


|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |                                 |                                                 |                                                                                                                                |                                                                        |                                                                                                                                   |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------|
|  Utah Department of<br><b>Health &amp; Human Services</b><br>Licensing & Background Checks                                                                                                                                                                                                                                                                   |                                                         | <b>Inspection Checklist</b>     |                                                 |                                                                                                                                |                                                                        | This inspection checklist is the tool OL<br>licensors use to ensure consistency for every<br>inspection. <i>(Revised 05/2025)</i> |         |
| Provider Name:                                                                                                                                                                                                                                                                                                                                                                                                                               | Youth Health Associates                                 | Facility ID:                    | F23-104399                                      | Phone Number:                                                                                                                  | (801) 710-0474                                                         |                                                                                                                                   | Notes   |
| Site Name or Address:                                                                                                                                                                                                                                                                                                                                                                                                                        | Bridges Academy- 387 E 450 So.<br>Clearfield, UT, 84015 |                                 |                                                 | Email Address:                                                                                                                 | jenglish@yhautah.com;<br>mriddle@yhautah.com;<br>mcorrigan@yhautah.com |                                                                                                                                   |         |
| Approved Capacity:                                                                                                                                                                                                                                                                                                                                                                                                                           | 12                                                      | # of Present Residents\Clients: | 8                                               |                                                                                                                                |                                                                        |                                                                                                                                   |         |
| Please review the following items prior to the inspection:<br>(Mark with a check mark if completed and make any necessary notes)                                                                                                                                                                                                                                                                                                             |                                                         |                                 |                                                 | Please review the following items during the inspection:<br>(Mark with a check mark if completed and make any necessary notes) |                                                                        |                                                                                                                                   |         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                          | Current backgrounds in DACS                             |                                 |                                                 | <input checked="" type="checkbox"/>                                                                                            | Any active rule variances                                              | No active rule variances.                                                                                                         |         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                          | Current staff roster collected                          |                                 |                                                 | <input checked="" type="checkbox"/>                                                                                            | Introduce yourself and any DHHS staff                                  |                                                                                                                                   |         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                          | Any license restrictions or conditions                  | No current restrictions.        |                                                 | <input checked="" type="checkbox"/>                                                                                            | Staff Interviews                                                       |                                                                                                                                   |         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                          | Any needed rule variances                               | No needed rule variance.        |                                                 | <input checked="" type="checkbox"/>                                                                                            | Clients Interviews                                                     |                                                                                                                                   |         |
| <b>Inspection Information:</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |                                 |                                                 |                                                                                                                                |                                                                        |                                                                                                                                   |         |
| - The licensor will email you this inspection checklist after the inspection is completed. <b>This checklist is not an official compliance statement.</b> The licensor will send you an <b>official Inspection Report once this inspection has been approved by management. Only items checked here as noncompliant can be part of your Inspection Report, and the Inspection Report is to be considered the results of this inspection.</b> |                                                         |                                 |                                                 |                                                                                                                                |                                                                        |                                                                                                                                   |         |
| - If the only non compliance items are documentation and/or records, please submit them by the <i>correction required date</i> listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.                                                                                                                                                                                              |                                                         |                                 |                                                 |                                                                                                                                |                                                                        |                                                                                                                                   |         |
| <b>Signature Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |                                 |                                                 |                                                                                                                                |                                                                        |                                                                                                                                   |         |
| Inspection Type:                                                                                                                                                                                                                                                                                                                                                                                                                             | Announced                                               | Date:                           | 6/19/2025                                       | Time Started On-site:                                                                                                          | 9:00 AM                                                                | Time Ended On-site:                                                                                                               | 4:30 AM |
| Number of Non Compliant Items:                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         | 1                               | Name of Individual Informed of this Inspection: |                                                                                                                                | Monie Riddle; Jason English                                            |                                                                                                                                   |         |
| Licensor(s) Conducting this Inspection:                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |                                 | Mary Bokinskie; Josilyn Bertrand                |                                                                                                                                | OL Staff Observing Inspection:                                         |                                                                                                                                   |         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                          | The Licensor explained noncompliance items (if any).    |                                 |                                                 |                                                                                                                                |                                                                        |                                                                                                                                   |         |

| General Provisions - Inspection Checklist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                                     |                         |                             |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------|-----------------------------|---------------------------------------------------------|
| (Revised 05/2025)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                     |                         |                             |                                                         |
| C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |                         |                             |                                                         |
| New and Renewal Licensing Procedures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C                                   | NC                       | NA                                  | Date to be corrected by | Corrected During Inspection | Notes                                                   |
| <b>R380-600-3(1)</b> Until a license or certificate is approved by OL, an applicant or provider may not:<br>(a) accept any fee;<br>(b) enter into any agreement to provide a client service; or<br>(c) provide any client service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |                                                         |
| <b>R380-600-3(3)</b> An applicant or a provider shall permit the office to have immediate, unrestricted access to:<br>(a) any unaltered on and off-site program or facility and client records;<br>(b) each client who independently consents to speak to OL staff;<br>(c) each site subject to licensing or certification; and<br>(d) each staff member.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |                                                         |
| <b>R380-600-3(4)</b> A provider may not permit a staff or client to threaten, verbally or physically abuse, or use violence of any kind while interacting with a representative of the department.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |                                                         |
| <b>R380-600-3(15)</b> 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:<br>(a) adequate square footage to determine capacity;<br>(b) an admission or placement restriction; or<br>(c) an age restriction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |                                                         |
| <b>R380-600-3(18)</b> Unless previously approved by OL to provide services before receiving a license or certificate for special circumstances, a provider must submit an application, any required fee, and obtain a new or a renewed license or certificate before providing any service that requires a license or certificate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |                                                         |
| <b>R380-600-3(25)</b> The provider shall post their current license or certificate, except in a foster home, on the premises in a place readily visible and accessible to the public.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |                                                         |
| <b>R501-14-5(2)(a)</b> The screening agent shall submit an application for an initial background screening no later than two weeks from the applicant becoming associated with the licensee.<br>(b) The provider shall ensure an applicant is directly supervised until the office issues a conditional or eligible clearance determination, and the provider shall document how the individual remains supervised for the entirety of their supervised employment term before receiving a clearance determination.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |                                                         |
| Variances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C                                   | NC                       | NA                                  | Date to be corrected by | Corrected During Inspection | Notes                                                   |
| <b>R380-600-6(5)</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    | Program is not requesting and does not need a variance. |
| Inspection and Investigation Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C                                   | NC                       | NA                                  | Date to be corrected by | Corrected During Inspection | Notes                                                   |
| <b>R380-600-7(16)</b> When a critical incident occurs under the direct responsibility and supervision of the program or facility, the provider shall:<br>(a) submit a report of the critical incident to OL in a format required by OL within one business day of the critical incident occurrence;<br>(b) additionally ensure any allegation of an incident of abuse, neglect, or exploitation of a client is reported to DCFS for a minor client or APS for an adult client and law enforcement within 24 hours;<br>(c) notify the parent or legal guardian of each involved client within a 24-hour period from the time of the incident;<br>(d) 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<br>(e) collect, maintain, and submit original witness statements and supporting documentation, including video footage if available, regarding each critical incident to OL upon request. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |                                                         |
| Program Policies, Procedures, and Safe Practices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C                                   | NC                       | NA                                  | Date to be corrected by | Corrected During Inspection | Notes                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                          |                                     |                                |                                    |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------------|------------------------------------|--------------|
| <b>R501-1-4(2)</b> The licensee shall develop, implement, and comply with safe practices that:<br>(a) ensure client health and safety;<br>(b) ensure the needs of the client population served are met;<br>(c) ensure that none of the program practices conflict with any administrative rule or statute before implementation; and<br>(d) inform staff of how to manage any unique circumstances regarding the specific site's physical facility, supervision, community safety, and mixing populations.                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |              |
| <b>R501-1-4(3)</b> The licensee shall submit any change to an office approved policy or curriculum to the office for approval before implementing the proposed change.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |              |
| <b>Residential Programs Additional Safe Practices</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                           | <b>Date to be corrected by</b> | <b>Corrected During Inspection</b> | <b>Notes</b> |
| <b>R501-1-5(1)</b> A licensee that manages, stores, or administers client medications shall develop and ensure compliance with the following medication management safe practices:<br>(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;<br>(b) if applicable, inform staff and clients of the medication self-administration process;<br>(c) if storing and administering medications, train staff to administer medication and the process to be followed;<br>(d) how staff record medication dosages according to prescriptions;<br>(e) how staff monitor for and record effects and side effects of medications; and<br>(f) how staff log doses and record and report medication errors.                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |              |
| <b>R501-1-5(2)</b> The licensee shall ensure the care, vaccination, licensure, and maintenance of any animals on-site to include:<br>(a) assessment of pet allergies for any clients interacting with animals in the program;<br>(b) maintenance of required examinations, registrations, and vaccinations; and<br>(c) supervision of clients in the presence of animals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>R501-1-5(4)</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |              |
| <b>Program Administrative and Direct Service Requirements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                           | <b>Date to be corrected by</b> | <b>Corrected During Inspection</b> | <b>Notes</b> |
| <b>R501-1-6(1)</b> The licensee shall clearly identify services to the office, public, potential client, parent, or guardian regarding:<br>(a) current and accurate contact information;<br>(b) the complaint reporting and resolution process;<br>(c) a description of each service provided;<br>(d) each program requirement and expectation;<br>(e) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served, including:<br>(i) an outline of the behaviors and presenting issues that would be reason for discharge or exclusion from the program; and<br>(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;<br>(f) each cost, fee, and expense for a service and refund policy; and<br>(g) 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"/>           |              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                          |                                |                                    |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------------|------------------------------------|--------------|
| <b>R501-1-6(2)</b> The licensee shall post the following in conspicuous places where each visitor, staff, and client may view:<br>(a) abuse reporting laws as described in Sections 80-2-609 and 26B-6-205;<br>(b) civil rights notice;<br>(c) Americans with Disabilities Act notice;<br>(e) any office notice of agency action;<br>(f) a client rights poster in a residential setting except in a foster home or where prohibited by Settings Final Rule; and<br>(g) department code of conduct poster.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>R501-1-6(3)</b> The licensee shall maintain compliance with or documentation of an exemption from any of the following requirements:<br>(a) a food handler permit for any person preparing meals for any other person;<br>(b) capacity determinations that include each staff and client on premises and may not exceed the capacity limits placed by local authorities;<br>(d) licensure and registration of any vehicles used to transport clients.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>R501-1-6(5)</b> The licensee shall maintain and make the following available to the department upon request: (d) vehicle insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>R501-1-6(6)</b> The licensee shall ensure:<br>(b) current staff and client lists are available at each licensed site;<br>(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>R501-1-6(7)</b> A licensee serving education entitled children shall comply with Section 26B-2-116 regarding coordination of educational services to include completion of youth education forms at initial and renewal licensure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>R501-1-6(8)</b> A licensee offering school on-site shall:<br>(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>R501-1-6(9)</b> The licensee shall ensure clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>Residential Program Additional Administration and Direct Services Requirements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date to be corrected by</b> | <b>Corrected During Inspection</b> | <b>Notes</b> |
| <b>R501-1-7(1)</b> A residential program licensee shall additionally:<br>(a) ensure each staff shift list remains current and available to the office upon request;<br>(b) ensure that each shift documents any illness, injury or critical incident and passes it on to the next shift and administration;<br>(c) ensure at least two on-duty staff are present at all times;<br>(d) ensure access to a medical clinic or a medical professional familiar with the program and population served; and<br>(e) provide a separate space for clients who are showing symptoms of an infectious disease.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>R501-1-7(3)</b> A congregate care program licensee may allow an individual turning 18 to remain in the program if:<br>(a) the individual remains in the custody of a state entity or the individual was admitted and continuously resided in the program for at least 30 days before the individual's 18th birthday;<br>(b) the licensee has a documented need for the individual to remain in the program;<br>(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;<br>(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<br>(e) the individual signs a consent document outlining:<br>(i) the individual is consenting to remain in the program voluntarily and understands the individual is not required to remain against their will;<br>(ii) that any criminal offenses committed may result in being charged as an adult; and<br>(iii) that if the individual is involved in any critical incidents posing a risk to the health and safety of other program residents they may be discharged from the program. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                          |                          |                                |                                    |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------------|------------------------------------|--------------|
| <b>R501-1-7(4)</b> A congregate care program licensee shall ensure weekly confidential communication with family and shall ensure that:<br>(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:<br>(i) the program operates in an area of limited or unreliable phone accessibility or coverage;<br>(ii) there is significant risk of harm or danger to client safety by providing youth with unsupervised telephone access;<br>(iii) the licensee offers an alternative that satisfies the requirement of weekly confidential two-way communication; or<br>(vi) extenuating circumstances exist outside the individual treatment plans that are prohibitive to offering voice to voice communication;<br>(b) a parent or guardian authorizes in writing an alternate means of confidential communication when voice to voice is unavailable; and<br>(c) the licensee offers voice to voice confidential communication as soon as it can be safely offered.                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>R501-1-7(6)</b> (a) A residential program licensee, excluding a residential treatment program, may allow for client independence and responsibility for their own supplies, food, laundry, or transportation by outlining in writing resources and responsibility for the provision of these items.<br>(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>Program Physical Facilities and Safety</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date to be corrected by</b> | <b>Corrected During Inspection</b> | <b>Notes</b> |
| <b>R501-1-8(1)</b> The licensee shall ensure:<br>(a) the appearance & cleanliness of the building/grounds are maintained & free from health/fire hazards;<br>(b) any appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition;<br>(c) fire drills in non-outpatient programs are conducted at least quarterly and documented, including feedback regarding response time and process;<br>(d) a phone that can be used to call 911 is always available on-site when clients are present;<br>(e) bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity;<br>(f) each bathroom is properly equipped with toilet paper, paper towels or a dryer, and soap;<br>(g) each bathroom is ventilated by mechanical means or equipped with a window that opens;<br>(h) non-prescription medication, if stored on-site, is stored in original manufacturer's packaging together with the manufacturer's directions and warnings; and<br>(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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>R501-1-8(2)</b> The licensee shall accommodate a client with physical disabilities as needed or appropriately refer to comparable services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>R501-1-8(3)</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>R501-1-8(4)</b> The licensee shall maintain a first aid kit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>Residential Program Additional Facilities and Safety Requirements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date to be corrected by</b> | <b>Corrected During Inspection</b> | <b>Notes</b> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                                     |                                |                                    |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------------|------------------------------------|-------------------------------------------------------------|
| <p><b>R501-1-9(1)</b> A residential licensee shall ensure:</p> <p>(a) designated space is available for records, administrative work, &amp; confidential phone calls for clients;</p> <p>(c) live-in staff have dedicated bedrooms &amp; bathrooms separate from client use;</p> <p>(d) each bedroom designated for a client is comparable to other similarly utilized bedrooms with similar access, location, space, finishings, and furnishings;</p> <p>(e) clients are not locked in bedrooms;</p> <p>(f) a mirror or safety mirror is secured to each bathroom wall at a convenient height;</p> <p>(g) each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours;</p> <p>(h) each bath or shower allows for individual privacy;</p> <p>(i) each client is supplied with hygiene supplies;</p> <p>(j) each sleeping area has a source of natural light and is ventilated by mechanical means or is equipped with a window that opens;</p> <p>(k) each client has a similar solid type of bed or sleeping equipment to any other client in the program;</p> <p>(l) each client is allowed to decorate &amp; personalize their bedroom, while maintaining respect for other residents and property;</p> <p>(m) there are separate containers for soiled &amp; clean laundry, if the program provides common laundry for towels, bedding or clothing;</p> <p>(n) bedding &amp; towels are laundered weekly &amp; after each client is discharged;</p> <p>(o) equipment and supplies for washing &amp; drying laundry are provided, if the program permits clients to do their own laundry;</p> <p>(p) there is at least 60 sq ft per person in a multiple occupancy bedroom and 80 sq ft in a single occupant bedroom.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |                                                             |
| <p><b>R501-1-9(2)</b> A residential program licensee serving individuals with disabilities shall house no more than two clients in each bedroom.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |                                                             |
| <p><b>R501-1-9(3)</b> The licensee utilizing seclusion rooms shall ensure the following:</p> <p>(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;</p> <p>(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;</p> <p>(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</p> <p>(d) a bedroom may not be utilized as a seclusion room and a seclusion room may not be utilized as a bedroom.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           | Program does not utilize a seclusion room.                  |
| <p><b>R501-1-9(5)</b> The licensee shall train staff and ensure that the use of any alternate sleeping arrangements other than the client's assigned bedroom complies with Subsection R501-1-4(7) and:</p> <p>(a) preserves client dignity and confidentiality;</p> <p>(b) shall be done on an individualized, time delimited basis;</p> <p>(c) may not be utilized due to staffing shortages or for staff convenience; and</p> <p>(d) may not be used as behavior management or consequence.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           | Program does not utilize alternative sleeping arrangements. |
| <b>Food Service Requirements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                           | <b>Date to be corrected by</b> | <b>Corrected During Inspection</b> | <b>Notes</b>                                                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |                                     |                                |                                    |                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------------|------------------------------------|---------------------------------------------|
| <b>R501-1-10(2)</b> A licensee that provides meals shall:<br>(a) ensure that meals are not used as incentive or punishment;<br>(b) provide nutritional counseling to staff and clients;<br>(c) designate staff responsible for food service who:<br>(i) maintain a current list of each client with special nutritional needs; and<br>(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;<br>(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:<br>(i) served from dietitian or nutritionist approved menus; or<br>(ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA standard homeless settings;<br>(f) provide adequate dining space for clients that is maintained in a clean and safe condition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |                                             |
| <b>R501-1-10(3)</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |                                             |
| <b>R501-1-10(4)</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           | Program does not house clients and parents. |
| <b>R501-1-10(5)</b> 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:<br>(a) how to identify and accommodate clients with special dietary needs; and<br>(b) allowances for nutritious snacks to be available during restricted hours if the program restricts access to food and kitchen equipment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |                                             |
| <b>R501-1-10(6)</b> If meals are prepared by clients, the licensee shall inform staff and clients in writing of the following:<br>(a) rules and privileges of kitchen use;<br>(b) menu planning and procedures;<br>(c) sharing self-prepared food;<br>(d) nutrition and sanitation requirements;<br>(e) schedule of responsibilities; and<br>(f) shopping and storage responsibilities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |                                             |
| <b>Program Client Record Requirements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                           | <b>Date to be corrected by</b> | <b>Corrected During Inspection</b> | <b>Notes</b>                                |
| <b>R501-1-11(1)</b> The licensee shall maintain client information to include the following:<br>(a) client name, address, email address, phone number, date of birth and identified gender;<br>(b) emergency contact names, including legal guardian where applicable, and at minimum, the emergency contact's physical address, current email address or current phone numbers;<br>(c) a program serving substance use disorder clients shall maintain compliance with an initial and annual client tuberculosis screening results in each client record;<br>(d) any information that could affect health safety or well-being of the client including each medication, allergy, chronic condition or communicable disease;<br>(e) intake screening and assessment;<br>(f) discharge documentation;<br>(g) treatment or service plan;<br>(h) progress notes and services provided with date and signature of staff completing each entry;<br>(i) individualized assessment for restriction of access to on-site items that could be used as weapons, for self-directed violence, or as an intoxicant;<br>(j) any referral arrangements made by the program;<br>(k) client or guardian signed consent or court order of commitment to services in lieu of signed consent for each treatment and non-clinical service;<br>(l) summary of attendance and absences in treatment services;<br>(m) any grievance or complaint made by or against the client and actions taken by the program;<br>(n) each crisis intervention or critical incident report involving the client; and<br>(o) any signed agreement and consent form. | <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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------|-----------------------------|-------|
| <b>R501-1-12(1)</b> The licensee shall complete an intake screening before accepting a client into the program that includes at least:<br>(a) verification that the client meets the eligibility requirements of the program;<br>(b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve;<br>(c) description of presenting needs; and<br>(d) suicide risk screening.                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-1-12(2)</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-1-12(3)</b> A licensee serving incarcerated or court-mandated justice involved clients shall:<br>(a) conduct a criminogenic risk assessment;<br>(c) separate high and low criminogenic risk populations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-1-12(4)</b> The licensee shall ensure that , the client, parent, or guardian signs and receives copies of the following agreements to be maintained as client records:<br>(a) determination of eligibility;<br>(b) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and<br>(c) signed consent for treatment that outlines:<br>(i) rules of the program;<br>(ii) expectations of clients, parents, and guardians;<br>(iii) services to be provided;<br>(iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services;<br>(v) client rights; and<br>(vi) licensing contact information. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-1-12(5)</b> The licensee shall ensure that a discharge plan identifies resources available to a client and includes:<br>(a) reason for discharge or transfer;<br>(b) aftercare plan;<br>(c) summary of services provided; and<br>(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 |
| <b>R501-1-13(1)</b> 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:<br>(a) gender identity and individualized assessment for bedroom and bathroom assignments;<br>(b) cultural background;<br>(c) dominant language and mode of communication;<br>(d) family history and dynamics;<br>(e) current and past health and medical history;<br>(f) social, psychological, developmental, vocational, and, as appropriate, educational factors;<br>(h) authorization to serve and obtain emergency care.                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-1-13(2)</b> A residential program licensee may not serve youth from out of state without a disruption plan, and as applicable, Interstate Compact Placement of Children (ICPC).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    |       |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                          |                                |                                    |                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------------|------------------------------------|-------------------------------------------|
| <b>R501-1-13(3)</b> A congregate care program licensee shall ensure that each congregate care disruption plan complies with the following:<br>(a) the program retains jurisdiction and responsibility for the youth while the youth remains in Utah; and<br>(b) the program completes an individualized disruption plan at the time of intake for each out of state client to include:<br>(i) who is responsible for the child's return if placement at the facility disrupts;<br>(ii) current emergency contact information to include the name, address, phone and email address of the parent or responsible person;<br>(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<br>(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.                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                | <input type="checkbox"/>           |                                           |
| <b>R501-1-13(5)</b> A congregate care program licensee shall report private placements to the office by completing the congregate care out of state placement survey on the office website no later than the fifth business day of each month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 07/07/2025                     | <input type="checkbox"/>           | Survey for Feb 2025 could not be located. |
| <b>Program Clinical Services</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>C</b>                            | <b>NC</b>                           | <b>NA</b>                | <b>Date to be corrected by</b> | <b>Corrected During Inspection</b> | <b>Notes</b>                              |
| <b>R501-1-14(1)</b> A licensee that offers clinical treatment shall:<br>(a) assign a clinical director to ensure that assessment, treatment, and service planning practices are:<br>(i) regularly reviewed and updated;<br>(ii) individualized; and<br>(iii) designed to involve the participation of each client or each client's parent or guardian;<br>(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;<br>(c) ensure client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission;<br>(d) ensure discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives;<br>(e) ensure that each client identified for treatment receives individual treatment at least weekly; and<br>(f) ensure any missing individual weekly treatment is justified, approved, and documented by the clinical director. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                | <input type="checkbox"/>           |                                           |
| <b>R501-1-14(2)(a)</b> 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.<br>(b) A non-residential program licensee who offers clinical treatment may alter the weekly therapy requirement as designated in the individual's treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                | <input type="checkbox"/>           |                                           |
| <b>R501-1-14(4)</b> A licensee who offers group counseling, family counseling, skills development, or other treatment shall offer and document these treatment services as prescribed in the treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                | <input type="checkbox"/>           |                                           |
| <b>Program Staffing</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>C</b>                            | <b>NC</b>                           | <b>NA</b>                | <b>Date to be corrected by</b> | <b>Corrected During Inspection</b> | <b>Notes</b>                              |
| <b>R501-1-15(1)</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                | <input type="checkbox"/>           |                                           |
| <b>R501-1-15(2)</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                | <input type="checkbox"/>           |                                           |
| <b>R501-1-15(3)</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                | <input type="checkbox"/>           |                                           |
| <b>R501-1-15(4)</b> 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;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                | <input type="checkbox"/>           |                                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                                     |                                |                                    |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------------|------------------------------------|--------------------------------------------------------------------|
| <b>R501-1-15(5)</b> A licensee who serves clients with substance use disorder shall ensure each staff is screened for tuberculosis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           | Program is not a primary substance use disorder treatment program. |
| <b>R501-1-15(6)</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           | Program is not a primary substance use disorder treatment program. |
| <b>R501-1-15(7)</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |                                                                    |
| Items not found in P&P: (b) verify behavior management training. (b(i))P&P mentions incident reporting sufficiently but also references an incident reporting guide, request to take a look at their incident reporting guide. (c) CPR & First aid is mentioned as required training-training needs to be verified.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |                                                                    |
| <b>R501-1-15(9)</b> The licensee shall create and maintain personnel information for each staff member, contracted employee, and volunteer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |                                                                    |
| <b>R501-1-15(10)</b> The licensee shall ensure that personnel information includes:<br>(a) any applicable qualification, experience, certification, or license;<br>(b) any approved and current office background clearance, except as excluded in Rule R501-14;<br>(c) a provider code of conduct that is signed by the staff member, contracted employee, or volunteer;<br>(d) any pre-service and annual training records with the date completed, topic, and the individual's signed acknowledgment of training completion;<br>(e) any grievances or complaints made by or against the individual and actions taken by the program; &<br>(f) each crisis intervention or critical incident report involving the individual.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |                                                                    |
| <b>R501-1-15(11)</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |                                                                    |
| <b>Personnel Training Requirements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                           | <b>Date to be corrected by</b> | <b>Corrected During Inspection</b> | <b>Notes</b>                                                       |
| <b>R501-1-16(1)</b> The licensee shall ensure that each staff receives pre-serving training on the following topics before being left unsupervised and within 30-days of hire:<br>(a) program policies, procedures and safe practices as outlined in Section R501-1-5;<br>(b) program emergency preparedness, response, and recovery plan, including at least:<br>(i) 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; and<br>(ii) instructions to staff regarding how to report and respond to significant criminal activity and significant medical emergencies;<br>(c) CPR and First Aid;<br>(d) client eligibility, emphasizing the behaviors and circumstances the program can safely manage;<br>(e) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes;<br>(f) client rights;<br>(g) supervision and ratios;<br>(h) as applicable, medications management, storing, and administration;<br>(i) as applicable, food handling as outlined in Subsection R501-1-10(3);<br>(j) background checks;<br>(k) prevention, signs and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements;<br>(l) provider code of conduct as outlined in Rule 380-80;<br>(m) non-discrimination policy in accordance with Section 26B-2-109 that includes a prohibition of abuse, discrimination, and harassment based on sex, gender identity, or sexual orientation;<br>(n) staff and client grievance procedures;<br>(o) crisis intervention: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>           |                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                          |                          |  |                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--|--------------------------|--|
| <p>(v) crisis intervention;</p> <p>(p) appropriate use of restraint and seclusion;</p> <p>(q) de-escalation techniques;</p> <p>(r) appropriate searches;</p> <p>(s) appropriate and inappropriate behaviors of clients;</p> <p>(t) appropriate and inappropriate staff responses to client behaviors; and</p> <p>(u) if applicable, staff response to a client leaving a program without permission.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                          |                          |  |                          |  |
| <p><b>R501-1-16(2)</b> The licensee shall ensure each staff completes the following training topics each year, based on the program's license date:</p> <p>(a) program policies, procedures and safe practices as outlined in Section R501-1-4;</p> <p>(b) general provisions and applicable categorical licensing rule;</p> <p>(c) client eligibility, as outlined in Subsection R501-1-6(1)(e), emphasizing the behaviors and circumstances the program can safely manage;</p> <p>(d) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes;</p> <p>(e) provider code of conduct as outlined in Rule R380-80;</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(i) smoking rules in accordance with Title 26B, Chapter 7, Part 5, Regulation of Smoking, Tobacco Products, and Nicotine Products;</p> <p>(j) how to manage clients who screen with elevated suicide risk levels;</p> <p>(k) general incident reporting;</p> <p>(l) prevention, signs, and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements;</p> <p>(m) CPR and first aid;</p> <p>(n) if storing and administering medications, training required to administer medication and the process to be followed;</p> <p>(o) training to identify and address in a residential or congregate care program:</p> <p>(i) clients who pose a risk of violence;</p> <p>(ii) what constitutes contraband, possession of contraband, and how the program ensures restriction of client access to contraband and dangerous weapons or materials;</p> <p>(iii) clients who are at risk for suicide;</p> <p>(iv) managing clients with mental health concerns; and</p> <p>(v) identifying the signs and symptoms of clients presenting under the influence of substances or alcohol;</p> <p>(p) if the licensee manages funds for client allowances, training to document each expense; and</p> <p>(q) appropriate use of any alternate sleeping arrangements in a residential or congregate care program.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |  |

### Congregate Care Residential Treatment Programs - Inspection Checklist

(Revised 05/2025)

**C = Compliant**

**NC = Not Compliant**

**NA = Not Assessed during this inspection**

| Administration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C                                   | NC                       | NA                                  | Date to be corrected by | Corrected During Inspection | Notes                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------|-----------------------------|-------------------------------------------|
| <b>R501-19-3(2)</b> Each residential treatment provider shall ensure its policies include client privacy accommodation in each bedroom space while assuring client health and safety                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         |                             |                                           |
| <b>R501-19-3(3)</b> Each residential treatment provider serving a child shall:<br>(a) provide direct supervision that meets supervision and ratio requirements;<br>(b) ensure two direct care staff are always on duty;<br>(c) maintain a staff-to-client ratio of one staff to every four clients except:<br>(i) as otherwise required by a department contract; or<br>(ii) to reduce ratios to one staff to every 16 clients during client sleeping hours;<br>(d) only decrease the number of staff as described in this section if:<br>(i) each client is appropriately supervised to ensure health and safety at the ratio; and<br>(ii) each direct care staff remains awake while on duty.<br>(e) increase the staff-to-client ratio as necessary to ensure the health and safety of the current client population.<br>(f) only allow direct care staff to perform direct supervision with line of sight check-ins every 15 minutes;<br>(g) ensure that any direct care staff member assigned to a client's one-on-one supervision is not counted at the same time in the staffing ratio for any other client, except in an emergency situation;<br>(h) only utilize on-site video surveillance to directly supervise a client in time out or seclusion or as an enhancement to minimum supervision ratio requirements;<br>(i) conduct and document physical check-ins every 15-minutes when a client is being monitored by video; and<br>(j) only use video surveillance in a bedroom:<br>(i) with client, parent, or guardian permission;<br>(ii) when there is a documented need;<br>(iii) when the provider monitors cameras or physically checks in at intervals of 15 minutes or less;<br>(iv) when video surveillance complies with R539-3 for serving an individual with disabilities. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         |                             |                                           |
| <b>R501-19-3(4)</b> Each residential treatment provider serving a child may provide step-down privileges to include unsupervised time and authorized departures from the program if the provider:<br>(a) maintains a staff-to-client ratio of one direct care staff to every four clients;<br>(b) documents in the client record and communicates to each of the client's direct care staff, the individualized justification for the step-down privileges and which privileges are authorized by a clinical professional;<br>(c) obtains written parental or guardian consent before allowing step-down privileges; and<br>(d) provides a policy to each client and parent or guardian that includes:<br>(i) a description of what constitutes authorized departure and unsupervised time;<br>(ii) a description of how each step-down privilege, including authorized departure or unsupervised time, is achieved and rescinded;<br>(iii) a statement that the [program]provider will immediately communicate to each client parent or guardian and direct care staff when the step-down privileges have been rescinded; and<br>(iv) a statement that no step-down client is allowed to perform any direct care staff duties.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         |                             | Program does not allow unsupervised time. |
| <b>R501-19-3(5)</b> Each residential treatment provider shall make any necessary accommodation to allow a child to continue the child's education with a curriculum approved by the State Board of Education.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         |                             |                                           |
| <b>R501-19-3(6)</b> Each residential treatment provider that offers education shall utilize a curriculum that is recognized by an educational accreditation organization, including the State Board of Education or the National School Accreditation Board.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         |                             |                                           |
| <b>R501-19-3(7)</b> (a) In addition to the behavior management policy and training requirements listed in Rule R501-1, each residential treatment provider serving youth shall ensure each direct care staff member is trained through a nationally or regionally recognized curriculum and can recognize the difference between a restraint and an emergency safety intervention.<br>(b) An emergency safety intervention is subject to each requirement of a restraint for reporting, debriefing, clinical reviews, and training.<br>(c) An emergency safety intervention may exceed the limitations of any restraint listed in Rule R501-1 with documented justification explaining why a regular restraint or other less intrusive intervention was not used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         |                             |                                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                                |                                    |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------------|------------------------------------|----------------------------------------------------------|
| <b>R501-19-3(9)</b> Each residential treatment provider providing services to a substance use disorder client shall:<br>(a) only admit a substance use disorder client with a level of care that falls within American Society of Addiction Medicine levels 3.1 through 3.5; and<br>(b) obtain any required licenses before providing any service to a substance use disorder client outside of the residential milieu with a level of care described in Subsection (8)(a), unless otherwise outlined in categorical rule. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                |                                    | Program is not a primary substance use disorder program. |
| <b>R501-19-3(10)</b> Each residential treatment provider that allows a client to participate in food preparation shall ensure the client is trained in safe food handling practices and the provider justifies the client's participation in writing.                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                |                                    |                                                          |
| <b>R501-19-3(11)</b> Each residential treatment provider shall provide individual, group, and family counseling or other treatment, including skills development, at least weekly or as outlined in the individual's treatment plan.                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                |                                    |                                                          |
| <b>R501-19-3(12)</b> A clinical professional shall oversee any therapeutic services conducted in the therapeutic environment including:<br>(i) life skill development;<br>(ii) psychoeducation; and<br>(iii) social coaching.                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                |                                    |                                                          |
| <b>R501-19-3(13)</b> Each residential treatment provider shall document the time and date of each service provided to each client and include the signature of the individual providing the service.                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                |                                    |                                                          |
| <b>R501-19-3(14)</b> Each residential treatment provider shall provide indoor space for free and informal client activities.                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                |                                    |                                                          |
| <b>Requirements for Intermediate Secure Treatment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                           | <b>Date to be corrected by</b> | <b>Corrected During Inspection</b> |                                                          |
| <b>R501-19-4(1)(a)</b> Each intermediate secure treatment provider shall clearly define in policy the responsibilities of the manager described in Section R501-1-15.<br>(b) The licensee shall ensure the manager described in Subsection R501-1-15(2):<br>(i) is at least 25 years of age;<br>(ii) has a bachelor's degree or equivalent training in a human service-related field; and<br>(iii) has at least three years management experience in a residential or secure treatment setting.                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                |                                    | This program is not Intermediate Secure Treatment.       |
| <b>R501-19-4(2)(a)</b> Subsection R501-19-3(3)(c) does not apply to an intermediate secure treatment provider serving youth.<br>(b) An intermediate secure treatment provider serving youth shall maintain a staff-to-client ratio of one staff to every five clients.                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                |                                    | This program is not Intermediate Secure Treatment.       |
| <b>R501-19-4(3)</b> Each intermediate secure treatment provider shall ensure that each direct care staff working in an intermediate secure treatment program is trained to work with a child with behavioral or mental health needs and works under the supervision of a licensed clinical professional.                                                                                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                |                                    | This program is not Intermediate Secure Treatment.       |
| <b>R501-19-4(4)</b> Each intermediate secure treatment provider shall ensure each direct care staff completes 30 hours of additional training annually regarding:<br>(a) client record and incident documentation;<br>(b) client rules;<br>(c) human relations and communication skills;<br>(d) maintaining staff, client, and visitor safety in a secure setting;<br>(e) problem-solving and guidance ;<br>(f) the special needs of children and families; and<br>(g) universal precautions for blood-borne pathogens.    | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                |                                    | This program is not Intermediate Secure Treatment.       |
| <b>R501-19-4(5)</b> Each intermediate secure treatment provider shall incorporate the use of fixtures and furnishings that help limit self-harm and suicide including:<br>(a) non-exposed fire sprinkler heads;<br>(b) plexiglass or safety glass;<br>(c) pressure release robe hooks;<br>(d) recessed lighting; and<br>(e) sealed light fixtures.                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                |                                    | This program is not Intermediate Secure Treatment.       |

| Specialized Services Required to Serve Clients Under the Division of Services for People with Disabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C                        | NC                       | NA                                  | Date to be corrected by | Corrected During Inspection | Notes                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------|-----------------------------|---------------------------|
| <b>R501-19-5(1)</b> Each residential treatment provider serving a Division of Services for People with Disabilities (DSPD) client shall:<br>(a) apply for any unearned income benefits for which the client is eligible, in conjunction with the support coordinator for DSPD and each client's parent or guardian;<br>(b) develop and adhere to policies and procedures governing the daily operation and activity available and applicable to each client and visito<br>(c) ensure the facility is located within a reasonable distance from a<br>(i) church<br>(ii) recreation and other community facilities and<br>(iii) school;<br>(d) maintain a record of income and client service fees;<br>(e) maintain an accurate record of each fund deposited with the residential facility for client use;<br>(f) maintain a list of each deposit and withdrawal;<br>(g) maintain a receipt signed by the client and professional staff for any purchase over \$20;<br>(h) maintain a record of each client petty cash fund;<br>(i) present each client with an individual plan that addresses appropriate day treatment;<br>(j) share a monthly activity schedule with each client; and<br>(k) specify, in policy, the amount of time any non-client individual may stay as an overnight guest. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         |                             | This program is not DSPD. |
| <b>R501-19-5(2)</b> If there is a conflict between a licensing rule and the settings rule as defined in Rule R501-1, the settings rule shall prevail.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         |                             | This program is not DSPD. |