

# The Community Partnership for the Prevention of Homelessness

## Site Visit and Program Monitoring Guide



## **Overview:**

The Community Partnership for the Prevention of Homelessness (TCP) created this document for providers to outline its policy and procedures for site visits and investigating client grievances.

## **Site Visit**

TCP will conduct a site visit one site per year for each program it funds. These annual visits are completed to ensure:

- Providers are in compliance with the terms of their contracts with TCP;
- Clients are served in accordance with programs' Department of Human Services (DHS) approved program rules;
- Clients are served in accordance with the Homeless Services Reform Act of 2005 (HSRA) including any amendments enacted since its passage and all other relevant legislation and/or policies;
- Program facilities are appropriately maintained.

Visits may be announced or unannounced.

## **TCP Staff:**

- Sue Marshall, Executive Director
- Tom Fredericksen, Chief of Policy and Programs: Contract Officer
- Jose Lucio, Senior Program Officer: Contract Administrator
- Xiaowei Zheng, Chief Financial Officer
- Michael Berry, Operations Manager
- Candyce Coates, Program Officer
- Charlene Traylor, Program Officer

## Table of Contents:

1. Tour of Facility
2. Review of Financial Records (IF NECESSARY)
3. Review of Program Records
4. Review of Contract Deliverables
5. Review of Escrow Records
6. Review of Personnel Files
7. Client Interviews
8. Staff Interviews
9. Announced Visits vs. Unannounced Visits
10. Investigation of Client Grievances
11. Site Visit Debrief
12. Desk Audits

## 1. TOUR OF FACILITIES

Site visits conducted at site-based programs will a tour the program facility by TCP staff. TCP will check for the following:

- Accessibility and ADA Compliance – Entryways and other areas of the facility will be reviewed to ensure compliance in the proper spacing for a person with mobility needs, having the proper equipment or the adequate spacing in an area to safely exit a person with a physical or mobility need in the case of an emergency, that the facility has the countertops and other items such as locks or doorknobs, and the proper toilet and bathing needs in the unit. Providers will also be questioned on the procedures to be followed when a person is in need of an accommodation.
- Fire drill logs – Detailed records of the completed fire drills for applicable programs. The records should include the date time and weather of the day that the drill was completed as well as the amount of persons that participated in the drill broken down by staff, adults and children. Records should also include if there were persons with mobility issues that were assisted with exit during the drill. Fire Drills are to be completed monthly by applicable programs. Please see your contract for more information on your program’s required completion of fire drills.
- Fire extinguishers – Tags are reviewed for the last inspection/service completed as well as the fire safety compliance report provided by the local fire marshal. Fire extinguishers should be inspected and certified annually by a fire protection equipment company or the local fire marshal. A complete breakdown and internal inspection must be done every year. The annual inspections shall be done by a fire protection equipment company or the local fire marshal. Verification of the inspection will be noted on the fire extinguisher itself by the tag found hanging from the tank of the extinguisher.
- Fire Safety Inspection – This is completed annually by the fire marshal and the record is to be maintained by the site. To obtain an inspection, you can visit <http://fems.dc.gov/service/fire-prevention-inspection>.

FEMS.DC.GOV states: Inspection of residential dwellings is available by appointment. These inspections are conducted as a courtesy of the DC Fire and Emergency Medical Services (F&EMS) Department’s Firefighting Division. A copy of the inspection will be provided with suggestions. A follow up appointment may also be requested. Our goal in providing this service is to make sure that residential dwellings are free from fire hazards and safety violations. Call (202) 673-3331.

- Smoke detectors – in common areas and in the sleeping/living quarters of the clients. They are checked to ensure operation in these areas. Should you need a smoke detector or batteries please visit <http://fems.dc.gov/service/free-smoke-detectors>.
- Emergency Evacuation Plan – This is the route in which program participants will need to follow in the event of an emergency. It should point out where the person is on the map by stating “you are here” and arrows pointing in the direction of the route to

follow. This document should be posted on the walls throughout the facility near exit signs, doors and stairwells.

- Exit Signs – these should be posted throughout the facility pointing to the exit of the facility.
- Extermination /Pest control receipts – These should be maintained by the site when pest control should have to visit the facility. Maintenance request/Service Logs – Records of request for service and the verification that the services have been completed.

Additional requirements may apply based on program type. Requirements by provider type and are listed below:

#### Low Barrier

- Grounds- Indoor and outdoor.
- Entry of the facility - Doors and entry way of the building. The same guidelines from above will apply.
- Check in point- Security checkpoint of the program.
- Intake space – Where intakes are completed.
- Dining area – Area in which meals are served
- Kitchen – Where food is stored, prepared or prepped for serving.
- Sleeping quarters – Where clients sleep including the ability to accommodate transgender and gender nonconforming clients as needed.
- Client storage – This may be lockers or other storage areas.
- Agency storage – This is where the agency keeps items such as linens and other client goods to be distributed.
- Bathrooms- Ensure that hot water and toilets are functioning as well as the ability to accommodate transgender and gender nonconforming clients as needed.
- Communal space – The area that is allowed for all persons before bedtime.
- Onsite laundry facilities – To see where and how the linens are cleaned. If there is a client washer and dryer, that is to be observed as well.
- Showering station or areas – There showers are provided for the clients
- Staff offices
- File storage area

#### Temporary Shelter

- Grounds – indoor and outdoor
- Entry/entrance of the building
- Check in or sign in area
- Hallways
- Communal space – the space that is allowed for all persons before bedtime or curfew.
- Kitchen – Where food is stored, prepared or prepped for serving.
- Posting of evacuation plan
- Case management offices
- Storage of files
- Client units or Bedding Areas – All items on the list below may not be applicable to your temporary shelter program.

- Blinds/screens
  - Hot water
  - Functioning Toilets
  - Closets/storage
  - Secure unit door
  - Living space adequate for family size
  - Sleeping quarters – Where clients sleep including the ability to accommodate transgender and gender nonconforming clients as needed
  - Bathrooms- Ensure that hot water and toilets are functioning as well as the ability to accommodate transgender and gender nonconforming clients as needed.
- Posting of resources
  - Communal areas

#### Site Based Programs (transitional, permanent supportive housing or rapid rehousing)

- Grounds – indoor and outdoor
- Entry/entrance of the building
- Check in or sign in area
- Hallways
- Posting of evacuation plan
- Case management offices
- Storage of files
- Client units
  - Blinds/screens
  - Hot water
  - Functioning Toilets
  - Closets/storage
  - Secure unit door
  - Living space adequate for family size
  - Sleeping quarters – Where clients sleep including the ability to accommodate transgender and gender nonconforming clients as needed
  - Bathrooms- Ensure that hot water and toilets are functioning as well as the ability to accommodate transgender and gender nonconforming clients as needed.
- Posting of resources
- Communal areas

#### Scattered Site Programs

Programs that are scattered site must provide a client roster of all clients with the full address of the client and the household compositions. These sites are not required to submit a fire drill log for completed drills.

## 2. REVIEW OF FINANCIAL RECORDS

A member of TCP's Finance Department may accompany a Program Officer on a site visit. In such cases, documents that will be reviewed will be requested at least three (3) business days in advance in writing

to the provider's executive director and the finance director. Otherwise, a copy of the most recent financial audit should be provided to the visiting TCP Staff at the time of the site visit. Hard copies that can be taken by TCP staff must be provided.

### 3. REVIEW OF PROGRAM RECORDS

TCP staff may review program records during a site visit. Program files are reviewed for neatness, organization, and content. A detailed list of the items that are to be reviewed is listed below.

#### **Program Records**

- HMIS Data Entry – This will be reviewed by the TCP staff before or after the site visit or complaint/grievance investigation.
- Client roster for DHS/HUD contract – This is a list of all the clients that are in the program that are charged to the contract. This list should also include vacancies.
- Case Files – Case files are reviewed during the visit. The location and storage of the client files are viewed to ensure they are being appropriately stored as defined by the contract and mandated by all applicable and regulatory laws including. Appropriate storage of a file is to be in a locked cabinet in a locked office. The file is reviewed to ensure that signed program rules, signed reasonable accommodation notices, assessments and other program required documents are being stored within the file. The organization of the file is viewed as well as the case management plan with case notes. The file is reviewed against the organization table that is provided by the agency.
- Documentation of Services - Verification of scheduled services and services rendered to clients. This is verified through the case notes and other documents that are stored within the client file.
- Client satisfaction surveys – All collected client satisfaction surveys are not to be stored within the client files as they are done anonymously. They are to be kept in a file, binder or some other storage item separated by collection due dates. These are to be completed in February and August of the contract year.
- Housing Assessment Forms – The housing assessment form is formerly known as the home visit report. This is to be completed by providers who conduct home visits including permanent supportive housing programs and rapid rehousing programs. This two page assessment should be kept in the file of the client and submitted to TCP as guided by the contract.
- Coordinated Intake Participation Verification – Providers are required to participate in coordinated intake as required by the contract. This will be reviewed by observing intake documentation and reporting records of vacancies to TCP. Participating in coordinated intake is required by all housing providers. Please see the quoted contract language below.

“The Contractor shall participate in the District of Columbia Continuum of Care Coordinated Assessment and Housing Placement (CAHP) System to fill program vacancies. The Contractor shall ensure that vacancies are kept in a state of readiness at all times to accept new program participants. The Contractor shall report all program vacancies to the CAHP System. The contractor will accept referrals from Virginia Williams Family Resource Center, TCP, and DHS.”

#### 4. REVIEW OF ESCROW FILES

Escrow is a savings plan that is not mandated by the provider as a means of program participation. Clients may agree to participate in the provider's escrow by signing the DHS approved program rules. Escrow is not to be referred to as a fee of any kind and must be returned or issued to the client when requested and not to be used for any programming, supplies or for any other reason outside of a the savings plan as agreed by the client.

Providers are to maintain the original agreement with the client stating that they are participating in escrow savings plan. This is to be in the approved program rules. The documentation is to clearly state that this is optional and not mandatory. Providers are to also maintain transaction records documenting when a deposit or withdrawal is made into the account of the client. copies of receipts for deposits are to be maintained in both the client files and for records with accounting personnel.

Should a client be transferred or terminated from the program, a reconciliation of the client's escrow saving account is to be conducted and a withdrawal of all funds is to be conducted within 24 hours or the next business day. The funds are to be mailed to the client by certified mail to the address provided upon exit. Should no address be provided, a record of attempts to reach the client are to be maintained with the check to be issued to the client.

These records are to be maintained by both the case manager in the client file and with the finance/accounting department within the organization.

#### 4. CONTRACT DELIVERABLES

Contract deliverables are required to be submitted to TCP upon the issuance of a new contract. These are usually to be submitted within five business days of the issuance of a new contract. The deliverables are also required to be submitted for a site visit, complaint or grievance investigation or upon request. Master Deliverables ensure that a program is able to provide services legally and tier one deliverables describe how a program will function as well as how it will do so. Hard copies of all deliverables must be submitted to the TCP staff at site visits; these copies will be taken back to TCP for review and filing. Below is a complete list of deliverables with a description of each item.

Master Deliverables:

- Agency Organization Chart – This is a flow chart of all the positions within the agency outlining staff names, positions, and supervisory tracks.
- Employee Handbook/Policy and Procedures – This manual outlines the policies and procedures of the agency in which all staff, interns and or volunteers are to follow.
- Organizational Budget – This is the budget of the whole agency. This should not be mistaken for the program budget which is to be submitted as a tier one deliverable.
- Required Permits - lease, certificate of occupancy etc. – These are certificates and licensures that are provided to organizations by the government of the District of Columbia. The lease should be provided by the landlord of the property should the provider not own the building.



- Signed Certification of Fiscal Controls – This is to be signed if the program is given a contract for \$300,000.00 or more. This document can be found on the website of The Community Partnership for the Prevention of Homelessness.
- Drug-Free Work Place Policy – This document addresses the agencies agreement to remaining free of illegal drugs in the workplace.
- Required Insurance Certificates – This certificate should show the amount of insurance that the provider has. Please see you contract for the minimum amount of insurance that an agency is required to have. An insurance certificate should list The Community Partnership for the Prevention of Homelessness as the additional insured as well.
- Verification of Formerly Homeless Board or Advisory Group Member – This letter should be on agency letterhead with the name and contact information for the person that serves on the board of directors or serves as a member of an advisory group who is formerly homeless.
- Signed Audit Request Form – This form verifies that an agency has requested to be audited for the fiscal year. All providers no matter the amount of the contract should have this form signed.
- Emergency Preparedness Plan – This plan is to describe the plans in place to ensure that services can be provided in the event of an emergency. This includes but is not limited to the plan in place for tornadoes, earthquakes, flooding or fire. For more information on completing this plan, please visit (<http://community-partnership.org/providers/emergency-preparedness>)
- Blank Assessment/Screening Forms – These are all of the forms that an agency will use to provide services to the clients. This includes but is not limited to intake forms, psychosocial assessment forms, drug and alcohol screening forms or any other documents that the agency will use to assess the clients served.

#### Tier 1 Deliverables:

- Program Budget – This is the budget of the contracted amount. This is not to be mistaken for the organizational budget
- Budget Narrative – The budget narrative is a description of how the funds budgeted will be used.
- Staffing List – This is the TCP Form 905. The staffing list shows the staff that is charged to the contract, salaries and the percentages of the salaries of the staff that are charged to the contract.
- First Source Agreement – This document is to be signed if the program contract is for an amount of \$100,000.00 or more.
- Program Rules - These are the rules that the clients must adhere to while in the program. They must be approved by the Department of Human Services annually.
- Scope of Work – The scope of work outlines the nature of the work that will be completed as well as how it intends to accomplish the goals and mission of the agency.
- Program Job Descriptions – The job descriptions detail the roles and responsibilities of the persons who are working within the program and are charged to the contract.
- Property Agreements – This would be any leases, agreements for grounds maintenance or property management organizations.
- List of Safety Sensitive Positions and Results of Background Checks – The safely sensitive positions would be anyone that is working with children. Examples might include, case managers, outreach workers, or program managers. All background checks for these persons should be submitted as a deliverable. Checks should be completed annually.

- Evidence of Coordination and Collaborative Agreements – Providers are required to work with other organizations to ensure that clients are receiving adequate services. To provide evidence of this, a provider would submit a Memorandum of Understanding with a partnering agency or some other form of verification of partnership for at least one other collaborative agreement.
- Confidential File Management Procedures – This document outlines how files are to be kept confidential.
- Tuberculosis Tests – These are also called the PPD Screening. They are to be completed by a medical professional and submitted annually by each staff member working directly with the clients.

## 5. REVIEW OF PERSONNEL FILES

Personnel files are reviewed as a part of the site visit. This is to ensure that the agency is collecting and maintaining appropriate files for each employee charged to the contract. The list below outlines the items that are reviewed.

### Personnel File Review

- Background checks – Background checks required to be submitted on an annual basis are the Metropolitan Police Department and the Federal Bureau of Investigation (FBI) checks. Please keep in mind that these are to be reviewed before the date of hire to ensure that the staff member does not have a record that would prevent a person from being hired by the agency.
- TB/PPD screenings – The Tuberculosis Screening (TB or PPD) is required to be completed and submitted annually by staff members as they have been tested and reviewed by a medical professional. The screening will be valid for one year after the date of screening completion and signature from a medical professional.
- Verification of credentials - This should be a copy of the certificates, licensures, or other required credentials held by the staff members who are charged to the contract.
- Orientation dates – Records or verification of the completion of a new hire orientation.
- Job application/Resume – A copy of the application for employment that was submitted by the staff member for the position that they are in that is being charged to the contract. If the organization does not utilize applications and only collects a resume, a letter on agency letterhead signed by the human resource director and the executive director may be submitted.
- Reference Checks – These are to be completed prior to the hiring of a new staff member. Records of these should be maintained in the client file.
- Evaluations – any evaluation of employee performance should be maintained in the employee file.
- Training participation – Certificates of any training that are attended and completed should be maintained in the employee file. The required trainings listed below are to be completed annually based on the contract year and not the date of hire.
  - i. Homeless Services Reform Act (2005) Regulation Overview
  - ii. Customer Service
  - iii. Cultural Competency

- iv. Housing Quality Standards (HQS)
- v. Reasonable Accommodations and Americans with Disabilities Act Overview

Trainings that are hosted by TCP can be verified by the TCP Staff. Please provide a list of the staff members that participated in a TCP sponsored training for verification if a certificate was not provided for the staff member.

- Toxicology screenings – These screenings are to ensure that staff members are adhering to the drug free workplace statement. These can be done at random but should be completed at least one time per year. The results of the screenings should be maintained in the staff files.

## 6. STAFF INTERVIEWS

Site visits or investigations of complaints or grievances will include interview's a provider's Executive Director and ten (10) percent of staff charged to the contract. Staff members are interviewed to ensure that they are aware of the duties and responsibilities of their positions as described in the provider's position descriptions, provide feedback about daily assignments, express concerns or provide feedback of the reason of investigation. The interviews are also an opportunity for TCP to determine staff knowledge of relevant legislation and policy including but not limited to:

- HSRA,
- ADA and Reasonable Accommodations,
- Language Accessibility,
- TCP's Policy on Serving Transgender and Gender Nonconforming clients, and
- Knowledge of the provider's internal grievance policy.

Staff selected for interview is done at random and are selected by the TCP staff conducting the interview. Requests for a staff member are done based on the names submitted on the submitted staffing list (TCP form 905). Staff members are allowed to remain anonymous except when they are mentioned in a complaint or grievance that has been received by TCP.

## 7. CLIENT INTERVIEWS

During a site visit or investigation of a complaint or grievance, ten (10) percent of the clients will be interviewed. The purpose of the interview will be to assess client satisfaction with the services provided and the program facility and to provide them with the opportunity to share any other concerns. Clients will be asked if they have copies of the current program rules, know the provider's process for addressing a complaint/grievance, know with whom they can speak if they have a grievance with program staff, know with whom to speak if they have a grievance with program leadership, etc. Clients selected for interview are selected at random and are selected from the client roster submitted as a deliverable to the TCP Staff conducting the visit. Clients may provide their name for identification or remain anonymous. A local phone number will be provided for clients to participate in the site visit interviews should they not be present at the time of the visit. This number is to be provided to all clients within 24 hours of the visit. The interview line will be open for five (5) business days following the date of the site visit. The report will include the names of clients that do not wish to remain anonymous.

## 8. ANNOUNCED VISITS VS. UNANNOUNCED VISITS

Announced site visits and unannounced site visits are both done to ensure adherence to the requirements of the providers' contracts and relevant legislation and policy. All site visits will be conducted by TCP, which may be accompanied by funding agencies and other entities including but not limited to the Department of Human Services (DHS) or Housing and Urban Development (HUD).

Providers will have at least three (3) business days' notice for announced site visits. Notice will be communicated to executive director and/or program leadership, in writing by TCP Staff. The announcement will also include the items in which will be reviewed (for a full list of items that are reviewed, please see the previous sections 1-7). The executive director and/or program leadership must respond within 2 business days to confirm the visit or request that the visit be rescheduled. If a response is not received within the designated timeframe, TCP will assume confirmation and will conduct the site visit as scheduled.

TCP provides short notice of scheduled site visits, because this intent of a site visit is to observe program operations as they happen on a regular basis. In most cases rescheduling a scheduled site visit will not be permissible. However, TCP understands that there may be instances where this is necessary. Listed below are reasons that are acceptable for the request of rescheduling a site visit.

- Agency is closed
- An audit from another funding entity is being completed within two (2) weeks of the visit requested by TCP
- There will be no provider/program leadership available on the day of the visit due to scheduled leave or meeting imperative to the operation of the program.

Unannounced site visits are site visits that are conducted to monitor contract compliance without providing advance notice to the executive director and/or program leadership. Upon arrival to the program, the TCP Staff present will identify themselves and present the proper TCP identification and request to speak with the executive director and/or program leadership as well as provide an explanation of the visit. TCP Staff will coordinate with the program staff present to conduct a tour of the facility as outlined in section 1 of this document as well as a review of program records as outlined in section 3 of this document. Any documents not available or inaccessible at the time of the site visit must be submitted electronically within three (3) days of the visit.

## 9. INVESTIGATING CLIENT COMPLAINTS OR GRIEVANCES

TCP may receive a complaints or grievances from various Government agencies and offices including but not limited to the Office of the Mayor, Offices of Councilpersons, the District of Columbia Department of Human Services (DHS), other District Government Offices or Agencies, the US Department of Housing and Urban Development (HUD) or directly from clients and/or their representatives. Every complaint or

grievance is taken seriously and must be investigated by TCP as we have a responsibility to ensure that each person and their complaints are fairly and equally reviewed.

To investigate a complaint or grievance, TCP will begin an investigation within 24 hours or the next business day of the received complaint or grievance. The provider/program identified in the complaint or grievance will be contacted in writing to begin the investigation process. The communication will advise the provider/program of the grievance and request a written statement in response to the allegations in the grievance. The executive director and/or program leadership will need to respond to the communication within three (3) business days in writing providing supporting documentation as necessary or requested. Upon receipt and review of the submitted response and documentation, TCP will advise the provider whether or not the submission adequately addresses the allegations or if any further action is required. If the submission does not adequately address the allegations and/or if a formal investigation into the allegations is necessary, TCP will communicate next steps and the name of the TCP Staff person who will be conducting the investigation.

Please note that a site visit conducted to investigate of a complaint or grievance may be announced or unannounced. This type of site visit may require additional interviews with clients and/or staff.

#### 10. SITE VISIT DEBRIEF AND WRITTEN REPORT

Site visits are followed by debriefing meetings with the executive director and/or program leadership. The debriefing meeting may happen on the same day as the site visit or on a day following the site visit a mutually agreeable time. During the debriefing meeting, the observations and findings are discussed with the executive director and/or program leadership. A written report will be provided within 2 weeks of completing the visit and returned to the provider. The written report will include findings as well as any action items and their due dates.

#### 11. DESK AUDITS

A desk audit is a form of contract monitoring that is conducted without TCP staff visiting a program site or administrative office. Desk audits are as consequential as site visits as corrective actions can result from this type of contract monitoring. A desk audits can be conducted with or without an announcement to the executive director or program leadership. The list below outlines the information that is reviewed in a desk audit.

- Master Contract Deliverables - (please see the information listed in section four (4) of this document to see the full list of these items)
- Tier One Contract Deliverables - (please see the information listed in section four (4) of this document to see the full list of these items)
- Budgeting and Invoicing Documents
- HMIS Records

- i. Data Completeness and Congruity
- ii. Case Plans
- iii. Case Notes
- iv. Action Steps

The executive director/program leadership will receive a written notice that a desk audit has been conducted with the date in which it was completed within three (3) business days of the completion of the audit. Findings of desk audits will be communicated to the executive director and/or program leadership within two (2) weeks of completion of the audit in the form of a formal report.