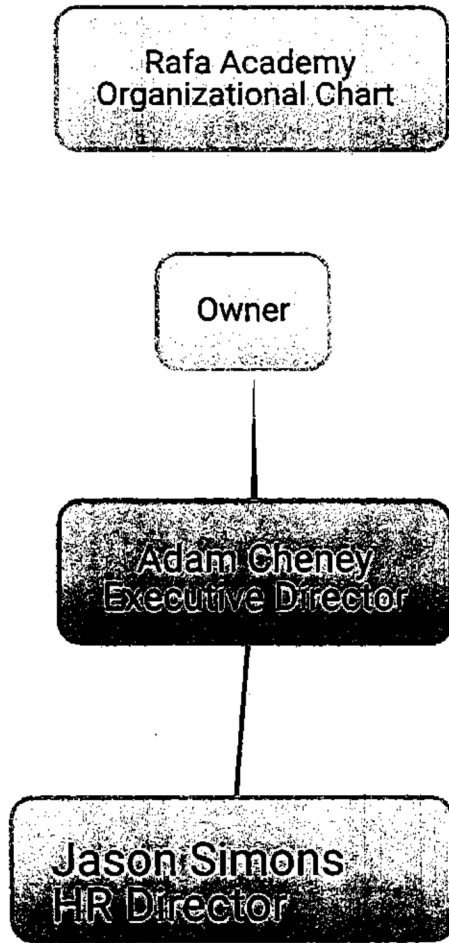


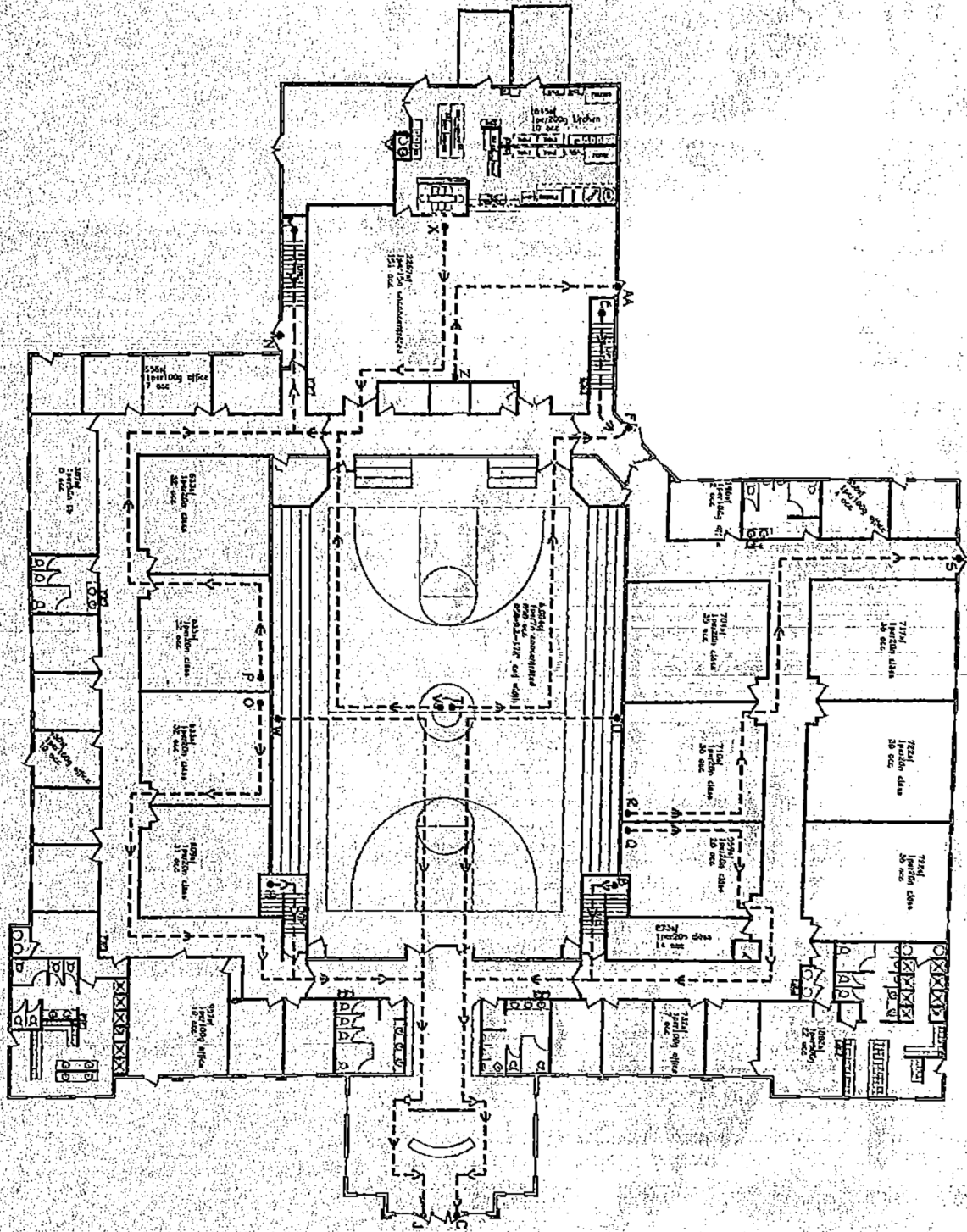
Rafa Academy
Organizational Chart

Owner

Adam Cheney
Executive Director

Jason Simons
HR Director





EXISTING ROOMS - DIMENSIONS
 ROOM NO. 102 - 10' x 10'
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 ROOM NO. 124 - 10' x 10'

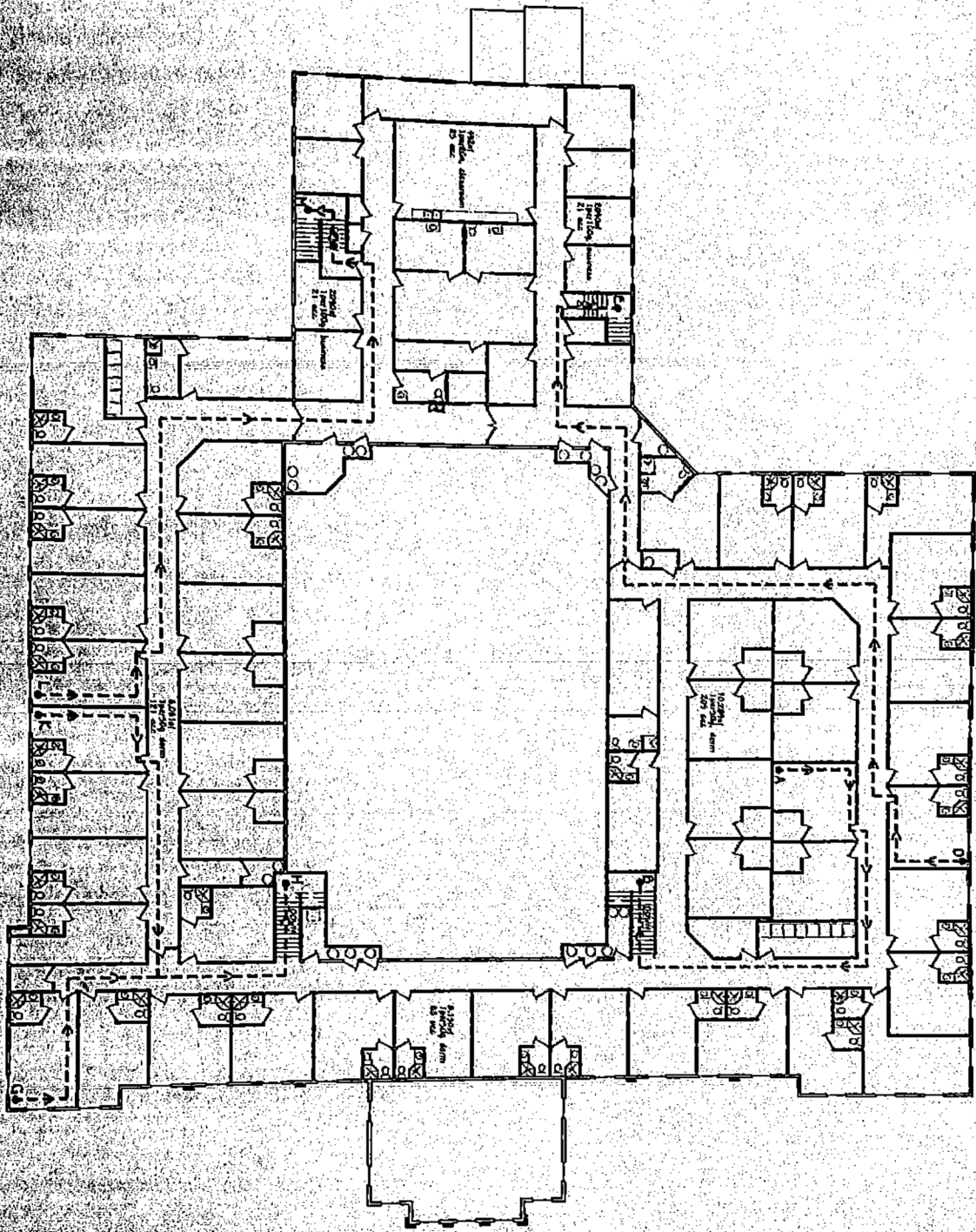
427



FIRST FLOOR EXITING PLAN
 DIAMOND RANCH ACADEMY
 SAND HOLLOW RD.
 HURRICANE 1999

DATE: 11/15/99	SCALE: 1/8" = 1'-0"
DRAWN BY: JLM	PROJECT: DRAC
CHECKED BY: JLM	

SECOND FLOOR EXITING PLAN



PLANNED TRAVEL DISTANCES

FROM ROOM 101 TO EXIT	120'
FROM ROOM 102 TO EXIT	110'
FROM ROOM 103 TO EXIT	100'
FROM ROOM 104 TO EXIT	90'
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FROM ROOM 106 TO EXIT	70'
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SECOND FLOOR EXITING PLAN
 DIAMOND RANCH ACADEMY
 SAND HOLLOW RD.
 HURRICANE, UTAH 84737



DATE	10/11/11
BY	WJL
CHECKED	WJL
SCALE	AS SHOWN
PROJECT	DIAMOND RANCH ACADEMY
CLIENT	DIAMOND RANCH ACADEMY
LOCATION	SAND HOLLOW RD., HURRICANE, UT
DESIGNER	MRW DESIGN ASSOCIATES INC.
ADDRESS	251 W. HATCHER DR. # 203 • P.O. BOX 2775 • ST. GEORGE, UTAH 84770 • (435) 838-2377

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Policy Consultation Request:

Name or Program: *Rafa Academy*

Date of Submission:

Name of Individual completing this request: Adam Cheney

Rafa Academy: Non-Discrimination Policy

Rafa Academy Operating out of:

North Campus

South Campus

Policy and Procedures for sex and gender based abuse, discrimination, harassment, and assessment for clients and staff while residing at Rafa Academy. 62A-2-124

1. Rafa Academy maintains a strict policy prohibiting all forms of sex and gender-based abuse, discrimination, and harassment in any capacity. This includes but is not limited to:
 - a. Sex-Based Abuse: Any form of abuse, harassment, or discrimination based on an individual's biological sex or reproductive characteristics. This encompasses unwanted sexual advances, inappropriate comments or behavior, non-consensual physical contact, or creating a hostile environment based on sex.
 - b. Gender-Based Abuse: Any form of abuse, harassment, or discrimination based on an individual's gender identity, gender expression, or perceived gender. This includes discrimination, derogatory remarks, physical or verbal abuse, denial of rights, or creating an intimidating, hostile, or offensive environment based on gender.
2. Prevention:
 - a. Communication:
 - i. Ensure all employees are familiar with the organization's policies prohibiting abuse, discrimination, and harassment. Distribute and discuss these policies during onboarding through in person and Workwize training and periodically throughout employment.
 - b. Training and Education:
 - i. Conduct regular training sessions in person and through Workwize training for employees to raise awareness about abuse, discrimination, and harassment. Offer guidance on identifying, preventing, and reporting such incidents.
 - c. Inclusivity:
 - i. Foster an inclusive work environment by celebrating diversity, respecting differences, and promoting mutual respect among clients/students and employees.
 - d. Employee Engagement:

- i. Encourage employee involvement in preventing abuse, discrimination, and harassment by fostering a culture where everyone feels responsible for maintaining a respectful work environment.
3. Reporting:
 - a. All incidents of sex and gender-based abuse, discrimination, or harassment must be immediately reported to their direct staff, manager, HR Director or the Executive Director through the Grievance process.
 - b. Reports can be made anonymously, and confidentiality will be maintained to the fullest extent possible.
4. Staff and Client Grievance Procedures R501-1-24(3)(d)
 - a. Students may fill out a form to communicate suggestions, concerns, grievances, or other issues.
 - b. Grievance forms are available to students at all times.
 - c. Students may turn in completed forms to designated locked boxes.
 - d. Student Communication Forms are picked up, reviewed by the Directors team weekly, and resolved promptly.
5. Teaching and Communication With individuals of all sexual orientations and genders: Our organization is committed to fostering an inclusive and respectful environment by promoting effective and professional communication with individuals of all sexual orientations and genders.
 - a. Respect and Sensitivity:
 - i. Employees are expected to communicate with respect and sensitivity towards individuals of all sexual orientations and genders. Avoid assumptions and stereotypes.
 - b. Inclusive Language:
 - i. Use inclusive language that respects and acknowledges diverse sexual orientations and gender identities. Avoid making assumptions about an individual's identity or orientation.
 - c. Active Listening:
 - i. Practice active listening to understand and respond appropriately to individuals, acknowledging their perspectives and concerns regardless of sexual orientation or gender identity.
 - d. Pronouns and Names:
 - i. Respect an individual's chosen name and pronouns. Use the appropriate pronouns as indicated by the individual and avoid making assumptions about gender identity.
 - e. Non-Discriminatory Communication:
 - i. Avoid language or behavior that discriminates against individuals based on their sexual orientation or gender identity. Refrain from making jokes or comments that may be offensive.
 - f. Professional Conduct:
 - i. Maintain professional conduct in all communications, ensuring that interactions are respectful and free from bias or discrimination based on sexual orientation or gender.

6. Prohibited conduct:
 - a. Abuse:
 - i. Any form of mistreatment, verbal or physical, targeting an individual or group based on race, color, sex, gender identity, sexual orientation, religion, or national origin is strictly prohibited.
 - b. Discrimination:
 - i. Treating individuals unfavorably in employment decisions or opportunities, including hiring, promotions, or assignments, based on the mentioned characteristics is prohibited.
 - c. Harassment:
 - i. Creating a hostile or offensive environment through unwelcome behavior, comments, or actions related to race, color, sex, gender identity, sexual orientation, religion, or national origin is strictly prohibited.
7. Preferred Name:
 - a. Respect an individual's chosen name. Use the name they provide and avoid using any name or title that the individual has not authorized.
8. Preferred Pronouns:
 - a. Use and respect the pronouns preferred by the individual when addressing or referring to them. Always prioritize and use the pronouns they have specified.
9. Gender-Neutral Uniforms and Clothing
 - a. Uniforms and Dress Code:
 - i. Students and employees have the freedom to choose attire that aligns with their gender identity, including gender-neutral uniforms or dress codes.
 - b. Gender-Neutral Options:
 - i. Personal choice of clothing will offer a range of clothing options that are gender-neutral or inclusive, allowing individuals to select attire that best represents their identity that is appropriate within dress codes for a Private School setting.
10. Trauma-Informed Care Policy
 - a. Trauma Sensitivity:
 - i. Implement practices that acknowledge and respect the impact of trauma on individuals.
 - b. Preventing Re-Traumatization:
 - i. Ensure treatment practices and staff training, both in person and Workwize training, focus on identifying and mitigating triggers to prevent re-traumatization.
 - c. Comprehensive Training:
 - i. Rafa Academy will provide staff with ongoing, comprehensive training to recognize triggers and apply trauma-informed approaches in their interactions. Training will be in person, groups and through the Workwize training system.
 - d. Identifying Triggers:

- i. Equip staff with tools to identify potential triggers for re-traumatization and strategies to create safe and supportive environments.
11. Consequences for staff or client intolerance, harassment, or bullying of staff or clients on the basis of gender identification or sexual orientation:
- a. If an incident is confirmed, appropriate disciplinary action will be taken against the perpetrator(s), which may include counseling, warnings, suspension, termination, or legal action, in accordance with company policy and applicable laws.

Rafa Academy: Suicide Prevention Policy

Rafa Academy Operating out of:
North Campus
South Campus

1. Suicide Prevention Policy 62A-2-123
 - a. The Rafa Academy Acceptance Committee will review all incoming documentation on perspective students to screen for past suicidal ideation and to determine goodness of fit for the program.
 - b. Upon enrollment to the program, all students will undergo a suicide assessment from a licensed therapist.
 - c. If a student presents with self-harm, high risk/suicidal ideation or other concerning behaviors, the staff will report this information to their direct supervisor who will report the information to the Therapist, Clinical Director, and Parent Liason.
 - d. If there is self-harm, high risk/suicidal behaviors or ideation, an incident report will be filled out.
 - e. When a student needs to be assessed due to ideation/behavior the following process will be implemented: R501-1-24(3)(r)
 - i. Faculty members will contact their direct supervisor who will contact the student's Therapist and Clinical Director.
 - ii. The student will be taken to medical and elevated watch protocol will begin.
 - iii. The student will change into neutral colored Rafa Academy clothing.
 - iv. A medical search will take place and the student will be searched twice daily following medical search protocol.
 - v. Medical staff will send out a memo campus wide that the student is on elevated watch. The memo will be titled "Elevated Watch".
 - vi. The student will resume a regular schedule, and Recovery Staff will assist the group in providing close monitoring of the student.
 - vii. The reporting staff will complete an incident report.
 - viii. Therapist will assess the student as soon as possible (within 4 hours) to determine the need for continued elevated watch; suicide watch, run watch, or removal from watch protocol.

- ix. The initial assessment will be performed using the Columbia Severity Suicide Scale.
 - x. After the initial assessment, daily assessment by therapist and notation will take place.
 - xi. The therapist will complete a memo with Rafa Academy forms identifying watch status.
 - xii. In order to be removed from watch a student must sign a no harm contract and another Columbia Severity Suicide Scale will be completed. Additionally, the therapist will assist clients in identifying supportive resources for dealing with future self-harm triggers that may arise.
 - xiii. If a student is placed on suicide watch, the therapist will initiate the suicide logs and perform daily assessments.
 - xiv. The therapist will give the suicide log binder to the designated suicide watch staff.
 - xv. After therapists review suicide logs, they will be collected and given to the Parent Liason to be uploaded to the student's file.
 - xvi. Therapist will contact the parents about the status of their child as soon as possible, not to exceed 24 hours following watch status implementation.
 - xvii. If a student is placed on suicide watch, an additional staff should be present for each shift to provide one-on-one supervision of the student.
 - xviii. Suicide log binders will be passed from designated staff to designated staff at each shift change/transition.
 - xix. Before suicide watch will be discontinued, a no harm contract will be discussed with, and signed by the student.
 - xx. If the Therapist is unable to perform the assessment, the Clinical Director will be notified and will facilitate the assessment.
 - xxi. If a student has attempted suicide the reporting staff will immediately notify their direct supervisor who will contact Clinical Director, Medical Director and Executive Director to decide if the student needs to be admitted to the hospital.
 - xxii. Once a student is taken off of Watch, a memo will be sent out campus wide by the therapist updating the watch status.
- f. All suicide attempts will be reported to the Office of Licensing, as outlined in the core rules.
- g. Precautions for students on Elevated Watch:
- i. Students will have additional monitoring during each shift.
 - ii. Students will be taken to medical and searched in the morning and evening.
 - iii. When using the restroom, students will count or continue talking so they can be heard. If the student stops making sound, the staff will ask for a verbal response. If no response is received, staff will knock and if there is still no verbal response staff will then enter to ensure the safety of the student.

- iv. Anytime a student transitions from one staff to another, a brief verbal update will be shared and with transitioning staff.
- v. Employees will receive regular training on suicide prevention protocol as well as elevated watch protocols.
- vi. Quarterly, the Directors will review campus-wide trends in Watch status gathered from the incident reporting system.

Rafa Academy: Behavior Management, Restraint/Seclusion/Prohibited Practice Policies

Rafa Academy Operating out of:
 North Campus
 South Campus

1. Restraint policy R501-1-24(3)(g)
 - a. All Rafa Academy staff will be trained upon hire and annually thereafter in the Aegis System for crisis management and de-escalation training.
 - b. Restraint is only used as a temporary means to prevent harm to the client or in protection of others.
 - c. Restraint is only to be completed by an individual with documented training in nonviolent crisis intervention and de-escalation techniques.
 - d. Restraint is a last resort emergency safety measure only.
 - e. All Aegis interventions will be reported to the Office of Licensing in accordance with Critical Incident reporting laws.
 - f. In accordance with the Aegis System and DHHS Core Rules: Passive physical restraint may only be used when it is the least restrictive option as a response to high risk behavior and imminent safety threats including:
 - i. Harm to self
 - ii. Harm to others
 - iii. Major destruction of property
 - iv. Absconding (when client safety is at risk)
 - v. Necessary transport
 - vi. When passive physical restraint is necessary, the most tenured staff involved in the intervention will take the role of Lead Staff and will have the following responsibilities:
 1. Where appropriate or applicable obtain verbal order from Rafa Academy's licensed medical professional for the use of physical intervention.
 2. Monitoring a student throughout the intervention.
 3. Maintaining appropriate time limitations of a restraint.
 4. Ensuring proper documentation takes place following the incident
 5. Ensuring proper debriefing takes place with all staff and students involved following the incident.
 6. Ensuring that staff are familiar with the student and their needs

7. Ensuring that passive physical restraint is not used as a convenience to staff, a substitute for programming, or associated with punishment in any way.
 8. Monitor during the incident for the physical signs of distress, positional asphyxia, and obtaining medical assistance if needed.
 9. Providing immediate correction if another staff member fails to follow correct procedures when using a restraint.
- vii. Staff will not be allowed to induce pain to obtain compliance.
62A-2-123(c) R501-1-26(5)
 - viii. Staff will not be allowed to hyperextend joints of the students.
62A-2-123(d) R501-1-26(5)
 - ix. Staff/students will not be allowed to use peer restraints. 62A-2-123(e)
R501-1-26(5)
2. Seclusion policy R501-1-24(3)(f), 62A-2-123
- a. Seclusion may be used
 - i. For immediate safety, ensuring no less restrictive intervention is feasible.
 - b. Seclusion may not be used:
 - i. For coercion, retaliation, or humiliation, and not due to inadequate staffing or convenience.
 - c. When possible Rafa Academy will ensure active supervision by familiar staff during seclusion with the use of Recover staff.
 - i. Recovery:
 1. If at any time during the de-escalation process, a student's behavior becomes extreme (i.e., aggressive, threatening, violent, excessively disruptive to the therapeutic milieu) the student work with Recovery until they have returned to their baseline, commits to safety, and works through the Five R's with staff support.
 2. The purpose of Recovery is to ensure the immediate safety of the student and others.
 3. Recovery should only be used if no less restrictive intervention is likely to ensure the safety of the student or others.
 4. Recovery will not be used for coercion, retaliation, humiliation, or punishment.
 5. While the student is with Recovery, a staff member who, when possible, is familiar with the student will actively supervise the student for the duration of their time with Recovery.
 6. Staff will maintain visual contact with the student in Recovery at all times.
 7. A student working with Recovery will not be in possession of any potentially harmful objects or materials that could present a risk or harm to the student.
 8. To the extent practicable, require 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

3. Medical Searches R501-1-26(3)

- a. In order to maintain safety and containment of students, medical searches will be completed when a student is initially enrolled into the program, when they return from a visit, and when a student is placed on Watch.
- b. In conjunction with general staff, the medical department performs body searches with the intent to assess the body for injuries and markings, such as scratches, open wounds, bruises etc. and to search for contraband possession.
- c. All findings will be properly documented and recorded in order to ensure quality of care and decrease vulnerability associated with liability.
- d. Medical searches do not include exposure of a student's private areas. Medical gowns and undergarments are used during medical searches to maintain client rights.
- e. Rafa Academy does not perform strip searches or body cavity searches 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)

Rafa Academy: Behavior Management Curriculum

Rafa Academy Operating out of:

North Campus

South Campus

Behavior Management Training through aegis Training Solutions

<https://www.theaegissystem.com/>

1. Prohibition of Cruel, Severe, Unusual, or Unnecessary Practices on a Child including.
 - a. Rafa Academy will never perform any strip search or body cavity search. If determined to be necessary Rafa Academy will refer the student to a third party. (Please see medical search protocols, #5 below)
 - b. When a student begins to display negative behavior or signs of escalation, staff will:
 - i. Immediately mediate in an attempt to return the student to their emotional baseline and help them re-engage with their group or activity as soon as possible.
 - ii. Staff will encourage choice, and attempt to offer appropriate options to the student.
 - iii. Staff should use positive action language to help the student de-escalate and to avoid a potential power struggle.

- iv. Staff should be aware of the student's willingness or refusal to engage in solution-oriented discussion:
 - 1. If the student is willing to participate with staff in resolving issues quickly, and express a commitment to appropriately re-engage, staff will process with the student and return them to the group.
 - 2. If the student refuses to participate with staff in finding appropriate positive methods for de-escalation, staff will document behavior and nightly shift change reports.
 - v. If the student needs additional staff support at this point, staff will attempt to de-escalate by using the Five R's:
 - 1. 1-Remove, 2-Relax, 3-Take Responsibility, 4-Repair, 5-Re-commit
2. Additional Behavior Management Policies
- a. Staff will not be allowed to use discipline or punishment that is intended to frighten or humiliate. 62A-2-123(f) R501-1-26(5)
 - b. Staff will not be allowed to require or force a student to take an uncomfortable position, including squatting or bending. 62A-2-123(g) R501-1-26(5)
 - c. Staff will not be allowed to, for the purpose of punishing or humiliating, require or force a student to repeat physical movements or physical exercises such as running laps or performing push-ups. 62A-2-123(h) R501-1-26(5)
 - d. Staff will not be allowed to spank, hit, shake, or otherwise engage in aggressive physical contact. 62A-2-123(i) R501-1-26(5)
 - e. Staff will not be allowed to deny an essential program service. 62A-2-123(j) R501-1-26(5)
 - f. Staff will not be allowed to deprive a student of a meal, water, rest, or opportunity for toileting. 62A-2-123(k), R501-1-26(5)
 - g. Staff will not be allowed to deny shelter, clothing, or bedding. 62A-2-123(l) R501-1-26(5)
 - h. Staff will not be allowed to withhold personal interaction, emotional response, or stimulation. 62A-2-123(m), R501-1-26(5)
 - i. Staff will not be allowed to prohibit a student from entering the residence. 62A-2-123(n), R501-1-26(5)
 - j. Behavior management policies do not allow abuse as defined in Section 80-1-102. 62A-2-123(o) R501-1-26(5)
 - k. Behavior management policies do not allow neglect as defined in Section 80-1-102. 62A-2-123(p) R501-1-26(5)
 - l. Rafa Academy's behavior management methods emphasize de-escalation and are compliant with 62A-2-123. R501-1-26(5)(d)
 - m. Behavior management techniques are trauma informed and appropriate for the client's age, behavior, needs, developmental level, and past experiences. Staff deferes to the least restrictive method of behavior management available to control a situation. R501-1-26(5)(a)
 - n. Rafa Academy staff will only use behavior management techniques that emphasize de- escalation and promote self-control, self-esteem, and independence. R501-1-26(5)(c)

Rafa Academy: Outdoor Youth Training Plan- NA

NA

Rafa Academy: Weekly Parental Communication plan.

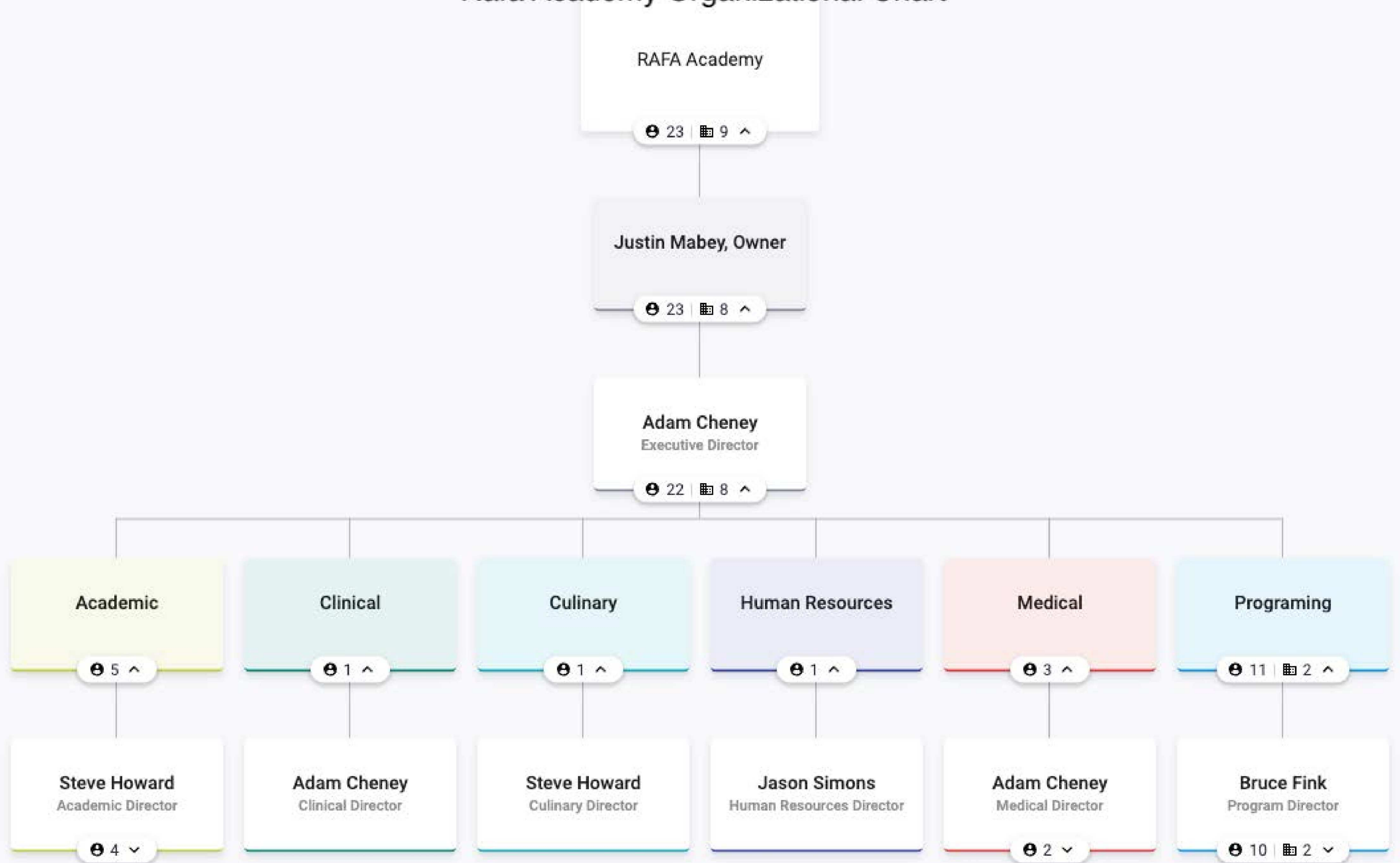
Rafa Academy Operating out of:

North Campus

South Campus

1. Family Communication: subject to section (6)(b)
 - a. Weekly Communication:
 - i. Staff will facilitate weekly confidential voice-to-voice communication between a child and their parents, guardian, foster parents, and siblings.
 - ii. Staff will ensure that communication (6)(a)(i) complies with the child's treatment plan.
 - iii. Family contact will not be used as an incentive for proper behavior or be used as a punishment.
 - b. Communication Modifications (6)(a)(i):
 - i. There will be no change in weekly communication unless prohibited by state law or court order.
 - ii. Modify frequency or form only with office approval or if prohibited by law or court order.
 - c. Parent modifications:
 - i. Parents will be allowed input into the modification of the weekly communication as long as it is not contrary to any state law and follows industry best practices.
 - d. Student or Parent refusals:
 - i. Will be documented and the treatment team informed.

Rafa Academy Organizational Chart



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)**

Rafa Academy, LLC
Site Name – Name to Appear on License

Same
Parent Program Name

505 Hope Circle
Site Street Address of License

Administrative Mailing Address (if different from site)

Hurricane, Ut 84737
Site City, State, Zip

City, State, Zip

8013588568
Site Telephone Number

Administrative Telephone Number

Adam Cheney
Site Contact Name

Administrative Contact Name

adam[REDACTED]@gmail.com
Site Email Address

Administrative Email Address

Program/Site Website(s): _____

Is this new site currently serving clients? No Yes

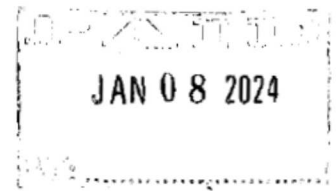
Is this program owned or governed by any other entity (other than listed as parent)? No Yes

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: 75

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"/> <u>Adult Day Care</u> | \$900 | <input type="checkbox"/> <u>Outpatient Treatment</u> | \$900 |
| <input type="checkbox"/> <u>Child Placing Foster</u> | \$250 | <input type="checkbox"/> <u>Child Placing Adoption</u> | \$900 |
| <input type="checkbox"/> <u>Day Treatment</u> | \$900 | <input type="checkbox"/> <u>Social Detoxification</u> | \$900 |
| <input type="checkbox"/> <u>Therapeutic School</u> | \$900 | <input type="checkbox"/> <u>Outdoor Youth</u> | \$1,408 |
| <input checked="" type="checkbox"/> <u>Residential Treatment</u> | \$900 | <input type="checkbox"/> <u>Residential Support</u> | \$900 |
| <input type="checkbox"/> <u>Intermediate Secure Care</u> | \$900 | <input type="checkbox"/> <u>Recovery Residence</u> | \$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 Office of the Department of Human Services, 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: Justin Mabey Role/Title: Owner Home Phone: [REDACTED]
Home Address: _____
Personal Email: [REDACTED]

Name: Adam Cheney Role/Title: Executive Director Home Phone: [REDACTED]
Home Address: _____
Personal Email: [REDACTED]

Name: Jason Simons Role/Title: HR Director Home Phone: [REDACTED]
Home Address: _____
Personal Email: [REDACTED]

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: Continuous operation. 24/7 365

Please list the name of the director to be immediately available at all times that the program is in operation: Adam Cheney. *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 To be determined 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 (DACCS).

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: Raylynn Akkerman

Main screening agent/administrator email: [REDACTED]

Secondary screening agent name: Jason Simons

Secondary screening agent email: [REDACTED]

- 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](https://drive.google.com/file/d/1IRUOw903aI_alvmHs2CpZ6azeKXZo1iN/view) as part of your application. https://drive.google.com/file/d/1IRUOw903aI_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: Jason Simons
 Title: HR Director Date 1/5/23

(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: _____

Application Withdrawal Request

External

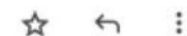
Inbox x



Jason Simons <sim[REDACTED]@gmail.com>

to me ▾

Wed, Mar 13, 11:49 AM (22 hours ago)



Marlene- This is to inform you that Rafa Academy desires to officially withdraw our application for licensure as a residential treatment center effective immediately. Please let me know if you need anything further. Please send confirmation as discussed.

Thank you.

Jason Simons
Rafa Academy