**Informal Site Visit Tool**

Date of Site Visit:Click or tap to enter a date.

Provider:Click or tap here to enter text.

Provider Contact:Click or tap here to enter text.

DCF Surveyor:Click or tap here to enter text.

**Instructions:** Complete this form at each quarterly site visit. This tool will serve to document cleanliness, questions or concerns from the facility, issues needing followed up, consultations on areas of noncompliance, and any current investigations.

**Conditions of the Facility:**

**Current Investigations:**

**Consultation for Noncompliance:**

**Questions, Concerns, Comments:**

