Utah Department of Health & Human Services Licensing & Background Checks		Inspection Checklis				This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. ( <i>Revised 01/2024</i> )	
Provider Name:	Uinta Academy RTC LLC- West	Facility ID:	F22-93699	Phone Number:	(435) 245-2600	Notes	
Site Name or Address:	3875 S Highway 2	3, Wellsville, UT, 843	39	Email Address:	dreiner@uintaacademy.com		
Approved Capacity:	16	# of Present Residents\Clients:	7				
Please review the following items prior to the inspection: (Mark with a check mark if completed and make and necessary notes)				Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)			
<b>~</b>	Current backgrounds in DACS			<b>~</b>	Any active rule variances	None	
<b>~</b>	Current staff roster collected				Introduce yourself and any DHHS staff		
	Any license restrictions or conditions	None		<b>~</b>	Staff Interviews		
<b>~</b>	Any needed rule variances			<b>~</b>	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 correction required date listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.

Signature Information											
Inspection Type:	3rd Unannounced	Date:	4/11/2024	Time Started On-site:	12:15 PM	Time Ended On-site:	1:30 PM				
	Number of Non Compliant Items:	Daryn Reiner									
1	icensor(s) Conducting this Inspection:	Josilyn Bertrand			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.					Daryn Reiner						