

## INFORMATION FOR EVALUATION

Attached is the Minimum Qualification Checklist that your RESPONSE will be checked against. You must submit all information requested so the below information can be verified. Failure to submit the requested information may cause your response to be disqualified. **Do not complete and return this form with your response.** It is for information only.

Vendor must submit satisfactory documentation in response to the request below to be considered.

**REQUEST FOR QUALIFICATIONS (RFQ)  
710-19-1025  
QUALIFIED RESIDENTIAL TREATMENT PROGRAM  
MINIMUM QUALIFICATION CHECK LIST**

|                  |                              |              |
|------------------|------------------------------|--------------|
| <b>Vendor:</b>   | East Arkansas Youth Services |              |
| <b>Reviewer:</b> |                              | <b>Date:</b> |

| MINIMUM QUALIFICATIONS   | SUBMITTED |    | COMMENTS                          |
|--|-----------|----|-----------------------------------|
|  | YES       | NO |                                   |
| <p>A. Vendor <b>must</b> submit a Residential Child Welfare Agency license obtained from the Division of Child Care and Early Childhood Education (DCCECE).</p>  | Y         |    | Submitted License                 |
| <p>B. Must be accredited by one (1) of the independent, not for profit organizations specified below <b>or</b> have an application in-progress for one or more such accreditations at time of bid. For verification purposes, the Vendor <b>must</b> submit</p> <p>1) <b>Current</b> Certificate of Accreditation from one of the organizations listed below <b>or</b></p> <p>2) A copy of the accreditation application <b>and</b> a copy of the application payment that was submitted to one of the entities below:</p> <p style="margin-left: 20px;">a. The Commission on Accreditation of Rehabilitation Facilities (CARF);</p> <p style="margin-left: 20px;">b. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or</p> <p style="margin-left: 20px;">c. The Council on Accreditation (COA).</p> | Y         |    | Submitted documentation from COA. |

|   |          |  |
|---|----------|--|
| <p>C. Must have a trauma informed treatment model. For verification purposes the Vendor <b>must</b> submit a detailed program description outlining their evidence-based trauma informed treatment model.</p>   | <p>Y</p> | <p>Submitted description of trauma-informed model.</p> |
| <p>D. Must have registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice as defined by the state/tribal law, who are on-site according to the trauma-informed treatment model and are available twenty-four (24) hours a day, seven (7) days a week.</p> <p>For verification purposes the Vendor <b>must</b> submit license of each of their registered, or licensed, nursing personnel.<br/> <b>For those who do not have registered or licensed nursing personnel at time of bid submission must submit all licenses before July 1, 2019 in order to be awarded a contract.</b></p> | <p>Y</p> | <p>Submitted social work and nursing licenses.</p>     |

Passed   Y  

Failed