

 Utah Department of Health & Human Services Licensing & Background Checks		Outdoor Youth Program Inspection Checklist				This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. <i>(Revised 03/2023)</i>		
Provider Name:	Ascent inc. dba Redcliff Ascent		Facility ID:	F22-93243		Phone Number:		Notes Inspection spanned two days, one in the field and one for documentation review. Total 9.5 hours.
Site Name or Address:	709 E Main St Enterprise, UT 84725				Email Address:			
Approved Capacity:	82		# of Present Residents\Clients	6				
Please review the following items prior to the inspection: (Mark with a check mark if completed and make and necessary notes)					Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)			
<input checked="" type="checkbox"/>	DACs to ensure background checks are current.				<input checked="" type="checkbox"/>	Introduce yourself and any DHHS staff		
<input checked="" type="checkbox"/>	Any active rule variances.				<input checked="" type="checkbox"/>	Clients Interviews		
<input checked="" type="checkbox"/>	Any license restrictions or conditions.				<input checked="" type="checkbox"/>	Staff Interviews		
<input checked="" type="checkbox"/>	Any needed rule variances.				<input checked="" type="checkbox"/>	Other:		
Inspection Information:								
- The licensor will email you this inspection checklist after the inspection is completed. This checklist is not an official compliance statement. The licensor will send you an official Inspection Report once this inspection has been approved by management. Only items checked here as noncompliant can be part of your Inspection Report, and the Inspection Report is to be considered the results of this inspection.								
- If the only non compliance items are documentation and/or records, please submit them by the <i>correction required date</i> listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.								
Signature Information								
Inspection Type:	Renewal Inspection		Date:	09/06/2023		Time Started On-site:	10:45 am	Time Ended On-site: 8:30 pm
Number of Non Compliant Items:			11		Name of Individual Informed of this Inspection:		Glenn and Marcus	
Licensor(s) Conducting this Inspection:			McCabe Peterson			OL Staff Observing Inspection:		
<input checked="" type="checkbox"/>	The Licensor explained noncompliance items (if any).		Please sign/type individual informed name and date of review: Signing this checklist does not constitute agreement with the statements, only that the inspection was conducted and noncompliances, if any, were explained.			Marcus Taylor		

General Provisions Inspection Checklist

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

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

R501-1-13(2). The following items are posted in a conspicuous place: (a) abuse reporting laws; (b) civil rights notice; (c) Americans with Disabilities Act notice; (d) the program license; (e) any office notice of agency action; and (f) a client rights poster.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/15/2023	<input type="checkbox"/>	Not all required posters are displayed where all can see. Program License is out of date.
R501-1-13(3). Provider is in compliance with: (a) food handler permits for any person preparing meals for any other person; (b) capacity limits; (c) licensure and registration of any vehicles used to transport clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
R501-1-13(5). Provider has proof of: (a) financial viability of the program as verified by a financial professional; (b) vehicle insurance;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(6). Provider ensures that: (a) each entity associated with the licensee read, understand, sign, and follow the current department code of conduct; (b) current staff and client lists are available at each licensed site; (f) at least one CPR and First Aid trained or certified staff member is available when staff and clients are present together; (g) the program maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the program is serving, or is likely to serve, a client with a substance use disorder; and (h) the program provides trainings and monitors staff to ensure compliance regarding program policy and procedures including: (i) the needs of each client; (ii) licensing rule; (iii) client rights; (iv) department code of conduct; (v) incident reporting; (vi) program emergency response plan; and (vii) CPR and first aid.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(7) & (8). A program providing school on-site: (a) completes youth education forms for all education entitled children (b) maintains the established staff to client ratio with behavioral intervention trained staff in the school setting; (c) is recognized as in good standing by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board; and (d) ensures each youth is taught at grade level.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't provide school.

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

R501-1-14(5). The provider ensures that before allowing a direct care staff to work unsupervised, they have an approved background clearance and are trained in the following: (a) behavior management policy and curriculum including crisis intervention, appropriate use of restraint and seclusion, and de-escalation techniques; (b) which practices are prohibited for congregate care programs; (c) the clinical needs of each of the clientele; (d) client rights; (e) department code of conduct; and (f) incident reporting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-14(6). Direct care staff are trained in first aid and CPR within six months of hire.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Physical Facilities and Safety	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-15(1). The appearance and cleanliness of the building and grounds are maintained and free from health and fire hazards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(2). Appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(3). clients with disabilities are accommodated as needed or appropriately referred to comparable services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(4). Fire drills in non-outpatient programs are conducted and documented at least quarterly and program administration provides and documents feedback regarding response time and process.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	An outdoor wilderness program
R501-1-15(5). A 911 recognizable phone is always on-site with clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(6). Bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Outdoor youth program
R501-1-15(7). Each bathroom is properly equipped with toilet paper, paper towels or a dryer, and soap.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Outdoor youth program
R501-1-15(8). Each bathroom is ventilated by mechanical means or equipped with a window that opens.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Outdoor youth program
R501-1-15(9). Medications and potentially hazardous items on-site are maintained lawfully, responsibly, and with consideration of the safety and risk level of the population served. This includes locked storage for each medication and hazardous chemical.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(10). Non-prescription medications, if stored on-site, are stored in original manufacturer's packaging together with the manufacturer's directions and warnings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(11) & (12). Prescription medications, if stored on-site, are stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings. Maintains fully supplied First Aid Kit as recommended by the American Red Cross	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Programs Additional Facilities and Safety Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-16(1). There is designated space available for records, administrative work, and confidential phone calls for clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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

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

R501-1-19(1)-(2). The program create and maintains personnel information for each staff member, contracted employee, and volunteer, including: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Section R501-14-17; (c) a department code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any training records with the date completed, topic, and the individual's signed acknowledgment of training completion to include: (i) current CPR and First Aid certification; (ii) current policy and procedure training; and (iii) proof of annual department code of conduct and behavior management training; (e) any grievances or complaints made by or against the individual and actions taken by the program; and (f) each crisis intervention or critical incident report involving the individual.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/29/2023	<input type="checkbox"/>	
Program Client Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-20(1). Client information is maintained and includes: (a) client name, address, email address, phone numbers, date of birth and identified gender; (b) emergency contact names, including legal guardian where applicable, and at minimum, the emergency contact physical address, current email address or current phone numbers; (c) a program serving substance use disorder clients shall maintain compliance with an initial and annual client tuberculosis screening results in each client record; (d) any information that could affect health safety or well-being of the client including each medication, allergy, chronic condition or communicable disease; (e) intake screening and assessment; (f) discharge documentation; (g) treatment or service plan; (h) progress notes and services provided with date and signature of staff completing each entry; (i) individualized assessment for restriction of access to on-site items that could be used as weapons for self-directed violence or as an intoxicant; (j) any referral arrangements made by the program; (k) client or guardian signed consent or court order of commitment to services in lieu of signed consent for each treatment and non-clinical service; (l) summary of attendance and absences; (m) any grievances or complaints made by or against the client and actions taken by the program; (n) each crisis intervention or critical incident report involving the client; and (o) any signed agreements and consent forms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-20(2). There is a plan detailing how each program staff and client file will be maintained and remain available to the office and other agencies legally authorized to access the files for seven years regardless of whether the program remains licensed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-1-21(1). The program completes an intake screening before accepting a client into the program. Intake screenings assess at minimum: (a) verification that the client meets the eligibility requirements of the program; (b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve; (c) description of presenting needs; (d) suicide risk screening; and (e) a program serving substance use disorder clients may not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-21(3). Following determination of eligibility, the client or parent or guardian signs and receives copies of the following agreements to be maintained as client records: (a) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (b) signed consent for treatment that outlines: (i) rules of the program; (ii) expectations of clients, parents, and guardians; (iii) services to be provided; (iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services; (v) client rights; and (vi) licensing contact information.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/29/2023	<input type="checkbox"/>	Missing some DHHS Clients Rights, no licensing contact information given, no lay out of services
R501-1-21(4). A discharge plan identify resources available to a client and include: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Additional Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-22(1). In residential facilities, an intake assessment is completed following an approved intake screening and no later than seven days from the admission date. The assessment considers and contains: (a) gender identity and individualized assessment for bedroom and bathroom assignments; (b) cultural background; (c) dominant language and mode of communication; (d) family history and dynamics; (e) current and past health and medical history; (f) social, psychological, developmental, vocational, and, as appropriate, educational factors; (g) suicide risk screening; and (h) authorization to serve and obtain emergency care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-22(3). No youth from out of state is served without a disruption plan as described in Section 62A-2-125 and, as applicable, Title 80-2-905, Interstate Compact Placement of Children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-22(4). The disruption plan contains the following: (a) program must retain jurisdiction and responsibility for the youth while the youth remains in Utah; (b) a program must complete an individualized disruption plan at the time of intake for each out of state client to include: (i) who is responsible for the child's return if placement at the facility disrupts; (ii) current emergency contact information to include the name, address, phone and email address of the parent or responsible party; (iii) a signed statement from parent or responsible party outlining the plan for the youth in the event of an unplanned disruption in care; and (iv) a plan for safe transportation either to the state of origin, the responsible party identified in Subsection R501-1-22(3)(a) or to another licensed congregate care program. R501-1-22(5). Each congregate care program may demonstrate compliance with Subsections R501-1-22(2) and R501-1-22(3) by producing the 100A and 100B forms and disruption plan as required by the Interstate Compact for the Placement of Children (ICPC).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-22(6). Private placements are reported to the office by the fifth business day of each month.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-22(7). Critical and non-critical restraints or seclusions are reported to the office within one business day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Clinical Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-23(1). Programs providing clinical treatment assign a clinical director to ensure that assessment, treatment, and service planning practices are: (a) regularly reviewed and updated; (b) individualized; and (c) designed to involve the participation of each client or each client's parent or guardian.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(2). Programs providing clinical treatment ensure that each person working directly with a client is informed of the client's individual treatment needs and advised of the best approach to working with that client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(3). Programs providing clinical treatment ensure that client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(4). Program providing clinical treatment ensure that discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(5). Program providing clinical treatment ensure that each client identified for treatment receives individual treatment at least weekly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(6). Program providing group counseling, family counseling, skills development, or other treatment ensure the treatment is offered and documented as prescribed in the treatment plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Policy and Procedure Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

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

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

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

Program Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-4(4). Each client has clothing and equipment to protect them from the environment. This equipment is never be removed, denied, or made unavailable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(5). During an expedition, if a client refuses or cannot hike or to carry the client's equipment, the group ceases hiking. The program establishes, documents, and resolves the reasons for the client's refusal or inability to continue before hiking continues.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	09/29/2023	<input type="checkbox"/>	No documentation on client's refusal and how it was resolved.
R501-8-4(6). Deprivation of essential equipment or items is not used as a consequence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(7). The program conducts an individual assessment of each client's recommended backpack weight. Each backpack weight guideline may not exceed 20 % of the client's body weight. If a client is required to carry other items, the total weight carried must not exceed 30 % of the client's body weight unless individually documented with parental permission to exceed this ratio.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(8). The program provides clients with clean clothing at least weekly and provides a means for each client to bathe or otherwise clean the client's body at least twice weekly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(9). Hiking does not exceed the physical capability of the weakest member of the group. Hiking is prohibited at temperatures above 90 degrees F. or at temperatures below ten degrees F.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(10). A field staff in each group carries a means to accurately measure and display the current temperature.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(11). Each expedition plan including map routes, anticipated schedules, and times is carried by the field staff and recorded in the field office.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	09/29/2023	<input type="checkbox"/>	No routes or schedules being recorded
R501-8-4(12). A field staff in each group maintains a signed daily log or dictates a recorded log to be transcribed and signed immediately following termination of the activity to contain the following information: (a) each critical incident; (b) prescription compliance; (c) each medical concern; (d) each behavioral concern or refusal to hike and how the concern is addressed; (e) each unusual occurrence; and (f) each log entry that is recorded is in an un-editable format and remains available to the office upon request.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-8-4(13). Each program staff is required to carry an accurate, reliable time piece accurately reflecting the time of day and for documentation purposes in log notes and incident reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-4(14). Program administration trains each staff regarding the standards of this section and regularly monitors and ensures compliance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Staff, Interns, and Volunteers	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-5(1). The outdoor youth program has a governing body and an executive director who has responsibility and authority over the policies and activities of the program and coordinates office and support services and training. The executive director has the following qualifications: (a) be at least 25 years of age; (b) have a bachelor's degree or equal training and experience in a related field; (c) have at least two years of outdoor youth program administrative experience; (d) have at least 30 credit hours education in recreational therapy or related experience or one-year outdoor youth program field experience; (e) demonstrate knowledge and understanding of relevant licensing rules; and (f) have completed each required staff training.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-5(2). The outdoor youth program has a direct care field director who has primary responsibility for coordinating field operations, managing field staff, operating the field office, and supervising emergency response procedures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-5(3). A field director or a qualified designee must: (a) be trained as a direct care staff in accordance with Section R501-1-14; (b) be at least 25 years of age; (c) have a bachelor's degree or equal training and experience in a related field; (d) have at least two years of outdoor youth program field experience; (e) visit in the field at least two days a week with no more than five days between visits; and (f) document each field visit, including: (i) the condition of each client; (ii) interactions with clients and staff; (iii) incidents and interventions to be reported to each client's guardian and the office; (iv) each report of compliance with Subsection 62A-2-123(6) regarding weekly confidential communication with family; and (v) staff compliance with each policy and rule.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Field director isn't documenting field visits. (Talk to supervisor)
R501-8-5(4). The outdoor youth program has field support staff to be responsible for delivering supplies and mail to the field, communication with each client in the field, and first aid support.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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

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

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

R501-8-9(4). Before entry into the field and within 15 days of admission to the program, the following requirements are met: (a) a licensed medical professional must review each client's health history report and conduct a physical examination; and (b) the program provides a physical examination form to a licensed medical professional that clearly states a description of the physical demands and environment of the program, and requires the following information before a client may enter the field: (i) a urinalysis drug screen; (ii) a complete blood count (CBC) unless waived in writing by the client's parent or guardian; (iii) a complete metabolic profile (CMP) unless waived in writing by the client's parent or guardian; (iv) a urinalysis for possible infections; (v) a pregnancy test; (vi) a physical stress assessment; (vii) a determination by the physician if detoxification is indicated for client before entrance into field portion of the program; (viii) any other tests as necessary to assess fitness for the field portion of the program; and (ix) a medical professional shall review current and historical medical data and approve the client to enter the field with recommendations for any medical monitoring.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	09/29/2023	<input type="checkbox"/>	Physical was done on after admission and was in the field. (Talk to supervisor) No CBC or CMP or no documentation of it being waived by parents.
R501-8-9(5). A copy of each client's medical forms and approvals are maintained at the field office and another copy is carried by staff members in a waterproof container throughout the field expedition.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	09/29/2023	<input type="checkbox"/>	medical approvals are not kept by field staff
R501-8-9(6). The program clinically reviews each client's psychological history and conducts an additional psychological assessment as clinically necessary before the client's entry into the field.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-9(7). Upon admission and for a period of no fewer than three days in the field, direct care field staff closely monitor each client for any health problems that may be a result of hiking or living outdoors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Water and Nutritional Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-10(1). At least six quarts of potable water are available per person per day, plus one additional quart per person for each five miles hiked. Although it is not required that the entire amount be hand carried, water is always accessible during hiking.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-10(2). In temperatures above 90 degrees F., staff make sure each client's fluid intake is at least three quarts of water per day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-10(3). Each field group in the field always has electrolyte replacement available.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-10(4). In temperatures above 80 degrees F., water is available for coating each client's body, and other techniques are available for cooling as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-10(5). Potable water is available at each campsite. Water cache location information is verified with field staff before the group leaves camp each day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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

R501-8-12(2). Each outdoor youth program has a support system that meets the following criteria: (a) reliable daily two-way radio communications between groups and with support staff, with additional charged battery packs and a reliable backup system of contact in the event the radio system fails; (b) the support vehicles and field office are equipped with first aid equipment; (c) the support and field staff have access to contact information including telephone numbers, locations, contact personnel, maps, medical forms, and procedures for an emergency evacuation or field incident; and (d) daily morning and evening contacts are completed between field staff, support staff, and the field office and contacts are documented in the field office log daily.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Field Office	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-13(1). The program maintains a field office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-13(2). Communication systems between the field and the field office are monitored 24 hours a day when clients are in the field.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-13(3). Support staff respond immediately to any emergency situation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-8-13(4). Support staff on duty are within one hour of any field group.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-13(5). When staff are not present in the field office a contact telephone number is posted on the field office door and the field director designates responsible on-call staff who continually monitors communications and remains available and able to access all necessary equipment and files within 15 minutes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-13(6). Field office staff adhere to the following: (a) maintain current staff and client records in accordance with Rule R501-1; (b) maintain a master map of each activity area; (c) maintain copies of each expeditionary route with its schedule and itinerary to be immediately available to the office and emergency medical services, law enforcement or search and rescue agencies as needed; (d) maintain a log of daily communications; (e) be responsible for training and orientation, management of field personnel, related files, and records; and (f) be responsible for maintaining communications, inspecting equipment, and overseeing medical incidents.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	09/29/2023	<input type="checkbox"/>	No copies of expeditionary route and schedule immediately available. (Talk to Supervisor)
Environmental Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-14(1). The outdoor youth program adheres to land use agency requirements including sanitation and low impact camping.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-8-14(2). Each client is continuously supervised in the observance of low impact camping requirements.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-8-14(3). Personal hygiene supplies are of biodegradable materials or packed out and properly disposed of.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Evaluation	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-15(1). Following the wilderness experience, each client receives a debriefing to include a written summary of the client's participation and the progress the client achieved.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	09/29/2023	<input type="checkbox"/>	Do not give them a written summary. (Talk to supervisor)
R501-8-15(2). Each guardian, client, or other involved individuals are provided the opportunity and be encouraged to submit a written evaluation of the wilderness experience, which is retained by the program in the client file record.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Individual Experiences	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-16(1). If an outdoor youth program conducts an individual component for clients as part of the program, the program has and follows written policies and procedures, which include the following: (a) an assessment of each client's ability to safely participate in the experience; (b) a description of the individual component to ensure that each client is not exposed to an unreasonable risk; (c) guardian permission for the youth to participate in the experience; (d) a policy that individual experiences are not required and must be entered voluntarily by the client or only as clinically indicated; (e) a policy of providing preparatory instruction and guidance to the client before an individual experience; (f) an individual assessment of client readiness; (g) a description of the maximum duration of each individual experience; (h) a policy explaining that a solo experience may not be used as a punishment or general practice; (i) a policy that each staff shall be familiar with the area chosen to conduct individual experiences; (j) a supervision plan for each individual event with a frequent check-in to allow each client to rescind voluntary participation and go back to the group; (k) documentation of the duration of each individual event; (l) a plan for managing emergencies; and (m) documentation of how each individual program component is not used as seclusion or in violation of Section 62A-2-123.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Stationary Campsites	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-8-17(1). If the program offering a stationary camp that does not provide a 24-hour outdoor group living environment may require residential treatment licensure.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No stationary camp.

<p>R501-8-17(2). If the outdoor youth program maintains a designated building to serve a client, the program s subject to fire, health, and safety standards.</p> <p>(a) A stationary outdoor youth program camp shall be inspected by a certified fire inspector before being occupied and on an annual basis thereafter. A copy of the inspection shall be maintained at the outdoor youth program camp.</p> <p>(b) At least one 2-A-10BC type fire extinguisher shall be in a group of tents within a 75-foot travel distance.</p> <p>(c) Flammable liquids may not be used to start fires, be stored in structures that house clients, or be stored near ignition sources. If generators are used, they will only be refueled by staff when the generator is not running and cool to the touch.</p> <p>(d) A stationary outdoor youth program camp shall be inspected by the local health department before being occupied and on an annual basis thereafter. A copy of the inspection shall be maintained at the site of the camp.</p> <p>(e) Food shall be stored, prepared, and served in a manner that is protected from contamination.</p> <p>(f) Each water supply shall be from a source that is accepted by the local health authority according to Rule R392-300, Recreation Camp Sanitation, at the time of application and for annual renewal of such licenses.</p> <p>(g) Sewage shall be disposed of through a public system, or in absence of a public system, in a manner approved by the local health authority, according to Rule R392-300, Recreation Camp Sanitation.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Don't have a stationary camp.
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