

 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 01/2024)</i>	
Provider Name:	New Focus Academy	Facility ID:	(F22-93528)	Phone Number:	(844) 413-2722	Notes	
Site Name or Address:	1268 N Valley Heights Cir Heber City, UT, 84032			Email Address:	brandon@newfocusacademy.com, john@newfocusacademy.com		This third unannounced inspection was not conducted because the provider was within 60 days of their renewal. This sheet is for system maintenance only.
Approved Capacity:	16	# of Present Residents\Clients:					
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)			
<input type="checkbox"/>	Current backgrounds in DACS			<input type="checkbox"/>	Any active rule variances		
<input type="checkbox"/>	Current staff roster collected			<input type="checkbox"/>	Introduce yourself and any DHHS staff		
<input type="checkbox"/>	Any license restrictions or conditions			<input type="checkbox"/>	Staff Interviews		
<input type="checkbox"/>	Any needed rule variances			<input type="checkbox"/>	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:	3rd Unannounced	Date:	10.1.24	Time Started On-site:	12:00 PM	Time Ended On-site:	12:15 PM
Number of Non Compliant Items:		0	Name of Individual Informed of this Inspection:				
Licensor(s) Conducting this Inspection:			Rob Jones		OL Staff Observing Inspection:		
<input type="checkbox"/>	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.					