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|  Utah Department of<br><b>Health &amp; Human Services</b><br>Licensing & Background Checks  |  | <b>Inspection Checklist</b>    |   |   |  | This inspection checklist is the tool OL<br>licensors use to ensure consistency for<br>every inspection. <i>(Revised 08/2023)</i> |                           |
| Provider Name:   | Ascent Inc dba Discovery Ranch                       |                                | Facility ID:  | F22-93244                                       | Phone Number:  | (801) 491-2270  |                           |
| Site Name or Address:  | 4928 N 4500 W Cedar City Ut 84721                    |                                |   |   | Email Address:   | chasem@discoveryranchforgirls.com<br>andreab@discoveryranchforgirls.com   |                           |
| Approved Capacity:   | 60   | # of Present Residents\Clients | 31  |   |  |   |                           |
| Please review the following items prior to the inspection:<br>(Mark with a check mark if completed and make and necessary notes)   |  |                                |   |   | Please review the following items during the inspection:<br>(Mark with a check mark if completed and make and necessary notes) |   |                           |
| <input type="checkbox"/>   | DACS to ensure background checks are current.        | Unannounced inspection         |   |   | <input checked="" type="checkbox"/>  | Introduce yourself and any DHHS staff   |                           |
| <input type="checkbox"/>   | Any active rule variances.                           | None Listed                    |   |   | <input checked="" type="checkbox"/>  | Clients Interviews  | 3                         |
| <input type="checkbox"/>   | Any license restrictions or conditions.              | None                           |   |   | <input checked="" type="checkbox"/>  | Staff Interviews  | 2                         |
| <input type="checkbox"/>   | Any needed rule variances.                           |                                |   |   | <input type="checkbox"/>   | Other:  |                           |
| <b>Inspection Information:</b>   |  |                                |   |   |  |   |                           |
| - The licensor will email you this inspection checklist after the inspection is completed. <b>This checklist is not an official compliance statement.</b> The licensor will send you an <b>official Inspection Report once this inspection has been approved by management. Only items checked here as noncompliant can be part of your Inspection Report, and the Inspection Report is to be considered the results of this inspection.</b> |  |                                |   |   |  |   |                           |
| - If the only non compliance items are documentation and/or records, please submit them by the <i>correction required date</i> listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.  |  |                                |   |   |  |   |                           |
| <b>Signature Information</b>   |  |                                |   |   |  |   |                           |
| Inspection Type:   | Unannounced  |                                | Date:   | 12/19/2023                                      | Time Started On-site:  | 11:00   | Time Ended On-site: 12:15 |
| Number of Non Compliant Items:   |  |                                | 0   | Name of Individual Informed of this Inspection: |  |   |                           |
| Licensor(s) Conducting this Inspection:  |  |                                | MeRee Jacobsen  |   |  | OL Staff Observing Inspection:  | NA                        |
| <input checked="" type="checkbox"/>  | The Licensor explained noncompliance items (if any). |                                | Please sign/type individual informed name and date of review:<br>Signing this checklist does not constitute agreement with the statements, only that the inspection was conducted and noncompliances, if any, were explained. |   |  |   |                           |
|  |  |                                | Chase Morgan  |   |  |   |                           |

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

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| <b>R501-1-13(7)</b> A program serving education entitled children, as that term is defined in Section 62A-2-108.1, shall comply with Section 62A-2-108.1 regarding coordination of educational services to include completion of youth education forms at initial and renewal licensure.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           | Not assessed during Quarterly Inspection |
| <b>R501-1-13(8)</b> . A program providing school on-site shall:<br>(a) maintain the established staff to client ratio with behavioral intervention trained staff in the school setting; (b) be recognized as in good standing by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board; and<br>(c) ensure each youth is taught at grade level.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           | Not assessed during Quarterly Inspection |
| <b>R501-1-13(9)</b> . Clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           | Not assessed during Quarterly Inspection |
| <b>R501-1-13(10)</b> . A program that utilizes telehealth for treatment complies with each applicable rule.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           | Not assessed during Quarterly Inspection |
| <b>Residential Programs Additional Administration and Direct Services Requirements</b>   | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                           | <b>Date to be corrected by</b> | <b>Corrected During Inspection</b> | <b>Notes</b>                             |
| <b>R501-1-14(1)</b> . A program providing residential service:<br>(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<br>(d) provides a separate space for clients who are sick.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           | Not assessed during Quarterly Inspection |
| <b>R501-1-14(3)</b> . If the congregate care program caring for youth allows an individual turning 18 years old to remain in the program, the provider ensures that:<br>(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;<br>(b) the program has a documented need for the individual to remain in the program;<br>(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;<br>(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<br>(e) the individual signs a consent document outlining:<br>(i) the individual is consenting to remain in the program voluntarily and understands the individual is not required to remain against their will;<br>(ii) that any criminal offenses committed may result in being charged as an adult; and<br>(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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           | Not assessed during Quarterly Inspection |
| <b>R501-1-14(4)</b> . The provider facilitates weekly confidential voice-to-voice communication between a child and the child's parents, guardian, foster parents, and siblings. The provider ensures that the communication complies with the child's treatment plan, if any; and<br>(a) does not use family contact as an incentive for proper behavior or withhold family contact as a punishment;<br>(b) does not deny the communication unless state law or a court order prohibits the communication; or<br>modify the frequency or form of the communication unless:<br>(A) the office approves the modification; or<br>(B) state law or a court order prohibits the frequency or the form of the communication.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |  |
| <b>R501-1-14(5)</b> Before allowing a direct care staff to work unsupervised they must have an approved background clearance and be trained in the following:<br>(a) behavior management policy and curriculum including crisis intervention, appropriate use of restraint and seclusion, and de-escalation techniques;<br>(b) which practices are prohibited for congregate care programs by Section 62A-2-123;<br>(c) the clinical needs of each of the clientele;<br>(d) client rights;<br>(e) department code of conduct; and<br>(f) incident reporting.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           | Not assessed during Quarterly Inspection |
| <b>R501-1-14(6)</b> . Direct care staff are trained in first aid and CPR within six months of hire.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           | Not assessed during Quarterly Inspection |
| <b>Program Physical Facilities and Safety</b>  | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                           | <b>Date to be corrected by</b> | <b>Corrected During Inspection</b> | <b>Notes</b>                             |
| <b>R501-1-15(1)</b> Each program shall ensure the appearance and cleanliness of the building and grounds are maintained and free from health and fire hazards.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |  |
| <b>R501-1-15(2)</b> Each program shall ensure that all appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |  |
| <b>R501-1-15(3)</b> Each program shall accommodate clients with disabilities as needed or appropriately refer to comparable services.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |  |
| <b>R501-1-15(4)</b> Each program shall ensure that fire drills in non-outpatient programs shall be conducted and documented at least quarterly and program administration shall provide and document feedback regarding response time and process.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |  |
| <b>R501-1-15(5)</b> Each program shall ensure that a 911 recognizable phone is always on-site with clients.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |  |
| <b>R501-1-15(6)</b> Each program shall ensure that bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |  |
| <b>R501-1-15(7)</b> Each program shall ensure that each bathroom shall be properly equipped with toilet paper, paper towels or a dryer, and soap.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |  |
| <b>R501-1-15(8)</b> Each program shall ensure that each bathroom is ventilated by mechanical means or equipped with a window that opens.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |  |
| <b>R501-1-15(9)</b> . Each program shall maintain medications and potentially hazardous items on-site lawfully, responsibly, and with consideration of the safety and risk level of the population served. This shall include locked storage for each medication and hazardous   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |  |

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

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

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

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

**Day Treatment Programs - Inspection Checklist**

*(Revised 08/2023)*

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

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



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

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

**Outpatient Treatment Programs - Inspection Checklist**

*(Revised 08/2023)*

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

| Administration and Direct Services  | C                        | NC                                  | NA                       | Date to be corrected by | Corrected During Inspection | Notes |
|---|--------------------------|-------------------------------------|--------------------------|-------------------------|-----------------------------|-------|
| <b>R501-21-4(2).</b> Programs shall have current program information readily available to the Office and the public, including a description of:<br>(a) program services;<br>(b) the client population served;<br>(c) program requirements and expectations;<br>(d) information regarding any non-clinical services offered;<br>(e) costs, fees, and expenses that may be assessed, including any non-refundable costs, fees or expenses; and<br>(f) complaint reporting and resolution processes.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-21-4(3).</b> The Program shall:<br>(e) disclose any potential conflicts of interest to the Office;<br>(f) ensure that staff are licensed or certified in good standing as required and that unlicensed individuals providing direct client services shall do so only in accordance with the Mental Health Professional Practices Act;   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-21-4(8).</b> Programs shall maintain documentation of all critical incidents; critical incident reports shall contain:<br>(a) time of incident;<br>(b) summary of incident;<br>(c) individuals involved; and<br>(d) program response to the incident.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| Physical Facility   | C                        | NC                                  | NA                       | Date to be corrected by | Corrected During Inspection | Notes |
| <b>R501-21-5(1).</b> Space shall be adequate to meet service needs and ensure client confidentiality and comfort.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-21-5(4).</b> Programs offering supplemental services or activities in addition to outpatient treatment shall:<br>(a) remain publically transparent in the use of the equipment, practices and purposes;<br>(b) ensure the health and safety of the consumer;<br>(c) gain informed consent for participation in supplemental services or activities; and<br>(d) provide verification of all trainings or certifications as required for the operation and use of any supplemental equipment.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-21-5(6).</b> The program site shall provide access to a toilet and lavatory sink in a manner that ensures basic privacy, and shall be:<br>(a) stocked with toilet paper, soap, and paper towels/dryer; and<br>(b) maintained in good operating order and kept in a clean and safe condition.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-21-5(7).</b> The program shall ensure that the physical environment is safe for consumers and staff and that the appearance and cleanliness of the building and grounds are maintained.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| Substance Use Disorder Treatment Programs   | C                        | NC                                  | NA                       | Date to be corrected by | Corrected During Inspection | Notes |
| <b>R501-21-6(1).</b> All substance use disorder treatment programs shall develop and implement a plan on how to support opioid overdose reversal.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-21-6(2).</b> Maintain proof of completion of the National Survey of Substance Abuse Treatment Services (NSSATS) annually.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-21-6(3).</b> Medication-assisted treatment (MAT) in substance use disorder programs shall:<br>(a) maintain a program-wide counselor to MAT consumer ratio of: 1:50;<br>(b) assure all consumers see a licensed practitioner that is authorized to prescribe controlled substances at least once yearly;<br>(c) show proof of completion of federally required physician training for physicians prescribing buprenorphine;<br>(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;<br>(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;<br>(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<br>(g) require one hour of prescribing practitioner time at the program site each month for every ten MAT consumers enrolled. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    |       |

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

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| <b>R501-21-7(4).</b> Treatment Procedures<br>(a) Consumers deemed appropriate for a domestic violence treatment program shall have an individualized treatment plan, which addresses all relevant treatment issues.<br>(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.<br>(c) Domestic violence counseling shall be provided concurrently with, or after other necessary treatment, when appropriate.<br>(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.<br>(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.<br>(f) A written procedure shall be implemented to facilitate the following, in an efficient and timely manner:<br>(i) entry of the court ordered defendant into treatment;<br>(ii) notification of consumer compliance, participation, or completion;<br>(iii) disposition of non-compliant consumers;<br>(iv) notification of the recurrence of violence; and<br>(v) notification of factors which may exacerbate an individual's potential for violence.<br>(g) The program shall comply with the "Duty to Warn," Section 78B-3-502.<br>(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.<br>(i) Clinical supervision for treatment staff that are not clinically licensed shall consist of a minimum of one hour per week to discuss clinical dynamics of cases. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |  |
| <b>R501-21-7(5).</b> Training<br>(a) Training that is documented and approved by the designated Utah DHS DV Specialist Regarding assessment and treatment practices for treating:<br>(i) DV victims; and<br>(ii) DV perpetrators.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |  |
| <b>R501-21-7(6).</b> Programs must disclose all current DHHS contracts and actions against the contract to the Office.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |  |
| <b>R501-21-7(7).</b> Programs must disclose all current Accreditations and actions against accredited status to the Office.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |  |