion of the program; (viii) any other tests as necessary to assess fitness for the field portion of the program; and (ix) a medical professional shall review current and historical medical data and approve the client to enter the field with recommendations for any medical monitoring.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-9(5). A copy of each client's medical forms and approvals are maintained at the field office and another copy is carried by staff members in a waterproof container throughout the field expedition.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/20/2023	<input type="checkbox"/>	field staff do not keep medical approvals in the field.
R501-8-9(6). The program clinically reviews each client's psychological history and conducts an additional psychological assessment as clinically necessary before the client's entry into the field.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-9(7). Upon admission and for a period of no fewer than three days in the field, direct care field staff closely monitor each client for any health problems that may be a result of hiking or living outdoors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Water and Nutritional Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-10(1). At least six quarts of potable water are available per person per day, plus one additional quart per person for each five miles hiked. Although it is not required that the entire amount be hand carried, water is always accessible during hiking.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-10(2). In temperatures above 90 degrees F., staff make sure each client's fluid intake is at least three quarts of water per day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-10(3). Each field group in the field always has electrolyte replacement available.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-10(4). In temperatures above 80 degrees F., water is available for coating each client's body, and other techniques are available for cooling as needed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/02/2023	<input type="checkbox"/>	Water can't be wasted to be used to coat the body for cooling.
R501-8-10(5). Potable water is available at each campsite. Water cache location information is verified with field staff before the group leaves camp each day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-8-10(6). No expedition group depends on aerial drops for water. Aerial water drops are used for emergency situations only.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-10(7). Water from natural sources is made safe to drink through boiling, filtering, or disinfection in accordance with the center for disease control guidance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-10(8). The outdoor youth program has a written menu describing food supplied to the client which provides at least 3,000 calories per day while in the field. There are fresh fruit and vegetables available at least twice a week. Food is never withheld from a client for any reason. If no fire is available, other food of equal caloric value, which does not require cooking, is available. (a) The menu is adjusted to increase minimum dietary needs as energy expenditure, including exercise and climate conditions, dictate. (b) Food is from a balance of the food groups. (c) Forage items do not count toward the determination of caloric intake. (d) Multiple vitamin supplements are offered daily.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Health Care	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-11(1). The outdoor youth program provides first aid treatment promptly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-11(2). When a client has an illness or physical complaint that does not respond to or cannot be treated by standard first aid, the program immediately arranges for the client to be seen and treated as indicated by a licensed medical professional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-11(3). Each client's physical condition is assessed at least every 14 days by a qualified medical professional. Blood pressure, heart rate, allergies, and general physical condition are checked and documented. Any assessment concerns are documented, and the client is taken to the appropriate medical professional for treatment. There are no consequences issued to a client for requesting to see a healthcare professional or for anything said to a health care professional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-11(4). Each prescription and over the counter medication is kept in the secure possession of designated staff and provided to clients in accordance with labels or prescription directions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-11(5). Staff are trained for medication administration in accordance with Rule R501-1 and communicate with the field director and document reason and plan for any lost or missing prescription medication.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-11(6). A foot check is conducted at least twice daily and documented.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/02/2023	<input type="checkbox"/>	Feet checks are done at such a distance that they are ineffective.
Safety	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-12(1). Each first aid kits includes sufficient supplies for the activity, location, and environment as approved by the program's medical professional. First aid kit supplies are available during each field activity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-8-12(2). Each outdoor youth program has a support system that meets the following criteria: (a) reliable daily two-way radio communications between groups and with support staff, with additional charged battery packs and a reliable backup system of contact in the event the radio system fails; (b) the support vehicles and field office are equipped with first aid equipment; (c) the support and field staff have access to contact information including telephone numbers, locations, contact personnel, maps, medical forms, and procedures for an emergency evacuation or field incident; and (d) daily morning and evening contacts are completed between field staff, support staff, and the field office and contacts are documented in the field office log daily.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Field Office	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-13(1). The program maintains a field office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-13(2). Communication systems between the field and the field office are monitored 24 hours a day when clients are in the field.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-13(3). Support staff respond immediately to any emergency situation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-8-13(4). Support staff on duty are within one hour of any field group.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-13(5). When staff are not present in the field office a contact telephone number is posted on the field office door and the field director designates responsible on-call staff who continually monitors communications and remains available and able to access all necessary equipment and files within 15 minutes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-13(6). Field office staff adhere to the following: (a) maintain current staff and client records in accordance with Rule R501-1; (b) maintain a master map of each activity area; (c) maintain copies of each expeditionary route with its schedule and itinerary to be immediately available to the office and emergency medical services, law enforcement or search and rescue agencies as needed; (d) maintain a log of daily communications; (e) be responsible for training and orientation, management of field personnel, related files, and records; and (f) be responsible for maintaining communications, inspecting equipment, and overseeing medical incidents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Environmental Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-14(1). The outdoor youth program adheres to land use agency requirements including sanitation and low impact camping.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-14(2). Each client is continuously supervised in the observance of low impact camping requirements.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	


R501-8-14(3). Personal hygiene supplies are of biodegradable materials or packed out and properly disposed of.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Evaluation	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-15(1). Following the wilderness experience, each client receives a debriefing to include a written summary of the client's participation and the progress the client achieved.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	09/29/2023	<input type="checkbox"/>	Didn't receive a written summary
R501-8-15(2). Each guardian, client, or other involved individuals are provided the opportunity and be encouraged to submit a written evaluation of the wilderness experience, which is retained by the program in the client file record.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Individual Experiences	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-16(1). If an outdoor youth program conducts an individual component for clients as part of the program, the program has and follows written policies and procedures, which include the following: (a) an assessment of each client's ability to safely participate in the experience; (b) a description of the individual component to ensure that each client is not exposed to an unreasonable risk; (c) guardian permission for the youth to participate in the experience; (d) a policy that individual experiences are not required and must be entered voluntarily by the client or only as clinically indicated; (e) a policy of providing preparatory instruction and guidance to the client before an individual experience; (f) an individual assessment of client readiness; (g) a description of the maximum duration of each individual experience; (h) a policy explaining that a solo experience may not be used as a punishment or general practice; (i) a policy that each staff shall be familiar with the area chosen to conduct individual experiences; (j) a supervision plan for each individual event with a frequent check-in to allow each client to rescind voluntary participation and go back to the group; (k) documentation of the duration of each individual event; (l) a plan for managing emergencies; and (m) documentation of how each individual program component is not used as seclusion or in violation of Section 62A-2-123.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Stationary Campsites	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-17(1). If the program offering a stationary camp that does not provide a 24-hour outdoor group living environment may require residential treatment licensure.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't do a stationary camp.

<p>R501-8-17(2). If the outdoor youth program maintains a designated building to serve a client, the program s subject to fire, health, and safety standards.</p> <p>(a) A stationary outdoor youth program camp shall be inspected by a certified fire inspector before being occupied and on an annual basis thereafter. A copy of the inspection shall be maintained at the outdoor youth program camp.</p> <p>(b) At least one 2-A-10BC type fire extinguisher shall be in a group of tents within a 75-foot travel distance.</p> <p>(c) Flammable liquids may not be used to start fires, be stored in structures that house clients, or be stored near ignition sources. If generators are used, they will only be refueled by staff when the generator is not running and cool to the touch.</p> <p>(d) A stationary outdoor youth program camp shall be inspected by the local health department before being occupied and on an annual basis thereafter. A copy of the inspection shall be maintained at the site of the camp.</p> <p>(e) Food shall be stored, prepared, and served in a manner that is protected from contamination.</p> <p>(f) Each water supply shall be from a source that is accepted by the local health authority according to Rule R392-300, Recreation Camp Sanitation, at the time of application and for annual renewal of such licenses.</p> <p>(g) Sewage shall be disposed of through a public system, or in absence of a public system, in a manner approved by the local health authority, according to Rule R392-300, Recreation Camp Sanitation.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't do stationary camps.
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Day Treatment 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
R501-20-4(A). In addition to the following rules, all Day Treatment Programs shall comply with R501-2, Core Standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-4(B). A list of current consumers shall be available and on-site at all times.	<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
R501-20-5(A). The program shall have an employed manager who is responsible for the day to day supervision and operation of the facility. The responsibilities of the manager shall be clearly defined. Whenever the manager is absent, there shall be a substitute available.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-5(B). The program shall have a staff person trained, by a certified instructor, in first aid and CPR on duty with the consumers at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-5(C). Staffing Ratios 1. The minimum ratio shall be one direct care staff to ten consumers. In Division of Services for People With Disabilities programs, consumer ratios shall be determined by type of activity. 2. When 10% or more of the consumers are non-ambulatory, the ratio shall be one direct care staff to seven consumers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-20-5(D). Professional staff shall include the following individuals who have received training in the specific area listed below: 1. Mental Health a. a licensed physician, or consulting licensed physician, b. a licensed psychologist, or consulting licensed psychologist, c. a licensed mental health therapist or consulting licensed mental health therapist, and d. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or a consulting licensed advanced practice registered nurse-psychiatric mental health nurse specialist. e. If unlicensed staff are used they shall be supervised by a licensed clinical professional. 2. Substance Abuse a. a licensed physician or consulting licensed physician, b. a licensed psychologist or consulting licensed psychologist, c. a licensed mental health therapist or consulting licensed mental health therapist, and d. a licensed substance abuse counselor or unlicensed staff who work with substance abuses shall be supervised by a licensed clinical professional. 3. Children and Youth a. a licensed physician, or consulting licensed physician, b. a licensed psychologist, or consulting licensed psychologist, c. a licensed mental health therapist or consulting licensed mental health therapist, to provide a minimum of one hour of service per week per consumer enrolled in the program, and d. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or consulting licensed advanced practice registered nurse-psychiatric mental health nurse specialist. e. If unlicensed staff are used, they shall be trained to work with emotionally and behaviorally disturbed, or conduct disordered children and youth and shall be under the supervision of a licensed clinical professional. 4. Services for People With Disabilities a. a staff person responsible for consumer supervision and operation of the facility, and b. trained staff to provide the services and treatment stated in the consumer's plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Direct Service	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-20-6(A). Day treatment activity plans shall be prepared to meet individual consumer needs. Daily activity plans may include behavioral training, community living skills, work activity, work adjustment, recreation, self-feeding, self-care, toilet training, social appropriateness, development of gross and fine motor skills, interpersonal adjustment, mobility training, self-sufficiency training, and to encourage optimal mental or physical function, speech, audiology, physical therapy, and psychological services, counseling, and socialization.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No day treatment services in a year.
R501-20-6(B). A daily activity or service schedule shall be designed and implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No day treatment services in a year.
R501-20-6(C). While on-site, consumers shall be supervised as necessary and encouraged to participate in activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No day treatment services in a year. 
R501-20-6(D). All consumers shall be afforded the same quality of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No day treatment services in a year.
Physical Environment	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-20-7(A). The program shall provide written documentation of compliance with the following: 1. local zoning ordinances, 2. local business license requirements, 3. local building codes, 4. local fire safety regulations, 5. local health codes, and 6. local approval from the appropriate government agency for new program services or increased consumer capacity.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No day treatment services in a year.
R501-20-7(B). Building and Grounds 1. The program shall ensure that the appearance and cleanliness of the building and grounds are maintained. 2. The program shall take reasonable measures to ensure a safe physical environment for consumers and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No day treatment services in a year.
Physical Facility	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-20-8(A). The program shall have a minimum of fifty square feet of floor space per consumer designated specifically for day treatment. Hallways, office, storage, kitchens, and bathrooms will not be included in computation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-8(B). Outdoor recreational space and compatible recreational equipment shall be available when necessary to meet treatment plans.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-8(C). Furniture and equipment shall be of sufficient quantity, variety, and quality to meet program and consumer needs and shall be maintained in a clean and safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-8(D). The program shall have locked storage for hazardous chemicals and materials, according to the direction of the local fire authorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-8(E). Equipment Equipment for work activities shall be kept in safe operating condition. 1. Power equipment shall be installed and maintained in accordance with the National Electrical Code. 2. When operating power equipment, the operator shall wear safe clothing and protective eye gear. 3. Rings and watches are not to be worn, and long hair shall be confined when operating power equipment. 4. Consumer exposure to hazardous materials shall be controlled as defined in Utah State Industrial Regulations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-8(F). Bathrooms 1. The program shall have one or more bathrooms each for males and females in accordance with current uniform building codes. They shall be maintained in good operating order and in a clean and safe condition. 2. Bathrooms shall accommodate consumers with physical disabilities as required. 3. Bathrooms shall be properly equipped with toilet paper, towels, soap, and other items required for personal hygiene. 4. Bathrooms shall be ventilated by mechanical means or equipped with a screened window that opens.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Food Service	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-20-9(A). One person shall be responsible for food service. If this person is not a professionally qualified dietitian, regularly scheduled consultation with a professionally qualified dietitian shall be obtained. Meals served shall be from dietitian approved menus.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No day treatment services in a year.
R501-20-9(B). The person responsible for food service shall maintain a current list of consumers with special nutritional needs and record in the consumers service record information relating to special nutritional needs and provide for nutrition counseling where indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No day treatment services in a year.
R501-20-9(C). When meals are prepared by consumers, there shall be a written policy to include the following: 1. rules of kitchen privileges, 2. menu planning and procedures, 3. nutritional and sanitation requirements, and 4. schedule of responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No day treatment services in a year.
R501-20-9(D). The program shall provide adequate storage and refrigeration for meals carried to the program by consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No day treatment services in a year.
R501-20-9(E). Kitchens shall have clean, operational equipment for the preparation, storage, serving, and clean up of all meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No day treatment services in a year.
R501-20-9(F). Adequate dining space shall be provided for consumers. The dining space shall be maintained in a clean and safe condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No day treatment services in a year.
Medication	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-20-10(A). Prescriptive medication shall be provided as prescribed by a qualified person according to the Medical Practices Act.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't provide medication.
R501-20-10(B). The program shall have locked storage for medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't provide medication.
R501-20-10(C). The program shall have written policy and procedure to include the following: 1. self administered medication, 2. storage, 3. control, and 4. release and disposal of drugs in accordance with federal and state regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't provide medication.

Outpatient Treatment Programs - Additional Inspection Checklist

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

Administration and Direct Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-21-4(2). Programs shall have current program information readily available to the Office and the public, including a description of: (a) program services; (b) the client population served; (c) program requirements and expectations; (d) information regarding any non-clinical services offered; (e) costs, fees, and expenses that may be assessed, including any non-refundable costs, fees or expenses; and (f) complaint reporting and resolution processes.						9/25/2023
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<p>R501-21-4(3). The Program shall:</p> <p>(a) provide outpatient and/or intensive outpatient treatment services not to exceed nineteen hours per week, as clinically recommended and documented;</p> <p>(b) identify and provide to the Office the organizational structure of the program including:</p> <p>(i) names and titles of owners, directors and individuals responsible for implementing all aspects of the program, and</p> <p>(ii) a job description, duties and qualifications for each job title;</p> <p>(c) identify a director or qualified designee who shall be immediately available at all times that the program is in operation;</p> <p>(d) ensure at least one CPR/First Aid trained or certified staff member is available onsite at all times with clients present;</p> <p>(e) disclose any potential conflicts of interest to the Office;</p> <p>(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;</p> <p>(g) train and monitor staff compliance regarding:</p> <p>(i) program policy and procedures;</p> <p>(ii) the needs of the program's consumers;</p> <p>(iii) Office of Licensing rule 501-21 and annual training on the Licensing Code of Conduct and client rights as outlined in R501-1-11;</p> <p>(iv) emergency procedures;</p> <p>(h) create and maintain personnel files for each staff member to include:</p> <p>(i) applicable qualifications, experience, certifications and licenses;</p> <p>(ii) approved and current Office of Licensing background screening except as excluded in 501-14-17; and</p> <p>(iii) training records with date completed, topic and employee signature(s) verifying completion.</p> <p>(i) comply with Office rules and all local, state and federal laws to include maintaining a current business license, fire inspection and health clearance as applicable;</p> <p>(j) maintain proof of financial viability of the program;</p> <p>(k) maintain general liability insurance, professional liability insurance that covers all program staff, vehicle insurance for transport of clients, fire insurance and any additional insurance required to cover all program activities; and</p> <p>(l) maintain proof of completion of the National Mental Health Services Survey (NMHSS) annually for each site providing mental health services; and</p> <p>(m) ensure that all programs and individuals involved with the prescription, administration or dispensing of controlled substances shall do so per state and federal law, including maintenance of DEA registration numbers for:</p> <p>(i) all prescribing physicians; and</p> <p>(ii) the specific site where the controlled substances are being prescribed, as required.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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<p>R501-21-4(4). The program shall develop, implement and comply with policies and procedures sufficient to ensure the health and safety and meet the needs of the client population served. Policies and procedures shall address:</p> <ul style="list-style-type: none"> (a) client eligibility; (b) intake and discharge process; (c) client rights as outlined in R501-1-12; (d) staff and client grievance procedures; (e) behavior management; (f) medication management; (g) critical incident reporting as outlined in R501-1-2-9 and R501-1-9-2d; (h) emergency procedures; (i) transportation of clients to include requirement of insurance, valid driver license, driver and client safety and vehicle maintenance; (j) firearms; (k) client safety including any unique circumstances regarding physical facility, supervision, community safety and mixing populations; and (l) provision of client meals, administration of required medications, maximum group sizes, and sufficient physical environment providing for the comfort of clients when clients are present for six or more consecutive hours. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-21-4(5). Programs shall maintain client files to include the following:</p> <ul style="list-style-type: none"> (a) client name, home address, email address if available, phone numbers, date of birth and gender; (b) legal guardian and emergency contact names, address, email address and phone numbers; (c) all information that could affect the health, safety or well-being of the client including all medications, allergies, chronic conditions or communicable diseases; (d) intake assessment; (e) treatment plan signed by the clinical professional or service plan for non-clinical services; (f) detailed documentation of all clinical and non-clinical services provided with date and signature of staff completing each entry; (g) signed fee disclosure statement including Medicaid number, insurance information and identification of any other entities that are billed for the client's services; (h) client or guardian signed consent or court order of commitment to services in lieu of signed consent, for all treatment and non-clinical services; (i) grievance and complaint documentation; and (j) discharge documentation. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-21-4(6). Programs shall document a plan detailing how all program, staff, and client files shall be maintained and remain available for the Office and other legally authorized access, for seven years, regardless of whether or not the program remains licensed.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-21-4(7). The program shall ensure that assessment, treatment and service planning practices are clinically appropriate, updated as needed, timely, individualized, and involve the participation of the client or guardian.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-21-4(8). Programs shall maintain documentation of all critical incidents; critical incident reports shall contain: (a) time of incident; (b) summary of incident; (c) individuals involved; and (d) program response to the incident.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Physical Facility	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-21-5(1). Space shall be adequate to meet service needs and ensure client confidentiality and comfort.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(2). The program shall maintain potentially hazardous items on-site lawfully, responsibly and with consideration of the safety and risk level of the population(s) served.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(3). All furniture and equipment shall be maintained in a clean and safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(4). Programs offering supplemental services or activities in addition to outpatient treatment shall: (a) remain publically transparent in the use of the equipment, practices and purposes; (b) ensure the health and safety of the consumer; (c) gain informed consent for participation in supplemental services or activities; and (d) provide verification of all trainings or certifications as required for the operation and use of any supplemental equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(5). The program shall post the following documents where they are clearly visible by clients, staff, and visitors: (a) Civil Rights and anti-discrimination laws; (b) program license; (c) current or pending Notices of Agency Action; (d) abuse and neglect reporting laws; and (e) client rights and grievance process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(6). The program site shall provide access to a toilet and lavatory sink in a manner that ensures basic privacy, and shall be: (a) stocked with toilet paper, soap, and paper towels/dryer; and (b) maintained in good operating order and kept in a clean and safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(7). The program shall ensure that the physical environment is safe for consumers and staff and that the appearance and cleanliness of the building and grounds are maintained.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Substance Use Disorder Treatment Programs	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-21-6(1). All substance use disorder treatment programs shall develop and implement a plan on how to support opioid overdose reversal.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't specialize in substance use disorder
R501-21-6(2). Maintain proof of completion of the National Survey of Substance Abuse Treatment Services (NSSATS) annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't specialize in substance use disorder

<p>R501-21-6(3). Medication-assisted treatment (MAT) in substance use disorder programs shall:</p> <p>(a) maintain a program-wide counselor to MAT consumer ratio of: 1:50;</p> <p>(b) assure all consumers see a licensed practitioner that is authorized to prescribe controlled substances at least once yearly;</p> <p>(c) show proof of completion of federally required physician training for physicians prescribing buprenorphine;</p> <p>(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;</p> <p>(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;</p> <p>(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</p> <p>(g) require one hour of prescribing practitioner time at the program site each month for every ten MAT consumers enrolled.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't specialize in substance use disorder.
<p>R501-21-6(4). MAT Programs prescribing, administering or dispensing Methadone (Opioid Treatment Programs) shall:</p> <p>(a) maintain Substance Abuse and Mental Health Services Administration (SAMHSA) certification and accreditation as an opioid treatment program.</p> <p>(b) comply with DSAMH Rule R523-10 Governing Methadone and other opioid treatment service providers;</p> <p>(c) employ a:</p> <p>(i) licensed physician who is an American Society of Addiction Medicine certified physician; or</p> <p>(ii) prescribing licensed practitioner who can document specific training in current industry standards regarding methadone treatment for opioid addictions; or</p> <p>(iii) prescribing licensed practitioner who can document specific training or experience in methadone treatment for opioid addictions; and</p> <p>(d) provide one nurse to dispense or administer medications for every 150 Methadone consumers dosing on an average daily basis.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't specialize in substance use disorder.

R501-21-6(5). Certified DUI Education Programs (a) Only programs certified with the Division of Substance Abuse and Mental Health (DSAMH) to provide Prime for Life education in accordance with and R523-11 shall provide court ordered DUI education. (b) Certified DUI education programs shall: (i) complete and maintain a substance use screening for each participant prior to providing the education course; (A) screenings may be shared between providers with client written consent.; (ii) provide a workbook to each participant to keep upon completion of the course; (iii) ensure at least 16 hours of course education; and (iv) provide separate classes for adults and youth. (c) Any violations of this rule section will be reported to DSAMH for evaluation of certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't specialize in substance use disorder.
R501-21-6(6). Justice Reform Initiative (JRI) Certified Programs shall operate in compliance with DSAMH rules 523-3 and 523-4. (a) JRI certified programs shall maintain a criminogenic screen/risk assessment for each justice involved client and separate clients into treatment groups according to level of risk assessed. (b) Providers shall complete screenings that assess both substance abuse and mental health comorbidity. (c) JRI programs shall treat, or refer to other DHS licensed programs that have obtained a justice certification from the DSAMH to treat the array of disorders noted in screenings. (d) Any violations of this rule section shall be reported to DSAMH for evaluation of certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't specialize in substance use disorder.
Domestic Violence	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-21-7(1). Domestic Violence (DV) treatment programs shall comply with generally accepted and current practices in domestic violence treatment, and shall meet the following requirements: (a) maintain and document cooperative working relationships with domestic violence shelters, treatment programs, referring agencies, custodial parents when the consumer is a minor, and local domestic violence coalitions; (i) treatment sessions for children and victims shall offer a minimum of ten sessions for each consumer, not including intake or orientation; (b) if the consumer is a perpetrator, program contact with the victims, current partner, and the criminal justice referring agencies is also required, as appropriate; (i) In accordance with UCA50-60-102(5), a Licensed Mental Health Therapist shall complete a domestic violence treatment evaluation for each offender to include individualized recommendations for the offender's treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't specialize in domestic violence
R501-21-7(2). Staff to Consumer Ratio (a) The staff to consumer ratio in adult treatment groups shall be one staff to eight consumers, for a one hour long group; or one staff to ten consumers for an hour and a half long group. The maximum group size shall not exceed 16. (b) Child victim, or child witness groups shall have a ratio of one staff to eight children, when the consumers are under 12 years of age; and a ratio of one staff to ten children when the consumers are 12 years of age and older.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't specialize in domestic violence

<p>R501-21-7(3). Client Intake and Safety (a) When any consumer enters a treatment program, the staff shall conduct an in-depth, face-to-face interview and assessment to determine the consumer's clinical profile and treatment needs. The evaluation in R501-23-7 shall count for this assessment when the consumer is an offender. (b) For perpetrator consumers, additional information shall be obtained from the police incident report, perpetrator's criminal history, prior treatment providers, the victim, or victim advocate. (c) When appropriate, additional information for child consumers shall be obtained from parents, prior treatment providers, schools, and Child Protective Services. (d) When any of the above cannot be obtained, the reason shall be documented. (e) The assessment shall include the following: (i) a profile of the frequency, severity, and duration of the domestic violence behavior, which includes a summary of psychological violence; (ii) documentation of any homicidal, suicidal ideation and intentions, as well as abusive behavior towards children; (iii) a clinical diagnosis and a referral for evaluation to determine the need for medication, if indicated; (iv) documentation of safety planning when the consumer is an adult victim, child victim, or child witness; and that they have contact with the perpetrator; (A) for victims who choose not to become treatment consumers, safety planning shall be addressed when they are contacted; and (v) documentation that appropriate measures have been taken to protect children from harm.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't specialize in domestic violence
<p>R501-21-7(4). Treatment Procedures (a) Consumers deemed appropriate for a domestic violence treatment program shall have an individualized treatment plan, which addresses all relevant treatment issues. (b) Consumers who are not deemed appropriate for domestic violence programs shall be referred to the appropriate resource, with the reasons for referral documented, and notification given to the referring agency. (c) Domestic violence counseling shall be provided concurrently with, or after other necessary treatment, when appropriate. (d) Conjoint or group therapy sessions with victims and perpetrators together, or with both co-perpetrators, shall not be provided until a comprehensive assessment has been completed to determine that the violence has stopped, and that conjoint treatment is appropriate. (e) The perpetrator must complete a minimum of 4 domestic violence treatment sessions, unless otherwise noted in the offender evaluation recommendations prior to the provider implementing conjoint therapy. (f) A written procedure shall be implemented to facilitate the following, in an efficient and timely manner: (i) entry of the court ordered defendant into treatment; (ii) notification of consumer compliance, participation, or completion; (iii) disposition of non-compliant consumers; (iv) notification of the recurrence of violence; and (v) notification of factors which may exacerbate an individual's potential for violence. (g) The program shall comply with the "Duty to Warn," Section 78B-3-502. (h) The program shall document specialized training in domestic violence assessment and treatment practices, including 24 hours of Utah Association for Domestic Violence Treatment (UADVT) pre-service training, within the last two years; and 16 hours annual training thereafter for all individuals providing treatment service. (i) Clinical supervision for treatment staff that are not clinically licensed shall consist of a minimum of one hour per week to discuss clinical dynamics of cases.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't specialize in domestic violence

R501-21-7(5). Training (a) Training that is documented and approved by the designated Utah DHS DV Specialist Regarding assessment and treatment practices for treating: (i) DV victims; and (ii) DV perpetrators.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't specialize in domestic violence
R501-21-7(6). Programs must disclose all current DHHS contracts and actions against the contract to the Office.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't specialize in domestic violence
R501-21-7(7). Programs must disclose all current Accreditations and actions against accredited status to the Office.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't specialize in domestic violence