

## Mental Health Licensure and Certification Section



### Facility Walk-Through Attestation

*Walk-Through attestation must be signed below, attesting that you and the Licensure & Training Consultant completed a virtual or onsite walk-through, and your facility meets the below requirements.*

Facility Name: \_\_\_\_\_

MHL#: \_\_\_\_\_

Site Address: \_\_\_\_\_

FID#: \_\_\_\_\_

Agency Person Present: \_\_\_\_\_

Persons Email: \_\_\_\_\_

Capacity Approved: \_\_\_\_\_

Category(s) Approved: \_\_\_\_\_

L&T Team Member: \_\_\_\_\_

Effective Date of Licensure: \_\_\_\_\_

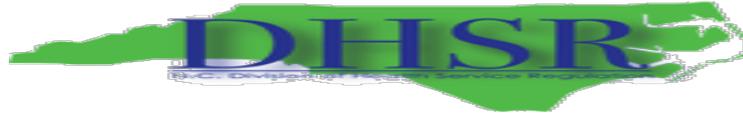
<b>Hot Water</b>		
<b>Hot water that is accessible to clients must be maintained between 100-116 degrees Fahrenheit</b>		
Room	Temperature	Notes

<b>Residential Bedrooms (must be furnished at time of walk-through)</b>	Yes	No	NA	Notes
<i>The bedrooms presented during the walk-through are the bedrooms approved by DHSR Construction</i>				
Bed(s) (in addition, bedding and linens for each bed)				
Personal storage for personal belongings				
Bedside table(s)/ Night Stands				
Windows in Client bedrooms open fully				
Client bedrooms CANNOT have locking systems on doors that prevent a client from exiting the room if inside.				

<b>Day Program Areas</b>	Yes	No	NA	Notes
Furnished reception area				
Furnished group rooms				
Other furnishings (per service category)				

<b>Medication Storage</b>	Yes	No	NA	Notes
Securely locked				
Separate storage for each client				
Storage for refrigerated medication				

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<b>Other Storage</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Notes</b>
Hazardous Chemical Storage Areas(s)				
Client Records storage in a confidential area				

<b>Conspicuous (Visible) Postings in Public Areas</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Notes</b>
DHSR Hotline Number (1-800-624-3004)				
No Smoking Signs				
Emergency Diagrams: <i>Document the meeting location where headcount is performed and document the exit route</i>				

<b>Fire Extinguishers</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Notes</b>
Operable Fire Extinguisher				

<b>Safety</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Notes</b>
The surrounding area is in a safe and healthy environment				
Unobstructed hallways and doorways				
Safe and clean conditions on the exterior and interior				

<b>Additional Requirements</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Notes</b>
Designated operable phone ( <i>Phone is stationed and accessible at facility at all times</i> )				
First Aid kit available for facility				
First Aid kit available for vehicle				
The disaster plan ( <i>location of the plan at the facility</i> )				

<b>CAMERAS</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Notes</b>
Video/camera equipment in the facility (list locations) No Cameras allowable in private areas.				

Licensee/Designee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Comments:

**To ensure no DELAY in Licensure. If you do not have an NCID, apply for an NCID. When NCID is secured send information to [pam.pridgen@dhhs.nc.gov](mailto:pam.pridgen@dhhs.nc.gov)**

*It may take up to 3 weeks for a paper copy or new MHL # to be generated.*