



ON-SITE REVIEW PREPARATION CHECKLIST

Note: A DBHDS License Cannot Be Issued Unless All of these Items Have Been Completed

Provider Name _____

License Number _____ **Date of Site Visit is scheduled** _____

- 1. Staffing Schedule: Staffing, evidenced by applicant having trained, **completed** criminal background and CPS checks, and have oriented enough staff to begin service operation, (to include relief staff);
 - Resumes of applicable work experience and education,
 - Staff training completed in CPR, First Aid, Behavior Management, and Medication Management,
- 2. Background checks process completed on all staff prior to working. Contact
 - A. **Barbara Terrell** at **804-726-7092** or
 - B. **Doniece Black** at **804-726-7096**
- 3. Licensing Policies and Procedures Approved;
- 4. Proof of Insurance (general liability, professional liability, vehicular liability, & property damage)
- 5. Adequate Financial Backing for service provided (Updated/current)
- 6. Personnel: records must be complete and include evidence of completed applications for employment, evidence of required training and orientation, reference checks, and evidence of completed background investigations;
- 7. Client records, (a sample client record).
- 8. Ready to demonstrate your knowledge of and ability to implement your service description and policies and procedures, - random questions
- 9. Certificate of Occupancy;
- 10. Regulations regarding the physical plant are in compliance;
- 11. **Availability** of a **COMPLETE, FINAL** copy of the service description, all policies, procedures and for that have been approved.
- 12. Approval (email) of Human Rights Complaint Resolution Policies