

 Utah Department of Health & Human Services Licensing & Background Checks		Inspection Checklist			This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. <i>(Revised 05/2025)</i>	
Provider Name:		Facility ID:		Phone Number:		Notes
Site Name or Address:				Email Address:		
Approved Capacity:		# of Present Residents\Clients:				
Please review the following items prior to the inspection: (Mark with a check mark if completed and make any necessary notes)				Please review the following items during the inspection: (Mark with a check mark if completed and make any necessary notes)		
	Current backgrounds in DACS				Any active rule variances	
	Current staff roster collected				Introduce yourself and any DHHS staff	
	Any license restrictions or conditions				Staff Interviews	
	Any needed rule variances				Clients Interviews	
Inspection Information:						
- The licensor will email you this inspection checklist after the inspection is completed. This checklist is not an official compliance statement. The licensor will send you an official Inspection Report once this inspection has been approved by management. Only items checked here as noncompliant can be part of your Inspection Report, and the Inspection Report is to be considered the results of this inspection.						
- If the only non compliance items are documentation and/or records, please submit them by the <i>correction required date</i> listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.						
Signature Information						
Inspection Type:		Date:		Time Started On-site:		Time Ended On-site:
Number of Non Compliant Items:			Name of Individual Informed of this Inspection:			
Licensor(s) Conducting this Inspection:					OL Staff Observing Inspection:	
	The Licensor explained noncompliance items (if any).	Please sign/type individual informed name and date of review: Signing this checklist does not constitute agreement with the statements, only that the inspection was conducted and noncompliances, if any, were explained.				

General Provisions - Inspection Checklist						
(Revised 05/2025)						
C = Compliant NC = Not Compliant NA = Not Assessed during this inspection						
New and Renewal Licensing Procedures	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R380-600-3(1) Until a license or certificate is approved by OL, an applicant or provider may not: (a) accept any fee; (b) enter into any agreement to provide a client service; or (c) provide any client service.						
R380-600-3(3) An applicant or a provider shall permit the office to have immediate, unrestricted access to: (a) any unaltered on and off-site program or facility and client records; (b) each client who independently consents to speak to OL staff; (c) each site subject to licensing or certification; and (d) each staff member.						
R380-600-3(4) 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.						
R380-600-3(15) The license or certificate holder shall adhere to any individualized parameter on a program or facility license or certificate to promote the health, safety, and welfare of any client. Parameters may include: (a) adequate square footage to determine capacity; (b) an admission or placement restriction; or (c) an age restriction.						
R380-600-3(18) 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.						
R380-600-3(25) 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.						
R501-14-5(2)(a) 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. (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						
Variances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R380-600-6(5) The provider shall sign the approved variance and comply with the terms of the written variance, including any conditions or modifications contained within the approved written variance.						
Inspection and Investigation Process	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R380-600-7(16) When a critical incident occurs under the direct responsibility and supervision of the program or facility, the provider shall: (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; (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; (c) notify the parent or legal guardian of each involved client within a 24-hour period from the time of the incident; (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 (e) collect, maintain, and submit original witness statements and supporting documentation, including video footage if available, regarding each critical incident to OL upon request.						
Program Policies, Procedures, and Safe Practices	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-1-4(2) The licensee shall develop, implement, and comply with safe practices that: (a) ensure client health and safety; (b) ensure the needs of the client population served are met; (c) ensure that none of the program practices conflict with any administrative rule or statute before implementation; and (d) inform staff of how to manage any unique circumstances regarding the specific site's physical facility, supervision, community safety, and mixing populations.						
R501-1-4(3) The licensee shall submit any change to an office approved policy or curriculum to the office for approval before implementing the proposed change.						
Residential Programs Additional Safe Practices	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-5(1) A licensee that manages, stores, or administers client medications shall develop and ensure compliance with the following medication management safe practices: (a) inform staff and clients of program and client responsibility for medication including storage and administration of medications on-site and, as applicable, when staff and clients are offsite in program related activities; (b) if applicable, inform staff and clients of the medication self-administration process; (c) if storing and administering medications, train staff to administer medication and the process to be followed; (d) how staff record medication dosages according to prescriptions; (e) how staff monitor for and record effects and side effects of medications; and (f) how staff log doses and record and report medication errors.						
R501-1-5(2) The licensee shall ensure the care, vaccination, licensure, and maintenance of any animals on-site to include: (a) assessment of pet allergies for any clients interacting with animals in the program; (b) maintenance of required examinations, registrations, and vaccinations; and (c) supervision of clients in the presence of animals.						
R501-1-5(4) The licensee shall ensure that a ratio of one staff to one client during transports is only utilized when the program has conducted a safety assessment that indicates that client and staff safety is reasonably assured.						
Program Administrative and Direct Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-6(1) The licensee shall clearly identify services to the office, public, potential client, parent, or guardian regarding: (a) current and accurate contact information; (b) the complaint reporting and resolution process; (c) a description of each service provided; (d) each program requirement and expectation; (e) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served, including: (i) an outline of the behaviors and presenting issues that would be reason for discharge or exclusion from the program; and (ii) a statement that the program may not take placement of a child whose needs exceed the scope or ability of the program to reasonably manage; (f) each cost, fee, and expense for a service and refund policy; and (g) identification of each non-clinical, extracurricular, or supplemental service offered or referred.						

R501-1-6(2) The licensee shall post the following in conspicuous places where each visitor, staff, and client may view: (a) abuse reporting laws as described in Sections 80-2-609 and 26B-6-205; (b) civil rights notice; (c) Americans with Disabilities Act notice; (e) any office notice of agency action; (f) a client rights poster in a residential setting except in a foster home or where prohibited by Settings Final Rule; and (g) department code of conduct poster.						
R501-1-6(3) The licensee shall maintain compliance with or documentation of an exemption from any of the following requirements: (a) a food handler permit for any person preparing meals for any other person; (b) capacity determinations that include each staff and client on premises and may not exceed the capacity limits placed by local authorities; (d) licensure and registration of any vehicles used to transport clients.						
R501-1-6(5) The licensee shall maintain and make the following available to the department upon request: (d) vehicle insurance						
R501-1-6(6) The licensee shall ensure: (b) current staff and client lists are available at each licensed site; (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.						
R501-1-6(7) 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.						
R501-1-6(8) A licensee offering school on-site shall: (a) maintain the established staff to client ratio with behavioral intervention trained staff in the school setting; (c) ensure each client is taught at their appropriate grade level.						
R501-1-6(9) The licensee shall ensure clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised						
Residential Program Additional Administration and Direct Services Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-7(1) A residential program licensee shall additionally: (a) ensure each staff shift list remains current and available to the office upon request; (b) ensure that each shift documents any illness, injury or critical incident and passes it on to the next shift and administration; (c) ensure at least two on-duty staff are present at all times; (d) ensure access to a medical clinic or a medical professional familiar with the program and population served; and (e) provide a separate space for clients who are showing symptoms of an infectious disease.						
R501-1-7(3) A congregate care program licensee may allow an individual turning 18 to remain in the program if: (a) the individual remains in the custody of a state entity or the individual was admitted and continuously resided in the program for at least 30 days before the individual's 18th birthday; (b) the licensee has a documented need for the individual to remain in the program; (c) the licensee maintains responsibility for discharge to an appropriate setting when clinically appropriate and no later than the day an individual reaches 19 years of age; (d) the licensee outlines a plan for the protection of younger clients by supervising and separating 18-year-old individuals from youth who are more than two years younger; and (e) the individual signs a consent document outlining: (i) the individual is consenting to remain in the program voluntarily and understands the individual is not required to remain against their will; (ii) that any criminal offenses committed may result in being charged as an adult; and (iii) that if the individual is involved in any critical incidents posing a risk to the health and safety of other program residents they may be discharged from the program.						

<p>R501-1-7(4) A congregate care program licensee shall ensure weekly confidential communication with family and shall ensure that:</p> <p>(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:</p> <p>(i) the program operates in an area of limited or unreliable phone accessibility or coverage;</p> <p>(ii) there is significant risk of harm or danger to client safety by providing youth with unsupervised telephone access;</p> <p>(iii) the licensee offers an alternative that satisfies the requirement of weekly confidential two-way communication; or</p> <p>(vi) extenuating circumstances exist outside the individual treatment plans that are prohibitive to offering voice to voice communication;</p> <p>(b) a parent or guardian authorizes in writing an alternate means of confidential communication when voice to voice is unavailable; and</p> <p>(c) the licensee offers voice to voice confidential communication as soon as it can be safely offered.</p>						
<p>R501-1-7(6)(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.</p> <p>(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.</p>						
Program Physical Facilities and Safety	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<p>R501-1-8(1) The licensee shall ensure:</p> <p>(a) the appearance & cleanliness of the building/grounds are maintained & free from health/fire hazards;</p> <p>(b) any appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition;</p> <p>(c) fire drills in non-outpatient programs are conducted at least quarterly and documented, including feedback regarding response time and process;</p> <p>(d) a phone that can be used to call 911 is always available on-site when clients are present;</p> <p>(e) bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity;</p> <p>(f) each bathroom is properly equipped with toilet paper, paper towels or a dryer, and soap;</p> <p>(g) each bathroom is ventilated by mechanical means or equipped with a window that opens;</p> <p>(h) non-prescription medication, if stored on-site, is stored in original manufacturer's packaging together with the manufacturer's directions and warnings; and</p> <p>(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.</p>						
<p>R501-1-8(2) The licensee shall accommodate a client with physical disabilities as needed or appropriately refer to comparable services.</p>						
<p>R501-1-8(3) The licensee shall maintain medication and potentially hazardous items on-site lawfully, responsibly, and with consideration of the safety and risk level of the population served to include locked storage for each medication and hazardous chemical that is not in active use.</p>						
<p>R501-1-8(4) The licensee shall maintain a first aid kit</p>						
Residential Program Additional Facilities and Safety Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

<p>R501-1-9(1) A residential licensee shall ensure:</p> <p>(a) designated space is available for records, administrative work, & confidential phone calls for clients;</p> <p>(c) live-in staff have dedicated bedrooms & 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 & personalize their bedroom, while maintaining respect for other residents and property;</p> <p>(m) there are separate containers for soiled & clean laundry, if the program provides common laundry for towels, bedding or clothing;</p> <p>(n) bedding & towels are laundered weekly & after each client is discharged;</p> <p>(o) equipment and supplies for washing & 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>						
<p>R501-1-9(2) A residential program licensee serving individuals with disabilities shall house no more than two clients in each bedroom.</p>						
<p>R501-1-9(3) 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>						
<p>R501-1-9(5) The licensee shall train staff and ensure that the use of any alternate sleeping arrangements other than the client's assigned bedroom 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>						
Food Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-1-10(2) A licensee that provides meals shall: (a) ensure that meals are not used as incentive or punishment; (b) provide nutritional counseling to staff and clients; (c) designate staff responsible for food service who: (i) maintain a current list of each client with special nutritional needs; and (ii) ensure that each client with special nutritional needs has food storage and a preparation area that is not exposed to any identified allergen or contaminant; (d) except in a day treatment program serving clients for less than ten hours a day, or outpatient programs serving clients for less than six consecutive hours a day, provide a variety of three nutritious meals a day that are: (i) served from dietitian or nutritionist approved menus; or (ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA standard homeless settings; (f) provide adequate dining space for clients that is maintained in a clean and safe condition.						
R501-1-10(3) A licensee that allows self-serve meals shall ensure that self-serve kitchen users are supervised, directed, and trained by a staff that has a food handler's permit or is trained by Serv-Safe, USDA, or a comparable program.						
R501-1-10(4) A licensee that serves parents and their children may allow a consenting adult client to maintain full responsibility for their, and their child's, special dietary needs, if consent is maintained in writing in the client record.						
R501-1-10(5) A licensee that offers meals for clients shall ensure there is documented training confirming staff are trained to and adhere to the following safe practices: (a) how to identify and accommodate clients with special dietary needs; and (b) allowances for nutritious snacks to be available during restricted hours if the program restricts access to food and kitchen equipment.						
R501-1-10(6) If meals are prepared by clients, the licensee shall inform staff and clients in writing of the following: (a) rules and privileges of kitchen use; (b) menu planning and procedures; (c) sharing self-prepared food; (d) nutrition and sanitation requirements; (e) schedule of responsibilities; and (f) shopping and storage responsibilities.						
Program Client Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-11(1) The licensee shall maintain client information to include the following: (a) client name, address, email address, phone number, date of birth and identified gender; (b) emergency contact names, including legal guardian where applicable, and at minimum, the emergency contact's physical address, current email address or current phone numbers; (c) a program serving substance use disorder clients shall maintain compliance with an initial and annual client tuberculosis screening results in each client record; (d) any information that could affect health safety or well-being of the client including each medication, allergy, chronic condition or communicable disease; (e) intake screening and assessment; (f) discharge documentation; (g) treatment or service plan; (h) progress notes and services provided with date and signature of staff completing each entry; (i) individualized assessment for restriction of access to on-site items that could be used as weapons, for self-directed violence, or as an intoxicant; (j) any referral arrangements made by the program; (k) client or guardian signed consent or court order of commitment to services in lieu of signed consent for each treatment and non-clinical service; (l) summary of attendance and absences in treatment services; (m) any grievance or complaint made by or against the client and actions taken by the program; (n) each crisis intervention or critical incident report involving the client; and (o) any signed agreement and consent form.						

Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-12(1) The licensee shall complete an intake screening before accepting a client into the program that includes at least: (a) verification that the client meets the eligibility requirements of the program; (b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve; (c) description of presenting needs; and (d) suicide risk screening.						
R501-1-12(2) A licensee serving substance use disorder clients may not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious.						
R501-1-12(3) A licensee serving incarcerated or court-mandated justice involved clients shall: (a) conduct a criminogenic risk assessment; (c) separate high and low criminogenic risk populations.						
R501-1-12(4) The licensee shall ensure that , the client, parent, or guardian signs and receives copies of the following agreements to be maintained as client records: (a) determination of eligibility; (b) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (c) signed consent for treatment that outlines: (i) rules of the program; (ii) expectations of clients, parents, and guardians; (iii) services to be provided; (iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services; (v) client rights; and (vi) licensing contact information.						
R501-1-12(5) The licensee shall ensure that a discharge plan identifies resources available to a client and includes: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.						
Residential Additional Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-13(1) A residential program licensee shall ensure an intake assessment is completed following an approved intake screening, no later than seven days from the admission date, and that the assessment considers and contains: (a) gender identity and individualized assessment for bedroom and bathroom assignments; (b) cultural background; (c) dominant language and mode of communication; (d) family history and dynamics; (e) current and past health and medical history; (f) social, psychological, developmental, vocational, and, as appropriate, educational factors; (h) authorization to serve and obtain emergency care.						
R501-1-13(2) 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).						

R501-1-13(3) A congregate care program licensee shall ensure that each congregate care disruption plan complies with the following: (a) the program retains jurisdiction and responsibility for the youth while the youth remains in Utah; and (b) the program completes an individualized disruption plan at the time of intake for each out of state client to include: (i) who is responsible for the child's return if placement at the facility disrupts; (ii) current emergency contact information to include the name, address, phone and email address of the parent or responsible person; (iii) a signed statement from parent or responsible person outlining the plan for the youth in the event of an unplanned disruption in care; and (iv) a plan for safe transportation either to the state of origin, the responsible person as identified in Subsection R501-1-13(3)(b)(i) or to another licensed congregate care program or higher level of care, as needed.						
R501-1-13(5) 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.						
Program Clinical Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-14(1) A licensee that offers clinical treatment shall: (a) assign a clinical director to ensure that assessment, treatment, and service planning practices are: (i) regularly reviewed and updated; (ii) individualized; and (iii) designed to involve the participation of each client or each client's parent or guardian; (b) ensure each person working directly with a client is informed of the client's individual treatment needs and advised of the best approach to working with that client; (c) ensure client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission; (d) ensure discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives; (e) ensure that each client identified for treatment receives individual treatment at least weekly; and (f) ensure any missing individual weekly treatment is justified, approved, and documented by the clinical director.						
R501-1-14(2)(a) A residential program licensee shall ensure that in addition to the required weekly individual therapy, frequency and need for family and group therapy and other clinical services are addressed in the individual's treatment plan. (b) A non-residential program licensee who offers clinical treatment may alter the weekly therapy requirement as designated in the individual's treatment plan.						
R501-1-14(4) 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.						
Program Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-15(1) The licensee shall ensure adequate staffing to safely supervise the current population, including adding more staff than required by the usual staffing ratio as needed to manage behaviors, dynamics, and individual client treatment and supervision needs.						
R501-1-15(2) The licensee shall identify a manager or qualified designee who is immediately available when the program is in operation or there is a qualified and trained substitute when the manager is absent or unavailable.						
R501-1-15(3) A licensee that offers clinical services shall employ or consult with licensed professional staff that include an individual who is familiar with the program and the needs of each client.						
R501-1-15(4) The licensee shall ensure that before allowing a direct care staff to work unsupervised they have an approved background clearance except as excluded in Section R501-14-17;						

R501-1-15(5) A licensee who serves clients with substance use disorder shall ensure each staff is screened for tuberculosis.						
R501-1-15(6) A licensee who serves a client with substance use disorder may not offer, entice, refer, or recommend medical cannabis as treatment for substance use disorder.						
R501-1-15(7) A licensee who manages, stores, or administers client medication shall identify a medical professional to oversee the medication management, medication oversight, and staff training regarding medication management and administration.						
R501-1-15(8) The licensee shall ensure that each person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers						
R501-1-15(9) The licensee shall create and maintain personnel information for each staff member, contracted employee, and volunteer.						
R501-1-15(10) The licensee shall ensure that personnel information includes: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Rule R501-14; (c) a provider code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any pre-service and annual training records with the date completed, topic, and the individual's signed acknowledgment of training completion; (e) any grievances or complaints made by or against the individual and actions taken by the program; & (f) each crisis intervention or critical incident report involving the individual.						
R501-1-15(11) The licensee shall ensure that at least one CPR and First Aid-certified staff member is available when staff and clients are present unless a currently licensed healthcare professional is present.						
Personnel Training Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-16(1) 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: (a) program policies, procedures and safe practices as outlined in Section R501-1-5; (b) program emergency preparedness, response, and recovery plan, including at least: (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 (ii) instructions to staff regarding how to report and respond to significant criminal activity and significant medical emergencies; (c) CPR and First Aid; (d) client eligibility, emphasizing the behaviors and circumstances the program can safely manage; (e) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes; (f) client rights; (g) supervision and ratios; (h) as applicable, medications management, storing, and administration; (i) as applicable, food handling as outlined in Subsection R501-1-10(3); (j) background checks; (k) prevention, signs and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements; (l) provider code of conduct as outlined in Rule 380-80; (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; (n) staff and client grievance procedures; (o) crisis intervention; (p) appropriate use of restraint and seclusion;						

<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>R501-1-16(2) 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>						

Outpatient Treatment Programs - Inspection Checklist

(Revised 05/2025)

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

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

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

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