

CHECKLIST FOR ON-SITE VISITS

Vendor Name and Contract number: _____

1. Is the vendor's facility within the catchment area as stated in the RFP? Yes___ No____
Comments:
ADDRESS:

2. Does the vendor have current state and / or local operating licenses? Yes___ No____
List the licenses posted:

3. Is the vendor in compliance with all applicable fire, safety, and health code certificates? Yes___ No____
List the certificates posted:

4. Does the vendor's physical facility preserve confidentiality of client files and client services? Yes___ No____
Explain facility:

5. Has the vendor established and posted emergency (24 hours/7 days per week) contact procedures for times when counselors are not available? Yes___ No____
Comments:

6. Does the vendor have a secure collection area for collecting urine specimens (if applicable)? Yes___ No____
Explain area:

7. Does the vendor have a secure area with limited access for the storage of urine collection supplies (if applicable)? Yes ___ No ___

Explain area:

8. For residential facilities, does the vendor have the necessary state licenses? Yes ___ No ___

Comments:

9. For residential facilities, does the vendor comply with all Section C Residential Facility Requirements (code compliance, sleeping and bathroom facilities, emergency plans, safety precautions)? Yes ___ No ___

Comments:

10. Does the facility have adequate access for clients with physical disabilities? Yes ___ No ___

Comments:

11. Is the provider and facility ready to resume IN-PERSON SERVICES BY Friday **10-1-2021**? Yes ___ No ___

Comments:

Site Visit Conducted by: _____

Date: _____