



The Community Partnership
For The Prevention
of Homelessness

THE COMMUNITY PARTNERSHIP FOR THE PREVENTION OF HOMELESSNESS

TCP PROGRAM SITE VISIT REPORT (Low Barrier Shelters)

Provider Name:

Contract Number:

Contract Period:

Program Name (s):

Program Type:

Capacity:

Target Population:

Maximum Length of Stay:

Contact Person (s)/Title:

Address:

Phone:

Email Address:

Date/Time of Visit:

TCP Staff Conducting Visit:

Visited Site Staff Present:

I. Purpose of visit:

Routine Site Visit

Unusual Incident Report

Client Complaint

Failure to Report Required Information

Failure to Comply with Corrective Action Plan

Other: _____

II. Summary of Visit

III. Master Contract Deliverables

Did the provider supply the listed master contract deliverables at the time of review?

	Yes	No	Notes
Agency Organization Chart	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Handbook/Policy Procedures	<input type="checkbox"/>	<input type="checkbox"/>	
Organizational Budget	<input type="checkbox"/>	<input type="checkbox"/>	
Property Agreements	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator Operation Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Signed Certification of Fiscal Controls	<input type="checkbox"/>	<input type="checkbox"/>	
Drug-Free Work Place Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Verification of Formerly Homeless Board Advisory Group Member	<input type="checkbox"/>	<input type="checkbox"/>	
Board of Director President and Executive Director signature Verification Sheet	<input type="checkbox"/>	<input type="checkbox"/>	

Signed Audit Request Form (297 form)	<input type="checkbox"/>	<input type="checkbox"/>	
Completed Previous Fiscal Year Audit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Blank Assessment/Screening Forms	<input type="checkbox"/>	<input type="checkbox"/>	
First Source Agreement	<input type="checkbox"/>	<input type="checkbox"/>	
Certificate of Good Standing	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Based Paint Disclosure Form	<input type="checkbox"/>	<input type="checkbox"/>	
Business License	<input type="checkbox"/>	<input type="checkbox"/>	
Certificate of Occupancy	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Preparedness Plan	<input type="checkbox"/>	<input type="checkbox"/>	
ACH Enrollment-Change Form	<input type="checkbox"/>	<input type="checkbox"/>	

IV. Tier One Deliverables

Did the provider supply the listed tier one contract deliverables at the time of review?

	Yes	No	Notes
Signed Contract	<input type="checkbox"/>	<input type="checkbox"/>	
Initial Budget	<input type="checkbox"/>	<input type="checkbox"/>	
Budget Narrative	<input type="checkbox"/>	<input type="checkbox"/>	
Staffing List	<input type="checkbox"/>	<input type="checkbox"/>	
Payroll Calendar/Schedule	<input type="checkbox"/>	<input type="checkbox"/>	
Program Rules	<input type="checkbox"/>	<input type="checkbox"/>	
Scope of Work	<input type="checkbox"/>	<input type="checkbox"/>	
Program Job Descriptions	<input type="checkbox"/>	<input type="checkbox"/>	
Personnel Protected Information Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Safety Inspections Forms	<input type="checkbox"/>	<input type="checkbox"/>	
Staffing List of Safety Sensitive Positions	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of Coordination Agreements	<input type="checkbox"/>	<input type="checkbox"/>	
Program Staff Information Form	<input type="checkbox"/>	<input type="checkbox"/>	
Confidential File Management Procedures	<input type="checkbox"/>	<input type="checkbox"/>	

V. Staff Requirements and Personnel Files

Frontline Staff Training (excluding maintenance staff):

Staff Name	Title	Number of Trainings Completed	Notes

Do the personnel files contain verification of the following:

	Yes	No	Notes
A. Application or Resume	<input type="checkbox"/>	<input type="checkbox"/>	
B. Orientation Verification	<input type="checkbox"/>	<input type="checkbox"/>	
C. Description of Duties Signed at Hire and Annually	<input type="checkbox"/>	<input type="checkbox"/>	
D. Completed Reference Checks	<input type="checkbox"/>	<input type="checkbox"/>	
E. MPD Background Check	<input type="checkbox"/>	<input type="checkbox"/>	
F. FBI Background Check	<input type="checkbox"/>	<input type="checkbox"/>	
G. Current TB Screenings	<input type="checkbox"/>	<input type="checkbox"/>	
H. Current toxicology screenings	<input type="checkbox"/>	<input type="checkbox"/>	
I. Performance evaluations within the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	

VI. Staff Interview

Summarize the staff interview (s) below.

VII. Fire Drill Protocols

Does the provider have a fire drill book?

Yes No

Does the provider conduct fire drills every thirty (30) days?

Yes No

Indicate date of last fire drill logged below:

Does the provider have properly functioning fire extinguishers?

Yes No

Indicate date of the most recent fire extinguisher service below:

Does the provider have emergency evacuation routes posted and visible?

Yes No

Does the provider have an exit sign at all exits?

Yes No

If yes, do electrical exit signs have working light bulbs?

Yes No

Does the provider have maintenance service records?

Yes No

Does the provider have pest control records?

Yes No

If yes, please indicate last date of service for unit/building below:

Does the provider have the "Interpreter Services Available", Desktop Displays posted and visible in intake and/or communal areas?

Yes No

Is the site in which services are rendered handicapped accessible?

Yes No

Please explain observations below:

VIII. Client Files

Does each client on the roster have a case file?

Yes No

Client ID:	Yes	No	N/A	Notes
A. Does the client have an emergency contact listed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Are there a set of signed program rules in the client file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Does the provider maintain a record of all transactions of the client escrow savings plan within the client file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Does the files of the client contain the most recent VI-SPAT or TAY VI-SPDAT completed for the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Is there a signed confirmation of receipt for the Reasonable Accommodations brochure in the file of each client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Does the client file contain evidence provider participate in the Coordinated Assessment and Housing Placement System?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Are unit inspection documents included in the client's file? (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Client ID:	Yes	No	N/A	Notes
A. Does the client have an emergency contact listed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Are there a set of signed program rules in the client file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Does the provider maintain a record of all transactions of the client escrow savings plan within the client file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Does the files of the client contain the most recent VI-SPAT or TAY VI-SPDAT completed for the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Is there a signed confirmation of receipt for the Reasonable Accommodations brochure in the file of each client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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G. Are unit inspection documents included in the client's file? (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IX. Service delivery and Case Management

Does the provider offer support services? Services include but are not limited to case management, job referrals, housing placements, benefit assistance, and referrals to health and mental health services?

Yes No

Does the provider maintain documentation of delivery of on-site services (sign in/out sheets to on-site programs, case files etc.)?

Yes No

Does the provider maintain files in a double locked setting?

Yes No

Does the provider give the client a means to provide feedback about the program and other services?

Yes No

Indicate how the provider extends the opportunity to give feedback on programs and services. Provide the date of last Client Satisfaction Survey.

X. HMIS

Does the provider maintain client information in HMIS?

Yes No

Are all clients on the program's roster in HMIS?

Yes No

Does the provider have 90% data completion in HMIS?

Yes No

Please complete the following information for the clients reviewed as documented in HMIS:

Client ID	Goals			Action Steps		Case Notes					
	# of Active Goals	Dates of Active Goals	If Temp/TH, Income & Perm. Housing Goals			Action Steps Present	Dates of Last Action Steps	Case Notes Present	Dates of most recent Case Notes		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Client ID	Goals			Action Steps				Case Notes			
	# of Active Goals	Dates of Active Goals	If Temp/TH, Income & Perm. Housing Goals	Action Steps Present		Dates of Last Action Steps	Case Notes Present		Dates of most recent Case Notes		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Client ID	Goals			Action Steps				Case Notes			
	# of Active Goals	Dates of Active Goals	If Temp/TH, Income & Perm. Housing Goals	Action Steps Present		Dates of Last Action Steps	Case Notes Present		Dates of most recent Case Notes		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

XI. Client Interviews

Summarize the client interview (s) below

XII. Findings of Visit

XIII. Corrective Action Plan Needed

Description of Deficiency	Reference	Date Due

Report Completed By: _____

Signature: _____ Date: _____

Report Reviewed By: _____

Signature: _____ Date: _____

