

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#: _____

Minors

Site Address: _____

FID#: _____

Adults

Agency Person Present: _____

Persons Email: _____

Capacity Approved: _____

Category(s) Approved: _____

L&T Team Member: _____

Effective Date of Licensure: _____

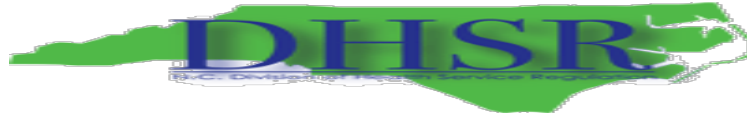
Hot Water		
Hot water that is accessible to clients must be maintained between 100-116 degrees Fahrenheit		
Room	Temperature	Notes

Residential Bedrooms (must be furnished at time of walk-through)	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.				

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

Medication Storage	Yes	No	NA	Notes
Securely locked				
Separate storage for each client				
Storage for refrigerated medication				

Mental Health Licensure and Certification Section



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

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

Fire Extinguishers	Yes	No	NA	Notes
Operable Fire Extinguisher				

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

Additional Requirements	Yes	No	NA	Notes
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>)				

CAMERAS	Yes	No	NA	Notes
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 tonya.bridges@dhhs.nc.gov

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