Healtl	artment of 1 & Human Services Background Checks		Insp	ection Checklist	This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. (Revised 01/2024)			
Provider Name:	Youth Futures Shelter (RS, OT-Ogden)	Facility ID:	(F22-93721)	Phone Number:	(801) 528-1214	Notes		
Site Name or Address:		Adams Ave n, UT, 84403		Email Address:	kristen@yfut.org, hrugg@yfut.org, aperez@yfut.org			
Approved Capacity:	16	# of Present Residents\Clients:	6					
PI (Ma	ease review the following items rk with a check mark if completed and	orior to the inspo make and necessa	ection: ary notes)	Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)				
	Current backgrounds in DACS			>	Any active rule variances			
~	Current staff roster collected				Introduce yourself and any DHHS staff			
<u> </u>	Any license restrictions or conditions	No restrictions.		<u> </u>	Staff Interviews			
	Any needed rule variances	No needed rule var	iance.	~	Clients Interviews	No clients on the premise to interview at this inspection.		

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 correction required date listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.

			Information				
Inspection Type:	Announced	Date:	1/25/2024	Time Started On-site:	9:00 AM	Time Ended On-site:	12:00 PM
	Number of Non Compliant Items:	2	Heidi Rugg				
ı	icensor(s) Conducting this Inspection:	Josilyn Bertrand, Ma	OL Staff Observing Inspection:				
	The Licensor explained noncompliance items (if any).	HEIDI RUGG					

General Provisions - Inspection Checklist (Revised 01/2024)											
C = Compliant NC = Not Compliant NA = Not Assessed during this inspection											
New and Renewal Licensing Procedures	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes					
R380-600-3(1) An applicant or provider may not accept any fee, enter into any agreement to provide a client service, or provide any client service until a license or certificate is approved by the office.	✓										
R380-600-3(2) Each applicant and provider shall comply with any applicable administrative rule, statute, zoning, fire, safety, sanitation, building and licensing laws, regulations, ordinances, and codes of the city and county in that the facility or agency will be or is located.	~										
R380-600-3(3) An applicant or a provider shall permit the office to have immediate, unrestricted access to: (a) each site subject to licensing or certification; (b) any unaltered on and off-site program or facility and client records; and (c) each staff and client.	Y										
R380-600-3(12) A provider approved by the office to certify their own program or facility sites shall register each certified site using the licensing provider portal.	\blacksquare										
R380-600-3(14) The license or certificate holder shall adhere to any individualized parameter on a program or facility license or certificate to promote the health, safety, and welfare of any client. Parameters may include: (a) an age restriction; (b) an admission or placement restriction; or (c) adequate square footage to determine capacity.	Z										
R380-600-3(23) Each license or certificate is not transferable.	✓										
Variances	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes					
R380-600-6(2) The provider may not deviate from any administrative rule before receiving written approval signed by the office director or the director's designee.	~										
R380-600-6(5) The provider shall sign the approved variance and comply with the terms of the written variance, including any conditions or modifications contained within the approved written variance.	\blacksquare										
Inspection and Investigation Process	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes					
R380-600-7(6) The provider shall ensure that the integrity of the office's information gathering process is not compromised by withholding or manipulating information or influencing any specific response of staff or clients.	Z										
R380-600-7(7) The provider shall allow the office to access any program or facility record or staff at an administrative or certified location that is not located at the licensed site.	\checkmark										
R380-600-7(16) When a critical incident occurs under the direct responsibility and supervision of the program or facility, the licensee or certificate holder shall: (a) submit a report of the critical incident to the office in format required by the office within one business day of the critical incident occurrence; (b) notify the legal guardian of each involved client within a 24-hour period from the time of the incident; (c) if the critical incident involves any client in the custody of the department or under contract with the department, notify the involved department division immediately; and (d) collect, maintain, and submit original witness statements and supporting documentation, including video footage if available, regarding each critical incident to the office upon request.	~										
Program Policies, Procedures, and Safe Practices	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes					
R501-1-4(2) The licensee shall develop, implement, and comply with safe practices that: (a) ensure client health and safety; (b) ensure the needs of the client population served are met; (c) ensure that none of the program practices conflict with any administrative rule or statute before implementation; and (d) inform staff of how to manage any unique circumstances regarding the specific site's physical facility, supervision, community safety, and mixing populations.	~										

R501-1-4(3) The licensee shall submit any change to an office approved policy or curriculum to the office for approval before implementing the proposed change.	~					
Residential Programs Additional Safe Practices	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-5(1) A licensee that manages, stores, or administers client medications shall develop and ensure compliance with the following medication management safe practices: (a) inform staff and clients of program and client responsibility for medication including storage and administration of medications on-site and, as applicable, when staff and clients are offsite in program related activities; (b) if applicable, inform staff and clients of the medication self-administration process; (c) if storing and administering medications, train staff to administer medication and the process to be followed; (d) how staff record medication dosages according to prescriptions; (e) how staff monitor for and record effects and side effects of medications; and (f) how staff log doses and record and report medication errors.	Y					
R501-1-5(2) The licensee shall ensure the care, vaccination, licensure, and maintenance of any animals on-site to include: (a) assessment of pet allergies for any clients interacting with animals in the program; (b) maintenance of required examinations, registrations, and vaccinations; and (c) supervision of clients in the presence of animals.						
R501-1-5(3) The licensee shall have separate space for clients showing symptoms of an infectious disease.	\checkmark					
R501-1-5(4) The licensee shall ensure that a ratio of one staff to one client during transports is only utilized when the program has conducted a safety assessment that indicates that client and staff safety is reasonably assured.	Z					
Program Administrative and Direct Service Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-6(1) The licensee shall clearly identify services to the office, public, potential client, parent, or guardian regarding: (a) current and accurate contact information; (b) the complaint reporting and resolution process; (c) a description of each service provided; (d) each program requirement and expectation; (e) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served, including: (i) an outline of the behaviors and presenting issues that would be reason for discharge or exclusion from the program; and (ii) a statement that the program may not take placement of a child whose needs exceed the scope or ability of the program to reasonably manage; (f) each cost, fee, and expense for a service and refund policy; and (g) identification of each non-clinical, extracurricular, or supplemental service offered or referred.	>					
R501-1-6(2) The licensee shall post the following in conspicuous places where each visitor, staff, and client may view: (a) abuse reporting laws as described in Sections 80-2-609 and 26B-6-205; (b) civil rights notice; (c) Americans with Disabilities Act notice; (d) the program license; (e) any office notice of agency action; (f) a client rights poster in a residential setting except in a foster home or where prohibited by Settings Final Rule; and (g) department code of conduct poster.		~		2/2/2024		Posters not placed in a conspicuous place where each visitor, staff, and client may see.
R501-1-6(3) The licensee shall maintain compliance with or documentation of an exemption from any of the following requirements: (b) capacity determinations that include each staff and client on premises and may not exceed the capacity limits placed by local authorities; (d) licensure and registration of any vehicles used to transport clients.						
R501-1-6(5) The licensee shall maintain and make the following available to the department upon request: (d) vehicle insurance	~					

R501-1-6(6) The licensee shall ensure: (b) current staff and client lists are available at each licensed site; (c) the organizational and governance structure of the program is available to the department upon request and includes: (i) line of authority and responsibility; (ii) a job description, including each duty and qualification for each job title; and (iii) notification to the office of any program changes as described in Section R380-600-3; (f) the licensee maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the licensee is serving, or is likely to serve, a client with a substance use disorder.	Y					
R501-1-6(8) A licensee offering school on-site shall: (a) maintain the established staff to client ratio with behavioral intervention trained staff in the school setting; (c) ensure each client is taught at their appropriate grade level.			~			Not offering school on-site.
R501-1-6(9) The licensee shall ensure clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised as described in Title 58 Occupations & Professions	Y					
R501-1-6(12) A licensee that provides behavior interventions to people with disabilities shall comply with Rule R539-4, which supersedes any conflicting rule under Title R501, for the disabled populations served.	~					
Residential Program Additional Administrationn and Direct Services Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-7(1) A residential program licensee shall additionally: (a) ensure each staff shift list remains current and available to the office upon request; (b) ensure that each shift documents any illness, injury or critical incident and passes it on to the next shift and administration; (c) ensure at least two on-duty staff are present at all times; (d) ensure access to a medical clinic or a medical professional familiar with the program and population served; and (e) provide a separate space for clients who are showing symptoms of an infectious disease.	Z					
R501-1-7(3) A congregate care program licensee may allow an individual turning 18 to remain in the program if: (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 licensee has a documented need for the individual to remain in the program; (c) the licensee 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 licensee outlines a plan for the protection of younger clients by supervising and 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.			~			Program adheres to the rules under R501-22-9(4) .
R501-1-7(4) A congregate care program licensee shall ensure weekly confidential communication with family in accordance with Section 26B-2-123 and shall ensure that: (a) the frequency or form of the confidential communication requirement is only modified if the program submits a modification request that demonstrates the following to the office: (i) the program operates in an area of limited or unreliable phone accessibility or coverage; (ii) there is significant risk of harm or danger to client safety by providing youth with unsupervised telephone access; (iii) the licensee offers an alternative that satisfies the requirement of weekly confidential two-way communication; or (vi) extenuating circumstances exist outside the individual treatment plans that are prohibitive to offering voice to voice communication; (b) a parent or guardian authorizes in writing an alternate means of confidential communication when voice to voice is unavailable; and (c) the licensee offers voice to voice confidential communication as soon as it can be safely offered. R501-1-7(6)(a) A residential program licensee, excluding a residential treatment program, may allow for client	~	0	0			
independence and responsibility for their own supplies, food, laundry, or transportation by outlining in writing resources and responsibility for the provision of these items. (b) Each residential program licensee shall assist clients on a limited basis if they are temporarily unable to provide the items or services listed in Subsection R501-1-7(6)(a) for themselves.			~			Program provides all living supplies.
Program Physical Facilities and Safety	с	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-1-8(1) The licensee shall ensure: (a) the appearance & cleanliness of the building/grounds are maintained & free from health/fire hazards; (b) any appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition; (c) fire drills in non-outpatient programs are conducted at least quarterly and documented, including feedback regarding response time and process; (d) a phone that can be used to call 911 is always available on-site when clients are present; (e) bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity; (f) each bathroom is properly equipped with toilet paper, paper towels or a dryer, and soap; (g) each bathroom is ventilated by mechanical means or equipped with a window that opens; (h) non-prescription medication, if stored on-site, is stored in original manufacturer's packaging together with the manufacturer's directions and warnings; and (i) prescription medication, if stored on-site, is stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings.	~					
R501-1-8(2) The licensee shall accommodate a client with physical disabilities as needed or appropriately refer to comparable services.	ightharpoonup					
R501-1-8(3) The licensee shall maintain medication and potentially hazardous items on-site lawfully, responsibly, and with consideration of the safety and risk level of the population served to include locked storage for each medication and hazardous chemical that is not in active use.						
R501-1-8(4) The licensee shall maintain a first aid kit that contains at least: (a) bandages of different sizes; (b) tweezers; (c) antiseptic; and (d) disposable sterile gloves.	~					
Residential Program Additional Facilities and Safety Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-9(1) A residential licensee shall ensure: (a) designated space is available for records, administrative work, & confidential phone calls for clients; (c) live-in staff have dedicated bedrooms & bathrooms separate from client use; (d) each bedroom designated for a client is comparable to other similarly utilized bedrooms with similar access, location, space, finishings, and furnishings; (e) clients are not locked in bedrooms; (f) a mirror or safety mirror is secured to each bathroom wall at a convenient height; (g) each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours; (h) each bath or shower allows for individual privacy; (i) each client is supplied with hygiene supplies; (j) each sleeping area has a source of natural light and is ventilated by mechanical means or is equipped with a window that opens; (k) each client has a similar solid type of bed or sleeping equipment to any other client in the program; (l) each client is allowed to decorate & personalize their bedroom, while maintaining respect for other residents and property; (m) there are separate containers for soiled & clean laundry, if the program provides common laundry for towels, bedding or clothing; (n) bedding & towels are laundered weekly & after each client is discharged; (o) equipment and supplies for washing & drying laundry are provided, if the program permits clients to do their own laundry; (p) there is at least 60 sq ft per person in a multiple occupancy bedroom and 80 sq ft in a single occupant bedroom.	S					
R501-1-9(2) A residential program licensee serving individuals with disabilities shall house no more than two clients in each bedroom.			>			Not a DSPD facility
R501-1-9(3) The licensee utilizing seclusion rooms shall ensure the following: (a) seclusion rooms measure a minimum of 75 sq ft and have a minimum ceiling height of 7 ft with no equipment, hardware or furnishings that obstruct staff's view of the client or present a hazard; (b) a seclusion room shall have either natural or mechanical ventilation with break resistant windows and either a break resistant two-way mirror or camera that allows for observation of the entire room; (c) a seclusion room may not have locking capability and may not be located in closets, bathrooms, unfurnished areas or other areas not designated as part of residential living space; and (d) a bedroom may not be utilized as a seclusion room and a seclusion room may not be utilized as a bedroom.			~			
R501-1-9(4) The licensee shall ensure that dormitory space is only permitted in an emergency homeless shelter or a program serving only adults.			>			Not an adult program

R501-1-9(5) The licensee shall train staff and ensure that the use of any alternate sleeping arrangements other than the client's assigned bedroom is only done on an individualized, short-term basis with ongoing clinical or medical justification that: (a) preserves client dignity and confidentiality; (b) is not done as a standard, practice, or policy; (c) is not utilized due to staffing shortages or for staff convenience; and (d) is not used as behavior management or consequence.						No alternate sleeping arrangements.
Food Service Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-10(2) A licensee that provides meals shall: (a) ensure that meals are not used as incentive or punishment; (b) provide nutritional counseling to staff and clients; (c) designate staff responsible for food service who: (i) maintain a current list of each client with special nutritional needs; and (ii) 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; (d) 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 are: (i) served from dietitian or nutritionist approved menus; or (ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA standard homeless settings; (e) establish and post kitchen rules and privileges in a kitchen according to client needs and safe food handling practices; and (f) provide adequate dining space for clients that is maintained in a clean and safe condition.		✓				Kitchen rules not posted
R501-1-10(3) A licensee that allows self-serve meals shall ensure that self-serve kitchen users are supervised, directed, and trained by a staff that has a food handler's permit or is trained by Serv-Safe, USDA, or a comparable program.	~					·
R501-1-10(4) A licensee that serves parents and their children may allow a consenting adult client to maintain full responsibility for their, and their child's, special dietary needs, if consent is maintained in writing in the client record.	~					
R501-1-10(5) A licensee that offers meals for clients shall ensure there is documented training confirming staff are trained to and adhere to the following safe practices: (a) how to identify and accommodate clients with special dietary needs; and (b) allowances for nutritious snacks to be available during restricted hours if the program restricts access to food and kitchen equipment.	_					
R501-1-10(6) If meals are prepared by clients, the licensee shall inform staff and clients in writing of the following: (a) rules and privileges of kitchen use; (b) menu planning and procedures; (c) sharing self-prepared food; (d) nutrition and sanitation requirements; (e) schedule of responsibilities; and (f) shopping and storage responsibilities.						Meals are not prepared by clients.
Program Client Record Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-1-11(1) The licensee shall maintain client information to include the following: (a) client name, address, email address, phone number, date of birth and identified gender; (b) emergency contact names, including legal guardian where applicable, and at minimum, the emergency contact's physical address, current email address or current phone numbers; (c) a program serving substance use disorder clients shall maintain compliance with an initial and annual client tuberculosis screening results in each client record; (d) any information that could affect health safety or well-being of the client including each medication, allergy, chronic condition or communicable disease; (e) intake screening and assessment; (f) discharge documentation; (g) treatment or service plan; (h) progress notes and services provided with date and signature of staff completing each entry; (i) individualized assessment for restriction of access to on-site items that could be used as weapons, for self-directed violence, or as an intoxicant; (j) any referral arrangements made by the program; (k) client or guardian signed consent or court order of commitment to services in lieu of signed consent for each treatment and non-clinical service; (ii) summary of attendance and absences in treatment services; (m) any grievance or complaint 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 agreement and consent form.	>					
Program Intake and Discharge Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-12(1) The licensee shall complete an intake screening before accepting a client into the program that includes at least: (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; and (d) suicide risk screening.	V					
R501-1-12(2) A licensee 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.			Ŋ			Not a substance use disorder program.
R501-1-12(3) A licensee serving incarcerated or court-mandated justice involved clients shall: (a) conduct a criminogenic risk assessment; (c) separate high and low criminogenic risk populations.			Ŋ			Not primarily serving incarcerated or court-mandated justice involved clients.
R501-1-12(4) The licensee shall ensure that , the client, parent, or guardian signs and receives copies of the following agreements to be maintained as client records: (a) determination of eligibility; (b) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (c) 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.	~					
R501-1-12(5) The licensee shall ensure that a discharge plan identifies resources available to a client and includes: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.	~					
Residential Additional Program Intake and Discharge Requirements	С	NC	NA	Date to be corrected	Corrected During	Notes

R501-1-13(1) A residential program licensee shall ensure an intake assessment is completed following an approved intake screening, no later than seven days from the admission date, and that 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.			\			Residential support; tx is not required
R501-1-13(2) A residential program licensee may not serve youth from out of state without a disruption plan as described in Section 26B-2-124 and, as applicable, Section 80-2-905, Interstate Compact Placement of Children (ICPC).			Y			Not taking out of state clients at this time
R501-1-13(3) A congregate care program licensee shall ensure that each congregate care disruption plan complies with the following: (a) the program retains jurisdiction and responsibility for the youth while the youth remains in Utah; and (b) the program completes 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 person; (iii) a signed statement from parent or responsible person 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 person as identified in Subsection R501-1-13(3)(b)(i) or to another licensed congregate care program or higher level of care, as needed.			K			Not taking out of state clients at this time
R501-1-13(4) A congregate care program licensee may demonstrate compliance with Subsections R501-1-13(2) and R501-1-13(3) by producing the 100A and 100B forms and disruption plan as required by the ICPC.			>			Not taking out of state clients at this time
R501-1-13(5) A congregate care program licensee shall report private placements to the office as described in Section 26B-2-124 by completing the congregate care out of state placement survey on the office website no later than the fifth business day of each month. (b) A congregate care program licensee that does not comply with the disruption plan requirements stated in	V					
Section 26B-2-124 shall pay for the cost of care incurred by entities maintaining the youth for purposes of locating, housing, or transporting the youth.					_	
Section 26B-2-124 shall pay for the cost of care incurred by entities maintaining the youth for purposes of	С		NA	Date to be corrected by	Corrected During Inspection	Notes
Section 26B-2-124 shall pay for the cost of care incurred by entities maintaining the youth for purposes of locating, housing, or transporting the youth.				_	Corrected During	Notes
Program Clinical Services R501-1-14(1) A licensee that offers clinical treatment shall: (a) assign a clinical director to ensure that assessment, treatment, and service planning practices are: (i) regularly reviewed and updated; (ii) individualized; and (iii) designed to involve the participation of each client or each client's parent or guardian; (b) ensure 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; (c) ensure client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission; (d) ensure discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives; (e) ensure that each client identified for treatment receives individual treatment at least weekly; and (f) ensure any missing individual weekly treatment is justified, approved, and documented by the clinical	С	NC	NA	_	Corrected During Inspection	Notes Residential Support; Tx not required for admission
Program Clinical Services R501-1-14(1) A licensee that offers clinical treatment shall: (a) assign a clinical director to ensure that assessment, treatment, and service planning practices are: (i) regularly reviewed and updated; (ii) individualized; and (iii) designed to involve the participation of each client or each client's parent or guardian; (b) ensure 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; (c) ensure client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission; (d) ensure discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives; (e) ensure that each client identified for treatment receives individual treatment at least weekly; and (f) ensure any missing individual weekly treatment is justified, approved, and documented by the clinical director. R501-1-14(2)(a) A residential program licensee shall ensure that in addition to the required weekly individual therapy, frequency and need for family and group therapy and other clinical services are addressed in the individual's treatment plan. (b) A non-residential program licensee who offers clinical treatment may alter the weekly therapy requirement	c	NC	NA	_	Corrected During Inspection	
Program Clinical Services R501-1-14(1) A licensee that offers clinical treatment shall: (a) assign a clinical director to ensure that assessment, treatment, and service planning practices are: (i) regularly reviewed and updated; (ii) individualized; and (iii) designed to involve the participation of each client or each client's parent or guardian; (b) ensure 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; (c) ensure client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission; (d) ensure discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives; (e) ensure that each client identified for treatment receives individual treatment at least weekly; and (f) ensure any missing individual weekly treatment is justified, approved, and documented by the clinical director. R501-1-14(2)(a) A residential program licensee shall ensure that in addition to the required weekly individual therapy, frequency and need for family and group therapy and other clinical services are addressed in the individual's treatment plan. (b) A non-residential program licensee who offers clinical treatment may alter the weekly therapy requirement as designated in the individual's treatment plan.	c	NC	NA D	_	Corrected During Inspection	Residential Support; Tx not required for admission

R501-1-15(1) The licensee shall ensure adequate staffing to safely supervise the current population, including						
adding more staff than required by the usual staffing ratio as needed to manage behaviors, dynamics, and individual client treatment and supervision needs.	K					
R501-1-15(2) The licensee shall identify a manager or qualified designee who is immediately available when the program is in operation or there is a qualified and trained substitute when the manager is absent or unavailable.	K					
R501-1-15(3) A licensee 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.	V					
R501-1-15(4) The licensee shall ensure that before allowing a direct care staff to work unsupervised they have an approved background clearance except as excluded in Section R501-14-17;	>					
R501-1-15(5) A licensee who serves clients with substance use disorder shall ensure each staff is screened for tuberculosis.			\checkmark			Not a substance use disorder facility
R501-1-15(6) A licensee who serves a client with substance use disorder may not offer, entice, refer, or recommend medical cannabis as treatment for substance use disorder.			\checkmark			Not a substance use disorder facility
R501-1-15(7) A licensee who manages, stores, or administers client medication shall identify a medical professional to oversee the medication management, medication oversight, and staff training regarding medication management and administration.	Y					All staff trained in medication management but the program allows clients self administering.
R501-1-15(8) The licensee shall ensure that each person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers as described in the 21 CFR Part 1301.			~			No medication prescribers
R501-1-15(9) The licensee shall create and maintain personnel information for each staff member, contracted employee, and volunteer.	Y					
R501-1-15(10) The licensee shall ensure that personnel information includes: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Rule R501-14; (c) a provider code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any pre-service and annual training records with the date completed, topic, and the individual's signed acknowledgment of training completion; (e) any grievances or complaints made by or against the individual and actions taken by the program; & (f) each crisis intervention or critical incident report involving the individual.	Ŋ					
R501-1-15(11) The licensee shall ensure that at least one CPR and First Aid-certified staff member is available	<					
when staff and clients are present unless a currently licensed healthcare professional is present.	_					
when staff and clients are present unless a currently licensed healthcare professional is present. Personnel Training Requirements	С	NC		Date to be corrected by	Corrected During Inspection	Notes

the program's license date: a) program policies, procedures and safe practices as outlined in Section R501-1-4; b) general provisions and applicable categorical licensing rule; c) client eligibility, as outlined in Subsection R501-1-6(1)(e), emphasizing the behaviors and circumstances the program can safely manage; d) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes; e) provider code of conduct as outlined in Rule R380-80; f) program plan for the prevention or control of infectious and communicable disease to include coordination with and following any guidance of the state or local health authorities, Center for Disease Control, and the department; g) emergency procedures to instruct staff how to address incident reporting, continuity of care, transport, relocation, and client health and safety during natural disasters, extreme weather events, fire, utility or structural failures, or other unexpected disruptions to the program service; h) program rules regarding firearms that does not conflict with constitutional or statutory rights regarding concealed weapons permits as described in Title 53, Chapter 5, Part 7, Concealed Firearms Act; i) smoking rules in accordance with Title 26B, Chapter 7, Part 5, Regulation of Smoking, Tobacco Products, and viscotine Products;				
k) general incident reporting; l) prevention, signs, and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements; m) CPR and first aid; n) if storing and administering medications, training required to administer medication and the process to be followed; o) training to identify and address in a residential or congregate care program: i) clients who pose a risk of violence; ii) what constitutes contraband, possession of contraband, and how the program ensures restriction of client access to contraband and dangerous weapons or materials; iii) clients who are at risk for suicide; iii) clients who are at risk for suicide; iii) managing clients with mental health concerns; and v) identifying the signs and symptoms of clients presenting under the influence of substances or alcohol; p) if the licensee manages funds for client allowances, training to document each expense; and	RS01-1-16(2) The licensee shall ensure each staff completes the following training topics each year, based on the program's license date: (a) program policies, procedures and safe practices as outlined in Section R501-1-4; (b) general provisions and applicable categorical licensing rule; (c) client eligibility, as outlined in Subsection R501-1-6(1)(e), emphasizing the behaviors and circumstances the program can safely manage; (d) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes; (e) provider code of conduct as outlined in Rule R380-80; (f) program plan for the prevention or control of infectious and communicable disease to include coordination with and following any guidance of the state or local health authorities, Center for Disease Control, and the department; (g) emergency procedures to instruct staff how to address incident reporting, continuity of care, transport, relocation, and client health and safety during natural disasters, extreme weather events, fire, utility or structural failures, or other unexpected disruptions to the program service; (h) program rules regarding firearms that does not conflict with constitutional or statutory rights regarding concealed weapons permits as described in Title 53, Chapter 5, Part 7, Concealed Firearms Act; (i) smoking rules in accordance with Title 26B, Chapter 7, Part 5, Regulation of Smoking, Tobacco Products, and Nicotine Products; (j) how to manage clients who screen with elevated suicide risk levels; (k) general incident reporting; (l) prevention, signs, and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements; (m) CPR and first aid; (n) if storing and administering medications, training required to administer medication and the process to be followed; (o) training to identify and address in a residential or congregate care program: (ii) what constitutes contraband, possession of contraband, and how the program ensures restriction of client access to contraband a			

Congregate Care Residential Support Programs - Inspection Checklist (Revised 01/2024)

C = Compliant

NC = Not Compliant NA = Not Assessed during this inspection											
Administration	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes					
R501-22-3(2) The licensee that offers treatment shall obtain the appropriate categorical department license for that treatment.						Treatment is not a requirement of services.					
R501-22-3(3) The licensee serving an individual experiencing homelessness in a setting with a contracted service provider shall identify each key decision maker and service provider that is associated with the license application and accountable for compliance with licensing rules within the licensed setting.											
R501-22-3(4) Residential support may not require treatment as a condition of admission.	ightharpoonup										
R501-22-3(5) The licensee shall provide evidence of ongoing coordination with the local health authorities regarding managing communicable diseases within the licensed setting.	ightharpoonup										
R501-22-3(6) The licensee shall inform staff regarding: (a) various types of communicable diseases; (b) recognizing signs and symptoms of communicable diseases; and (c) steps to take when a potential disease is identified or an outbreak occurs.	~										
Staffing	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes					
R501-22-4(1) The licensee is not required to provide 24-hour supervision unless that program is an emergency homeless shelter or a domestic violence shelter serving adults.	~										
R501-22-4(2) The licensee shall establish safe practices that identify each situation requiring medical attention and how the program will meet the client's medical needs.	\blacksquare										
R501-22-4(3) The licensee shall conduct eligible background clearance and document required training completion for each student or volunteer. (a) a volunteer or student who provides care without a paid staff present in any emergency homeless shelter or domestic violence shelter shall have direct communication access to designated staff and an eligible background screening before any unsupervised client access. (b) The licensee shall inform each volunteer or student verbally and in writing of program objectives and the scope of service.	~										
Physical Facility	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes					
R501-22-5(1) Except as otherwise provided in this section, each licensee has at least one bathroom for every ten clients.	\mathbf{Z}										
R501-22-5(5) The licensee shall develop safe practices that allow and encourage each client to have clean linen at least weekly.	\mathbf{Z}										
R501-22-5(7) Except as outlined in Subsection R501-22-5(13), the licensee shall provide clean bedding that is laundered at least weekly or as needed for each client.											
R501-22-5(9) The licensee shall comply with the following bedroom standards for domestic violence shelters, family support centers, temporary homeless youth shelters, emergency homeless family shelters, and children's shelters: (a) there is at least 40 sq feet per client in a multiple occupant bedroom, not counting storage space or one crib for children under two years old if the crib does not inhibit access to and from the room; (b) roll away and hide-a-beds are only used when the 40 sq foot space requirement is maintained; and (c) when a bedroom is shared by more than one family, program staff make arrangements to ensure client privacy.	~										
R501-22-5(10) The temporary youth shelter licensee shall ensure that children in a temporary youth shelter with their own children have at least 40 square feet per person, excluding storage space, in a separately enclosed bedroom that houses only children that have their own children.											
R501-22-5(11) The licensee shall comply with the following bedroom standards for emergency homeless shelters, temporary homeless youth shelters, and receiving centers: (a) dormitory style bedrooms meet the square footage and capacity determinations made by the local fire authority; (b) capacity determinations include any staff present in the facility; (c) if the local fire authority does not identify capacity, licensing sq footage requirements apply; and (d) there is a safe practice to identify how to manage overflow when capacity has been reached.											

R501-22-5(12) Each licensee shall outline safe practices regarding: (a) rules and guidelines for each family or mixed gender sharing the same dormitory space or bedroom, including each individualized bedroom assignment; (b) securing personal belongings; (c) responsibility for each client supervising the client's own children; (d) conflict resolution; (e) nuisance and disruptive behavior; (f) housekeeping responsibilities; (g) daily schedules; (h) prohibited items; and (i) search policy.	~					
R501-22-5(14) Each licensee that requires a client to provide the client's own laundry supplies and locate a laundromat for laundering shall have a safe practice to assist each client on a limited basis when the client cannot provide the client's laundry supplies and locate a laundromat.	~					
Specialized Services for Programs Serving Client's With Substance Use Disorders	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-6(1) Each licensee may not admit anyone who is currently experiencing convulsions, shock, delirium tremens, unconsciousness, or is in a coma.			\mathbf{Z}			Not a substance use disorder program
R501-22-6(2) Each licensee serving clients with substance use disorder provides evidence of ongoing coordination with the local health authorities regarding managing communicable diseases within the licensed setting.			~			Not a substance use disorder program
R501-22-6(3) The licensee shall screen staff and clients for risk of tuberculosis.			$ lap{}$			Not a substance use disorder program
R501-22-6(4) A licensed substance abuse treatment program shall complete the National Survey of Substance Abuse Treatment annually.			\blacksquare			Not a substance use disorder program
Specialized Services for Programs Serving Children	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-7(1) A licensee serving only child populations is considered congregate care as defined in Section 26B-2-101 and shall adhere to each requirement of Sections 26B-2-120, 26B-2-123, and 26B-2-124 for background clearances, policy development, and behavior management practices.	~					
R501-22-7(2) Congregate care rules under Title R501 apply to youth programs that retain clients past the age of 18 to complete treatment or education.						
R501-22-7(3) The licensee shall provide clean and safe age appropriate toys for children.	\checkmark					
R501-22-7(4) The licensee shall provide an outdoor play area enclosed with a five-foot safety fence or enclosure as otherwise required by local ordinances.			~			Older demographic of children.
R501-22-7(5) Only a custodial parent, legal guardian, or person designated in writing may remove any child from the program.			~			Age range of 12-18, children are not detained if they don't want to stay.
R501-22-7(6) The licensee shall provide adequate staff to supervise children or be available to monitor parents supervising their own children.						
R501-22-7(7) The licensee shall comply as required with Title 80, Chapter 2, Part 9, the Interstate Compact on Placement of Children (ICPC), including ensuring the disruption plan is followed when an out of state minor presents at a shelter as a result of a failed ICPC placement in a Utah residential setting.						
Specialized Services for Temporary Homeless Youth Shelters	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-9(1) Each licensee shall provide a staff ratio of at least one direct care staff for every ten children.						
R501-22-9(2) Except as outlined in Subsection R501-22-9(4), the licensee may only admit individuals under the age of 18.						
R501-22-9(3) The licensee may admit a child with the child's own biological child.	V					

R501-22-9(4) The licensee may provide shelter to an individual that is older than 18 but younger than 21 under the following conditions: (a) each individual is placed in age and gender appropriate sleeping quarters away from the minor population; (b) each individual remains in the program voluntarily and is made aware of program rules and the repercussions of criminal behavior as an adult; (c) a ratio of at least one staff to every ten clients is maintained; (d) children and individuals are assessed by a facility staff member that is a mental health therapist, as described in Section 58-60-102, to determine whether the individual is at imminent risk of harming themself or others; and (e) individuals that are assessed as at imminent risk of harm to self or others are referred to a program qualified to serve them.	~					
R501-22-9(5) The licensee shall document and maintain individualized assessments of risk of harm and justification for each client admitted in the youth setting.	\blacksquare					
R501-22-9(6) The licensee shall comply with Section 80-5-601 regarding mandatory reporting requirements for harboring a runaway.	✓					
R501-22-9(7) The licensee shall comply with Section 26B-2-116 to coordinate educational requirements for each individual.	✓					
R501-22-9(8) The licensee shall coordinate and transition each client to a more appropriate setting when the client cannot remain in the youth setting.	\blacksquare					
Specialized Services for Programs Serving Clients of the Division of Services for People with Disabilities	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-11(1) In accordance with the federal Home and Community-Based Services (HCBS) Settings Final Rule, a program serving clients on the HCBS Waiver shall complete and adhere to the residential attestation agreement form and self-assessment survey for each licensed site.			Z			Not a DSPD program.
R501-22-11(2) The licensee shall maintain current copies of the residential attestation agreement form and self-assessment survey forms in program documentation.			\blacksquare			
R501-22-11(3) In the event of a conflict between this rule and the Settings Final Rule the Settings Final Rule shall prevail.			\blacksquare			
R501-22-11(4) The office shall report any noncompliance of the Settings Final Rule to the DHHS Division of Continuous Quality and Improvement for contract compliance consideration.			\blacksquare			
Specialized Services for Receiving Centers	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-12(1) Each receiving center may be licensed under multiple license types to assess and triage immediate client needs.			\blacksquare			Not a receiving center.
R501-22-12(2) A receiving center licensee may offer short-term residential support that is intended to mitigate the initial identified problem, stabilize each client, and return each client to the community as quickly and safely as possible.						
R501-22-12(3) A receiving center licensee shall outline safe practices in consumer agreements regarding how each population will be separated and maintained and the circumstances when interactions between populations are permitted.						
R501-22-12(4) A receiving center licensee shall include individualized clinical documentation outlining the ongoing need and anticipated time frame for discharge for each instance that a client's stay lasts longer than 30 days.						
R501-22-12(5) A receiving center licensee shall ensure that placement in a receiving center is a voluntary alternative that the client may choose instead of a more restrictive placement.			\blacksquare			
R501-22-12(6) A receiving center may not mandate treatment as a condition to residence.			\checkmark			

Outpatient Treatment Programs - Inspection Checklist							
(Revised 01/2024)							
C = Compliant NC = Not Compliant NA = Not Assessed during this inspection							
Administration and Direct Services	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes	
R501-21-4(1) In addition to this rule, each outpatient treatment program shall comply with Rules R501-1 and R501-14.	\blacksquare						
R501-21-4(2) An outpatient treatment program shall: (a) provide general outpatient treatment on a weekly basis, or less than weekly only with individualized clinical justification; (b) only provide intensive outpatient treatment, if offered, for between 9 and 19 hours weekly for adults, and six or more hours weekly for adolescents; and (c) ensure the following when clients are present in the facility for six or more consecutive hours: (i) client meals; (ii) administration of any required medications; (iii) maximum group sizes according to building capacity; and (iv) a physical environment that provides for the comfort of clients.	Z						
R501-21-4(3) An outpatient treatment provider that provides only telehealth services may apply for a single license for one centralized site to cover any telehealth services offered and shall ensure that any telehealth services provided to out of state clients are done so in accordance with the telehealth laws of the client's state of residence.							
Substance Use Disorder Treatment Programs	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes	
R501-21-5(1) Each substance use disorder treatment program shall: (a) develop and implement a plan on how to support opioid overdose reversal; (b) maintain proof of completion of the National Survey of Substance Abuse Treatment Services annually; and (c) ensure medical cannabis is not an enticement or offered, referred, or recommended as treatment for substance use disorder.						Not a substance use disorder program.	
R501-21-5(2) A program providing medication for opioid use disorder (MOUD) shall: (a) maintain a program-wide counselor to client ratio of: 1:65 to provide adequate substance usecounseling to each client as clinically necessary; and (b) assure each client sees a licensed practitioner that may prescribe controlled substances at least once yearly.							
R501-21-5(3) Each MOUD provider that prescribes, administers or dispenses methadone shall: (a) admit a client to the program only after the completion of a face-to-face visit with a licensed practitioner authorized to prescribe controlled substances who confirms opioid dependence; (b) ensure that a licensed practitioner authorized to prescribe controlled substances approves every subsequent dose increase before the change; (c) require each client admitted to the program to participate in random drug testing performed randomly at least eight times per year, per patient in maintenance treatment, in accordance with generally accepted clinical practice and in accordance with 42CFR part 8; and (d) require one hour of prescribing practitioner time at the program site each month for every ten MOUD clients enrolled.							
R501-21-5(4) Each MOUD program that prescribes, administers or dispenses methadone shall: (a) maintain Substance Abuse and Mental Health Services Administration certification and accreditation as an opioid treatment program; (b) employ the following: (i) a licensed physician who is an ASAM-certified physician; (ii) a prescribing licensed practitioner who can document specific training in current industry standards regarding methadone treatment for opioid addictions; or (iii) a prescribing licensed practitioner who can document specific training or experience in methadone treatment for opioid addictions; and (c) provide one qualified provider as defined in Section 58-17b-309.7 to dispense or administer medications for every 150 methadone clients dosing on an average daily basis.			Y				

R501-21-6(5) An outpatient treatment program may offer mobile MOUD services under their physical site license if: (a) the existing licensed site provides MOUD services; (b) the licensee maintains policy and procedures addressing the agency policies as they apply to the mobile unit; and (c) registration requirements of the Drug Enforcement Administration Code of Federal Regulations, Title 21, Parts 1300, 1301 and 1304, 2021 edition are met.						
R501-21-5(6) An alcohol and drug education provider shall provide court ordered education only if certified to do so through the OSUMH in accordance with Rule R523-11.			$ lap{}$			
R501-21-5(7) A licensed substance use disorder counselor (SUDC) in a substance use disorder outpatient treatment program may: (a) collect client information; (b) conduct the screening portion of an assessment; (c) make level of care recommendations; and (d) identify a substance use disorder.			~			
R501-21-5(8) A SUDC may not diagnose a client.			$ lap{}$			
R501-21-5(9) A OSUMH certified alcohol and drug education provider shall: (a) complete and maintain a substance use screening, that may be shared between providers with written client consent, for each client before providing the education course; (b) provide a workbook to each participant to keep upon completion of the course; (c) ensure at least 16 hours of course education; and (d) provide separate classes for adults and youth.						
R501-21-5(10) A provider offering services to justice-involved clients shall: (a) operate in compliance with Rules R523-3 and R523-4; (b) maintain a validated criminogenic screen or risk assessment for each justice involved client that is conducted with an accepted tool including: (i) Level of Service Inventory-Revised (LSI-R); (ii) Risk and Needs Triage (RANT); (iii) Ohio Risk Assessment System (ORAS): or (iv) any other screen that the provider can demonstrate their validation to the OSUMH: (c) separate clients into treatment groups according to level of risk assessed; (d) complete screenings that assess both substance abuse and mental health comorbidity; and (e) treat, or refer to other licensed Department of Health and Human Services programs that serve justice-involved clients to treat the array of disorders noted in the screening.			☑			
Domestic Violence	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-21-6(1) A domestic violence (DV) treatment provider shall comply with generally accepted and current practices in DV treatment, and shall meet the following requirements: (a) maintain and document cooperative working relationships with DV shelters, treatment programs, referring agencies, local DV coalitions, and custodial parents when the client is a minor; (b) treatment for children and victims offers at least ten sessions for each client, not including intake or orientation; (c) if the client is a perpetrator, provider contact with the victims, current partner, and the criminal justice referring agencies is also required, as applicable; and (d) a Licensed Mental Health Therapist shall complete a DV treatment evaluation for each offender to include individualized recommendations for the offender's treatment.			~			Not a domestic violence shelter.
R501-21-6(2) A provider shall ensure staff to client ratios are set as follows: (a) the staff to client ratio in a one hour long adult treatment group is one staff to eight clients; (b) the staff to client ratio in a group exceeding one hour is one staff to ten clients; (c) the maximum group size may not exceed 16; (d) child victim or child witness groups shall have a ratio of one staff to eight children, when the clients are under 12 years of age; and (e) a staff to client ratio of one staff to ten children when the clients are 12 years of age and older.			~			

R501-21-6(3) The licensee shall ensure client intake and safety as follows: (a) when a client enters a DV treatment program, the staff shall conduct an in-depth, face-to-face interview and assessment to determine the client's clinical profile and treatment needs, and the evaluation in Subsection R501-2[3]1-7(1)(d) shall count for this assessment when the client is an offender; (b) obtain additional information for perpetrator clients from the police incident report, perpetrator's criminal history, prior treatment providers, the victim, or victim advocate; (c) when appropriate, obtain additional information for a child client from parents, prior treatment providers, schools, and Division of Child and Family Services Child Protective Services; (d) when any of Subsections R501-21-6(3)(a) through (c) cannot be obtained, the provider shall document the reason; and (e) the provider shall ensure that the intake assessment includes the following: (i) a profile of the frequency, severity, and duration of the DV behavior, that includes a summary of psychological violence; (ii) documentation of any homicidal, suicidal ideation and intentions, as well as abusive behavior toward 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 client is an adult victim, child victim, or child witness and they have contact with the perpetrator; (v) address safety planning upon contact for victims who choose not to become treatment clients; and (vi) documentation that appropriate measures have been taken to protect children from harm.		V	
R501-21-6(4) A provider shall ensure that teatment procedures adhere to the following: (a) an individualized treatment plan addressing relevant treatment issues is created for each client; (b) refer each client deemed not appropriate for a DV program to the appropriate resource, with the reasons for referral documented, and notification given to the referring agency; (c) provide DV counseling concurrently with, or after, other necessary treatment when appropriate; (d) conjoint or group therapy sessions with victims and perpetrators, or with co-perpetrators may 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 shall complete at least four DV treatment sessions, unless otherwise noted in the offender evaluation recommendations before the provider implements conjoint therapy; (f) implement a written procedure in an efficient and timely manner to facilitate: (ii) entry of the court ordered defendant into treatment; (iii) notification of client compliance, participation, or completion; (iii) disposition of a non-compliant client; (iv) notification of factors that may exacerbate an individual's potential for violence; (g) a provider shall comply with the duty to warn, in accordance with Section 78B-3-502; (h) a provider shall document specialized training in DV assessment and treatment practices for any individual providing treatment service, to include: (i) 24 hrs of Utah Association for Domestic Violence Treatment pre-service training within the last 2 years; (ii) 16 hrs annual training thereafter; and (i) clinical supervision for treatment staff that are not clinically licensed shall consist of at least 1 hour per week to discuss clinical dynamics of cases.	0	V	
R501-21-6(5) The provider shall ensure training is documented and approved by the designated Utah Department of Health and Human Services DV Specialist regarding assessment and treatment practices for treating DV victims and perpetrators.			
R501-21-6(6) A provider shall disclose any current Department of Health and Human Services contracts and actions against the contract to the Office of Licensing.		~	
R501-21-6(7) A provider shall disclose any current accreditations and actions against accredited status to the Office of Licensing.		~	