

Office of Licensing Program/Site Initial License Application

PLEASE USE A SEPARATE APPLICATION FOR EACH SITE REQUESTED

❖ PROGRAM SITE INFORMATION

❖ PARENT ADMINISTRATIVE PROGRAM (for programs with more than one licensed site)

Site Name – Name to Appear on License

Parent Program Name

Site Street Address of License

Administrative Mailing Address (if different from site)

Site City, State, Zip

City, State, Zip

Site Telephone Number

Administrative Telephone Number

Site Contact Name

Administrative Contact Name

Site Email Address

Administrative Email Address

Program/Site Website(s):

Is this new site currently serving clients? No Yes

Is this program owned or governed by any other entity (other than listed as parent)? No Yes

If yes, please list Organization Name:

Contact Person: _____ Phone: _____ Email: _____

This application is being submitted in regard to (Please check all that apply):

- A new program (not previously licensed)
- Adding a new license category to a currently licensed site ([R501-1-6-4](#))
- Adding a new site to a currently licensed program ***note:** for relocation of already licensed sites, please use the Renewal Application*
- A change in ownership ([R501-1-6-6](#)) with a substantial change of the program as outlined in [R501-1-6-7](#). Please explain: _____

❖ **CLIENTS TO BE SERVED AT THIS SITE**

Total Capacity # Requested: _____

Youth (under age 18) Adults Male Female

❖ **LICENSE CATEGORY AND FEES** (Check all that apply. Follow links to see applicable rules and definitions).

- | | | | |
|---|-------|---|---------|
| <input type="checkbox"/> Adult Day Care | \$900 | <input type="checkbox"/> Outpatient Treatment | \$900 |
| <input type="checkbox"/> Child Placing Foster | \$250 | <input type="checkbox"/> Child Placing Adoption | \$900 |
| <input type="checkbox"/> Day Treatment | \$900 | <input type="checkbox"/> Social Detoxification | \$900 |
| <input type="checkbox"/> Therapeutic School | \$900 | <input type="checkbox"/> Outdoor Youth | \$1,408 |
| <input type="checkbox"/> Residential Treatment | \$900 | <input type="checkbox"/> Residential Support | \$900 |
| <input type="checkbox"/> Intermediate Secure Care | \$900 | <input type="checkbox"/> Recovery Residence | \$1,295 |

In addition to categorical rules, all licensees are required to also adhere to:

[General Provisions \(R-501-1\)](#) and [Background Screening rules \(R-501-14\)](#). All Licensing rules may be accessed via the links on this page or: <https://hslic.utah.gov/rules>

❖ **SPECIALIZED SERVICES REQUESTED**

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Domestic Violence Treatment |
| <input type="checkbox"/> Substance Use Disorder | <input type="checkbox"/> Domestic Violence Shelter |
| <input type="checkbox"/> Medication-Assisted Substance Use Disorder Treatment | <input type="checkbox"/> Temporary Youth Homeless Shelter |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Youth Residential (Congregate Care) |
| | <input type="checkbox"/> Other: _____ |

❖ **PROGRAM AFFILIATIONS**

If this site is accredited (or applying for accreditation) by a nationally recognized accreditation organization, please list the following:

Organization Name: _____
Contact name: _____ Contact phone: _____ Contact email: _____

If this site is certified (or applying for certification) by the Division of Substance Abuse and Mental Health, please check all that apply: None DUI Education Justice Reinvestment Initiative (JRI)

If this site is under contract with (or applying for a contract with) a Division or DHHS, please check all that apply: None Division of Child and Family Services Division of Juvenile Justice Services Division of Services for People with Disabilities Youth Residential Program
 Other: _____ Please list DHS Contract Number(s) _____

Will this site serve clients on a DSPD Home Community Based Services (HCBS) waiver? Yes No
If yes, please attach applicable Attestation form and Provider Self-Assessment Survey (Residential or Non-Residential) found on the DOH website here: <https://medicaid.utah.gov/ltc/hcbstransition/>

❖ **PROGRAM GOVERNANCE**

Please list all program owners and directors (as defined in [R501-1](#)) and all individuals ultimately responsible for operations and business decisions of this site. ***note:** personal information is private and used only for OL to contact responsible parties in the event of a closure or interruption in services*

Name: _____ Role/Title: _____ Home Phone: _____
Home Address: _____
Personal Email: _____

Name: _____ Role/Title: _____ Home Phone : _____
Home Address: _____
Personal Email: _____

Name: _____ Role/Title: _____ Home Phone : _____
Home Address: _____
Personal Email: _____

Name: _____ Role/Title: _____ Home Phone : _____
Home Address: _____
Personal Email _____

If there are more individuals to be listed, please check this box and provide an additional page as an attachment.

Please list the days and hours of site operation: _____

Please list the name of the director to be immediately available at all times that the program is in operation: _____. ***When not available, a designee must be assigned and available***

❖ **REQUIRED DISCLOSURES**

While potential conflicts of interest are not inherently a barrier to licensure, they need to be appropriately managed and declared with transparency to the Office and potential clients. Please list any potential conflicts of interest that may exist in the relationships and services provided or referred to by individuals associated with this site. Please attach a plan to mitigate these conflicts.

Has this program (or any associated individuals) applied for and been **denied** DHS licensure within the 3 months prior to the date of this application? Yes No

If yes, please explain:

Have any of the individuals associated with this program been an associate of a program that has had its license **revoked** within the past 5 years? Yes No

If yes, please explain with names, dates and circumstances:

If additional pages are necessary for this section, please check this box and provide as attachments.

Does this program prescribe, store, administer, distribute or dispense controlled substances?

Yes No

If yes, please list the following for all prescribing licensed practitioners:

Name _____ DOPL # _____ DEA # _____
Name _____ DOPL # _____ DEA # _____

If there are more individuals to be listed, please check this box and provide as attachment. DEA Registration Number for this site: _____

❖ **REQUIRED DOCUMENTATION**

The following checklist of items will be required as part of the initial licensure process. To expedite the processing of your application and assignment of a licensor, please submit as many of these required documents at the time of application as possible. If not accompanying the application, these supporting documents may be emailed **ONLY AFTER** the application and fees have been submitted via mail or in-person.

Please provide copies of permits or clearances required by the local government (or documentation showing exemption) to include: fire clearance, health department clearance/food handling permits and business license.

Please provide proof of current insurance policies to include: general liability, fire, vehicle (if transporting clients) and professional liability insurance.

Please provide a copy of an outline of the organizational structure of the agency (lines of authority, position titles, job descriptions etc.).

Please provide copies of current DHS contracts, certifications and accreditations held at this site.

Please submit any attachments needed to expand the information listed in the "Governance" and "Disclosures" sections of this application.

□ For Day Treatment, Residential Treatment, Residential Support, Recovery Residence, Adult Daycare, Therapeutic Schools and Intermediate Secure Care categories: Please submit a floor plan outlining designated space and measurements for capacity determination.

*Note: licensed capacity must be congruent with fire inspection and business license determinations to include all staff and visitors when there is a maximum capacity noted. Client capacity will be the sole capacity determinant when the business license/fire clearance clearly designate as such.

*Non-residential programs offering telehealth or community based services may identify a contact person and address for file maintenance and forego the physical inspection portion of licensure/certification

□ For Residential Treatment category: Please submit the notice of intent and proof of service submitted to the city where the licensed facility will operate (per [62A-2-108.2-4 and 5](#)).

□ For Residential Treatment programs serving education entitled children, please submit to school district(s) for signature the Youth Education Coordinating Form found here: <https://drive.google.com/file/d/17FlqpQBU4zOJg31QQNwYfJoYKPivZVfs> Must be approved and signed by the school board or superintendent per [62A-2-108.1](#).

□ Please complete and place comments in the applicable [OL checklists](#) (General Provisions sections 13 and up and applicable Categorical rule(s) to help you prepare your physical facility and expedite licensure. It is strongly recommended that this be done repeatedly throughout the licensing year to assist in maintaining ongoing compliance and providing the highest quality of care and services to the clients served.

□ All programs: Please provide an electronic copy of the complete policy and procedure manual. Additionally provide a [policy and procedure consultation/approval request template](#) for policies required to be reviewed as required in R501-1-9. A copy of the template is attached to this application.

❖ INFORMATION REGARDING FEES

Required fees: **License Category Fees** (outlined on page 2 of this application). **Background Screening Application Fees** will be paid online later when you are set up in DACS (see next page)

- **Only cashier's checks, money orders or company checks** made payable to DHS Office of Licensing will be accepted for the License Category Fees. Please **no cash or personal checks**. We hope to be able to accept online payments in the future.
- Please note that no license will be issued until all fees have been cleared.
- Each categorical license at this site requires its own fee. Please note that a fee shall not be transferred, prorated, reduced, waived, or refunded and all costs incurred by applicants in preparation for licensure are the sole responsibility of the applicant (R501-1-6-5).

REQUIRED BACKGROUND SCREENING APPLICATIONS

(for New Agencies only, not already affiliated with an agency with a DACS screening agent)

Background screenings shall be completed for all staff in compliance with R501-14 (for exemptions, see below). Screenings are completed through the Direct Access Clearance System (DACS).

Please identify no more than two "screening agents" from your organization to be responsible for training in our DACS system and maintaining background clearances for your organization. Each screening agent must provide their name and a unique email address (NOT a shared address or inbox) in order to be set up in DACS.

Main screening agent/administrator name: _____

Main screening agent/administrator email: _____

Secondary screening agent name: _____

Secondary screening agent email: _____

- Upon receipt of this application, screening agents will be given a user account in DACS. After their own background screenings have cleared and online training material has been reviewed, screening agents will enter applications for the remaining employees of your organization.
- Training materials and information on DACS can be found here: <https://hslic.utah.gov/background-screening/dacs>

Adult-Only Program Statutory Exemption Declarations: (fill out if applicable)

Full Clearance Exemption: 62A-2-120-13 indicates:

An individual or a department contractor who provides services in an adult-only substance use disorder program, as defined by rule, is exempt from this (background clearance requirements) section. **This exemption does not extend to a program director or a member, as defined by Section 62A-2-108, of the program.**

Does the program serve only adult clients at all times? Y N

Does the program serve substance use disorder adults only Y N

Does the program refer all mental health services outside of this licensed site Y N

If you answered "yes" to all questions above, please complete the [Background Screening Exemption Declaration](#) as part of your application. https://drive.google.com/file/d/1IRUOw903al_alvmHs2CpZ6azeKXZo1iN/view

If you indicated "no" to any question above, your agency does not qualify for full clearance exemption. Please proceed to the next section.

Automatic Denial Exemption: 62A-2-120 5(c) indicates:

If the applicant will be working in a program serving only adults whose only impairment is a mental health diagnosis, including that of a serious mental health disorder, with or without co-occurring substance use disorder, the denial provisions of Subsection (5)(a) do not apply, and the office shall conduct a comprehensive review as described in Subsection (6).

Do you serve only adult clients at all times? Y N

Do you certify that this site will never serve anyone under age 18 for any reason? Y N

Do you provide mental health treatment and/or co-occurring substance used disorder treatment to the adults at this site? Y N

If you indicated "yes" to all three questions above, your agency employees will receive a different background clearance, allowing them to be reviewed by a committee when they have charges on their criminal record that would otherwise constitute an automatic denial in a youth program.

PLEASE NOTE THAT APPLICANTS MAY NOT PROVIDE ANY DIRECT ACCESS TO CLIENTS OR CLIENT IDENTIFYING INFORMATION UNTIL ALL INDIVIDUALS WITH SUCH ACCESS HAVE CLEARANCES APPROVED BY THE OFFICE OF LICENSING

❖ **DECLARATIONS**

I declare the following:

- I am an authorized representative of this program.
- I have reviewed and understand the Licensing rules applicable to this site.
- The information provided within this application is thorough, accurate and true.
- I have thoroughly identified all individuals responsible for this site.
- I understand that this application may be denied (or a penalty assessed, once licensed) for providing misleading or false information to the Office of Licensing, program clients, prospective clients or the public.

Name of individual completing this application: _____

Title: _____ Date _____

(Electronically filling in or signing and submitting this application constitutes acknowledgment of thorough and truthful application information disclosure).

SUBMIT

Please submit this form and accompanying documentation and fees to:

**DHS Office of Licensing, Intake Licensor
195 North 1950 West, Salt Lake City, UT 84116**

Main Office: **801-538-4242** Fax: **801-538-4553** Intake Licensor email address:

licenseapps@utah.gov

Note: email is only for inquiries and supporting documentation, NOT for submission of application

***No supporting documents will be accepted until an application and fee have been submitted ***

Due to the COVID-19 pandemic, our office may be closed to the public. Please check before delivering paperwork and fees in person.

❖ **FOR OFFICE USE ONLY** ❖

Initials of OL worker processing the application and fees: _____ Fees are: Accepted Returned

If returned: Reason _____ Date _____

Action requested _____

Date fee accepted

Amount submitted

Check number

Check date

Application Accepted Application Denied via NAA. Reason: _____

Policy and Procedure Consultation/Approval Request Template

[62A-2-124](#) requires **all programs** to develop, follow and receive Office approval for a policy and procedure regarding defining, preventing, and reporting sex and gender based abuse, discrimination, and harassment. Additionally, residential programs must assess each client individually for placement in the residential setting.

[62A-2-123](#) applies to youth residential programs (**congregate care**) and requires policy consultation regarding behavior management policy and procedures to include:

- Prohibition of cruel, unusual, severe, or unnecessary practices on a child.
- Statutorily required content for restraint and seclusion policies.
- Approval of statutorily required content for suicide prevention policy.
- Policy on how confidential communication will be facilitated at least weekly between parent/guardian, foster parents and siblings.

The following pages will assist programs in achieving policy and procedure consultation/approval as required by law. Please submit in this document or identify by page numbers **only the portions** of policies outlined above that **require OL consultation or approval**. The complete manual must be submitted separately for additional review. To access the complete list of policies and procedures required for submission to OL, please follow this [link](#).

INSTRUCTIONS

Please cut and paste all relevant policies and procedures beginning on page 3 and submit to OL electronically via licenseapps@utah.gov. Page numbers may be accepted for all relevant pages of the required policies. A checklist is available on page 4 of this template for provider reference.

HELPFUL TIPS

To ensure expedited turnaround time, please consider the following:

- Make sure all checklist items are included.
- Ensure only the required sections are submitted.
- All content referencing the required content (throughout the policy document) must be included in the template submission.
- Don't regurgitate the rule, expand upon how your program will enforce these policy requirements.
- Tell OL (and prospective parents/guardians and clients) how you do business.
- Submit prior to renewal month whenever possible.
- Submit document via a method that allows the addition of comments (e.g. Google Drive or a Word document) to facilitate rapid responses from OL.
- Make sure any OL consulted/approved policy is resubmitted for consultation/approval when updated and is not implemented until OL has consulted/approved.

WHAT TO EXPECT

- Policies submitted without this template will be asked to utilize this template.
- OL will prioritize policy reviews for programs currently in renewal month and those requiring new policies or policy updates as a result of a current investigation.
- The submitted document will be the “discussion document” whereby OL and provider will engage in discussion/suggestions/questions to gain clarification. The final version will be made into PDF, stored in the OL database and provided to you for your implementation.

POLICY CONSULTATION/APPROVAL REQUEST

Name of program:

Date of submission:

Name of individual completing this request:

ALL PROGRAMS: Non-Discrimination Policy – Approval Required

Please identify all program site(s) that this policy will govern:

Place all references to this policy requirement here (and identify where they are located in the manual).

CONGREGATE CARE Suicide Prevention Policy – Approval Required

Please identify all program site(s) that this policy will govern:

Place all references to this policy requirement here (and identify where they are located in the manual).

CONGREGATE CARE Behavior Management and Restraint/Seclusion/Prohibited Practices Policies – Approval Required

Please identify all program site(s) that this policy will govern:

Place all references to this policy requirement here (and identify where they are located in the manual).

CONGREGATE CARE Behavior Management Curriculum – Consultation Required

Please identify all program site(s) that this policy will govern:

Please identify and provide a link to the behavior management/non-violent de-escalation curriculum utilized by this program:

Please identify national/regional recognition for this curriculum:

OUTDOOR YOUTH Training Plan – Approval Required

Please identify all program site(s) that this policy will govern:

Place all references to this policy requirement here (and identify where they are located in the manual).

FOR OFFICE USE ONLY
OFFICE APPROVAL GRANTED
DATE: _____

OL STAFF GRANTING APPROVAL: _____

APPROVAL ONLY GRANTED FOR POLICIES CONTAINED HEREIN FOR ONLY THE IDENTIFIED SITES AT THE BEGINNING OF EACH POLICY SECTION

CHECKLIST FOR PROVIDER REFERENCE, OL USE

Non-Discrimination Policy

Description of what constitutes sex and gender based abuse.	62A-2-124(2)(a)	<input type="checkbox"/>
Description of what constitutes sex and gender based discrimination.	62A-2-124(2)(a)	<input type="checkbox"/>
Description of what constitutes sex and gender based harassment.	62A-2-124(2)(a)	<input type="checkbox"/>
Procedures for PREVENTING abuse, discrimination, and harassment.	62A-2-124(2)(b)	<input type="checkbox"/>
Procedures for REPORTING abuse, discrimination, and harassment.	62A-2-124(2)(b)	<input type="checkbox"/>
Procedures for teaching effective and professional communication with individuals of all sexual orientations and genders.	62A-2-124(2)(c)	<input type="checkbox"/>
Non-discrimination policy fulfills the above requirements from 64A-2-124	R501-1-24(3)(s)	<input type="checkbox"/>
Prohibition of abuse, discrimination, and harassment based on race, color, sex, gender identity, sexual orientation, religion, or national origin.	R501-1-24(3)(s)	<input type="checkbox"/>
Requirement that each staff refer to the individual by their preferred name and pronouns.	R501-1-24(3)(s)	<input type="checkbox"/>
Permits gender neutral selection of uniforms, if required.	R501-1-24(3)(s)	<input type="checkbox"/>
Assurance that treatment practices and staff training are trauma informed to identify and eliminate triggers for re-traumatization.	R501-1-24(3)(s)	<input type="checkbox"/>
Outlines the consequences for staff or client intolerance, harassment, or bullying of staff or clients on the basis of gender identification or sexual orientation.	R501-1-24(3)(s)	<input type="checkbox"/>

Congregate Care Suicide Prevention Policy

How the congregate care program will respond in the event a child exhibits self-injurious behavior.	62A-2-123(5)(a)(i)	<input type="checkbox"/>
How the congregate care program will respond in the event a child exhibits self-harm behavior.	62A-2-123(5)(a)(i)	<input type="checkbox"/>
How the congregate care program will respond in the event a child exhibits suicidal behavior.	62A-2-123(5)(a)(i)	<input type="checkbox"/>
Warning signs of suicide.	62A-2-123(5)(a)(ii)	<input type="checkbox"/>
Emergency protocol and contacts.	62A-2-123(5)(a)(iii)	<input type="checkbox"/>

Training requirements for staff, including suicide prevention training.	62A-2-123(5)(a)(iv)	<input type="checkbox"/>
Procedures for implementing additional supervision precautions and for removing any additional supervision precautions.	62A-2-123(5)(a)(v)	<input type="checkbox"/>
Suicide risk assessment procedures.	62A-2-123(5)(a)(vi)	<input type="checkbox"/>
Documentation requirements for a child's suicide ideation and self-harm.	62A-2-123(5)(a)(vii)	<input type="checkbox"/>
Special observation precautions for a child exhibiting warning signs of suicide.	62A-2-123(5)(a)(viii)	<input type="checkbox"/>
Communication procedures to ensure all staff are aware of a child who exhibits warning signs of suicide.	62A-2-123(5)(a)(ix)	<input type="checkbox"/>
Process for tracking suicide behavioral patterns.	62A-2-123(5)(a)(x)	<input type="checkbox"/>
Post-intervention plan with identified resources.	62A-2-123(5)(a)(xi)	<input type="checkbox"/>

Congregate Care Behavior Management and Restraint/Seclusion/Prohibited Practices Policies

Identifies a behavior management curriculum that emphasizes de-escalation and is compliant with 62A-2-123.	R501-1-26(5)(d)	<input type="checkbox"/>
Passive physical restraint is supported by a nationally or regionally recognized curriculum focused on non-violent interventions and de-escalation techniques.	62A-2-123(3)(a)	<input type="checkbox"/>
Behavior management techniques are trauma informed and appropriate for the client's age, behavior, needs, developmental level, and past experiences. Staff defers to the least restrictive method of behavior management available to control a situation.	R501-1-26(5)(a)	<input type="checkbox"/>
Program will ensure compliance with the provisions of 62A-2-123 in all aspects of the program, including clients who are under a contracted caregiver's supervision for transportation, outings, retreats, and other similar activities.	R501-1-26(5)(b)	<input type="checkbox"/>
Program staff shall only use behavior management techniques that emphasize de-escalation and promote self-control, self-esteem, and independence.	R501-1-26(5)(c)	<input type="checkbox"/>
Reflects state law and industry best practices.	62A-2-123(5)(b)	<input type="checkbox"/>
Program's licensed clinical professional conducts regular reviews of client restraints, seclusions, behavioral interventions and time outs to inform processing discussions with clients and training for direct care staff.	R501-1-26(2)	<input type="checkbox"/>

Contraband policy is present. Policy includes what constitutes contraband and how the program ensures restriction of client access to contraband and dangerous weapons or materials.	R501-1-26(3)	<input type="checkbox"/>
Policy disallows strip searches and body cavity searches without documented, individualized justification for protection of an individual's health and safety.	R501-1-26(3)(a) 62A-2-123(b)	<input type="checkbox"/>
Policy indicates that strip searches and body cavity searches are not to be performed as a universal practice, and may only allow these searches to be conducted with individualized justification, documentation, and in accordance with a detailed policy approved by the office.	R501-1-26(3)(b)	<input type="checkbox"/>
Strip searches and body cavity searches may only be performed by a medical professional outside of the line of sight of direct care staff.	R501-1-26(3)(c)	<input type="checkbox"/>
Strip search and body cavity search documentation procedure present.	R501-1-26(3)(a)	<input type="checkbox"/>
Policy disallows inducing pain to obtain compliance.	62A-2-123(c) R501-1-26(5)	<input type="checkbox"/>
Policy disallows hyperextending joints.	62A-2-123(d) R501-1-26(5)	<input type="checkbox"/>
Policy disallows using peer restraints.	62A-2-123(e) R501-1-26(5)	<input type="checkbox"/>
Policy disallows using discipline or punishment that is intended to frighten or humiliate.	62A-2-123(f) R501-1-26(5)	<input type="checkbox"/>
Policy disallows requiring or forcing the child to take an uncomfortable position, including squatting or bending.	62A-2-123(g) R501-1-26(5)	<input type="checkbox"/>
Policy disallows, for the purpose of punishing or humiliating, requiring or forcing the child to repeat physical movements or physical exercises such as running laps or performing push-ups.	62A-2-123(h) R501-1-26(5)	<input type="checkbox"/>
Policy disallows spanking, hitting, shaking, or otherwise engaging in aggressive physical contact.	62A-2-123(i) R501-1-26(5)	<input type="checkbox"/>
Policy disallows denying an essential program service.	62A-2-123(j) R501-1-26(5)	<input type="checkbox"/>
Policy disallows depriving the child of a meal, water, rest, or opportunity for toileting.	62A-2-123(k) R501-1-26(5)	<input type="checkbox"/>
Policy disallows denying shelter, clothing, or bedding.	62A-2-123(l) R501-1-26(5)	<input type="checkbox"/>

Policy disallows withholding personal interaction, emotional response, or stimulation.	62A-2-123(m) <input type="checkbox"/> R501-1-26(5)
Policy disallows prohibiting the child from entering the residence.	62A-2-123(n) <input type="checkbox"/> R501-1-26(5)
Policy disallows abuse as defined in Section 80-1-102.	62A-2-123(o) <input type="checkbox"/> R501-1-26(5)
Policy disallows neglect as defined in Section 80-1-102.	62A-2-123(p) <input type="checkbox"/> R501-1-26(5)
RESTRAINT OR SECLUSION	
Describes the circumstances under which a staff member may use a restraint or seclusion.	62A-2-123(2)(a)(i) <input type="checkbox"/>
Describes which staff members are authorized to use a restraint or seclusion.	62A-2-123(2)(a)(ii) <input type="checkbox"/>
Describes procedures for monitoring a child that is restrained or in seclusion.	62A-2-123(2)(a)(iii) <input type="checkbox"/>
Describes time limitations on the use of a restraint or seclusion.	62A-2-123(2)(a)(iv) <input type="checkbox"/>
Requires immediate and continuous review of the decision to use a restraint or seclusion.	62A-2-123(2)(v) <input type="checkbox"/>
Requires documenting the use of a restraint or seclusion.	62A-2-123(2)(vi) <input type="checkbox"/>
Describe record keeping requirements for records related to the use of a restraint or seclusion.	62A-2-123(2)(vii) <input type="checkbox"/>
To the extent practicable, requires debriefing the following individuals if debriefing would not interfere with an ongoing investigation, violate any law or regulation, or conflict with a child's treatment plan: (A) each witness to the event; (B) each staff member involved; and (C) the child who was restrained or in seclusion.	62A-2r-123(2)(viii) <input type="checkbox"/>
Administrative review process and required follow up actions after a child is restrained or put in seclusion.	62A-2-123(2)(x) <input type="checkbox"/>
Program may not use a chemical or mechanical restraint unless the office has authorized the congregate care program to use a chemical or mechanical restraint.	62A-2-123(3)(b) <input type="checkbox"/>
Indicates that a staff member that uses a restraint on a child is:	62A-2-123(3)(c) <input type="checkbox"/>

(i) properly trained to use the restraint; and (ii) familiar with the child and if the child has a treatment plan, the child's treatment plan	R501-1-24(g)(ii)
Indicates that passive physical restraint shall be conducted only by direct care staff familiar with the child and the child's needs.	R501-1-26(5)(e) <input type="checkbox"/>
Indicates that restraint is not used in a manner that causes undue physical discomfort, harm, or pain to the client.	R501-1-26(5)(f) <input type="checkbox"/>
Interventions that use painful stimuli are prohibited as a general practice	R501-1-26(5)(g) <input type="checkbox"/>
Indicates that passive physical restraint shall be used only as an emergency, temporary means of physical containment to protect the consumer, other persons, or property from immediate harm.	R501-1-26(5)(h) <input type="checkbox"/> R501-1-24(g)
Indicates that restraint may only continue as long as the client presents an immediate danger to self or others.	R501-1-26(5)(i) <input type="checkbox"/>
Indicates that passive physical restraint shall not be used as a convenience to staff, a substitute for programming or associated with punishment in any way.	R501-1-26(5)(j) <input type="checkbox"/>
Indicates that restraint is not used by clients, non-direct care staff or other unauthorized individuals.	R501-1-26(5)(k) <input type="checkbox"/>
Indicates that staff shall not use physical work assignments or activities that inflict pain as behavior management techniques.	R501-1-26(5)(l) <input type="checkbox"/>
Reflects appropriate de-escalation techniques and alternatives to restraint or seclusion.	R501-1-26(5)(m) <input type="checkbox"/>
Reflects thresholds for restraints.	R501-1-26(5)(n) <input type="checkbox"/>
Reflects the physiological and psychological impact of restraint.	R501-1-26(5)(o) <input type="checkbox"/>
Reflects appropriate monitoring.	R501-1-26(5)(p) <input type="checkbox"/>
Staff shall be trained to recognize the physical signs of distress, positional asphyxia, and obtaining medical assistance.	R501-1-26(5)(q) <input type="checkbox"/>
Staff shall be trained how to intervene if another staff member fails to follow correct procedures when using a restraint.	R501-1-26(5)(r) <input type="checkbox"/> 62A-2-123(3)(d)
Staff shall be trained on time limits for restraints.	R501-1-26(5)(s) <input type="checkbox"/>
Reflects the process for obtaining clinical approval for continued restraints.	R501-1-26(5)(t) <input type="checkbox"/>
Includes procedure for documenting and reporting restraints.	R501-1-26(5)(v) <input type="checkbox"/>
Includes procedure for processing restraints with clients.	R501-1-26(5)(w) <input type="checkbox"/>

	62A-2-123(2)(a)(viii)(c)	
Includes procedure for following up with staff after a restraint.	R501-1-26(5)(x)	<input type="checkbox"/>
Reflects how staff shall address injuries and complaints.	R501-1-26(5)(y)	<input type="checkbox"/>
Includes department code of conduct.	R501-1-26(5)(z)	<input type="checkbox"/>
Includes client rights listed in R501-1-27.	R501-1-26(5)(aa)	<input type="checkbox"/>
SECLUSION		
Reflects that (A) the purpose for the seclusion is to ensure the immediate safety of the child or others; and (B) no less restrictive intervention is likely to ensure the safety of the child or others.	62A-2-123(4)(a)(i)	<input type="checkbox"/>
Reflects that the program may not use seclusion: (A) for coercion, retaliation, or humiliation; or (B) due to inadequate staffing or for the staff's convenience.	62A-2-123(4)(a)(ii)	<input type="checkbox"/>
While a child is in seclusion, a staff member who is familiar to the child shall actively supervise the child for the duration of the seclusion.	62A-2-123(4)(b) R501-1-26(6)(b)	<input type="checkbox"/>
Seclusion is only used to ensure the immediate safety of the child or others and must be terminated as soon as the risks have been mitigated, not to exceed four hours without clinical justification.	R501-1-26(6)(a)	<input type="checkbox"/>
Staff supervising seclusion shall ensure that any potentially harmful items or objects are removed from the seclusion environment.	R501-1-26(6)(c)	<input type="checkbox"/>
Seclusion rooms shall measure a minimum of 75 square feet and have a minimum ceiling height of seven feet with no equipment, hardware or furnishings that obstruct staff's view of the client or present a hazard.	R501-1-26(6)(d)	<input type="checkbox"/>
Seclusion rooms 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.	R501-1-26(6)(e)	<input type="checkbox"/>
Seclusion rooms shall 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.	R501-1-26(6)(f)	<input type="checkbox"/>
Bedrooms shall not be utilized as a seclusion room and seclusion rooms shall not be utilized as bedrooms.	R501-1-26(6)(g)	<input type="checkbox"/>

Seclusion shall be documented in detail by the staff involved in initiating and supervising the seclusion episode.	R501-1-26(6)(h) <input type="checkbox"/>
Seclusion episodes of more than two in a 24-hour period require clinical review and documentation regarding client suitability for remaining in the program.	R501-1-26(6)(i) <input type="checkbox"/>
Client time out may be used when addressing behavioral issues if: (i) a client in time-out is never physically prevented from leaving the time-out area; (ii) it takes place away from the area of activity or from other clients, such as in the client's bedroom, or in the area of activity of other clients; (iii) staff monitors the client while in time-out; and (iv) the reason for and duration of time out is documented by staff on duty at the time it occurs.	R501-1-26(6)(j) <input type="checkbox"/>
A congregate care program: (a) when not otherwise prohibited by law, shall facilitate weekly confidential communication between a child and the child's parents, guardian, foster parents, and siblings, as applicable; (b) shall ensure that the communication complies with the child's treatment plan, if any; and (c) may not use family contact as an incentive for proper behavior or withhold family contact as a punishment.	62A-2-123(6) <input type="checkbox"/>

Outdoor Youth Training Plan

Training plan governing consequences for consumer conduct	R501-8-5(4) <input type="checkbox"/>
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