



The Community Partnership
For The Prevention
of Homelessness

THE COMMUNITY PARTNERSHIP FOR THE PREVENTION OF HOMELESSNESS

TCP PROGRAM SITE VISIT REPORT (Site Based Programs)

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

| |
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| |
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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 type="checkbox"/> | |
| Blank | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | |
|----------------------------------|--------------------------|--------------------------|--|
| Assessment/Screening Forms | | | |
| 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"/> | |

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. Unit Inspections

How often are unit inspections completed?

Indicate evidence that the provider conducts unit inspections of all client units and the frequency in which they are conducted below. Please provide dates of the last 3 unit inspections conducted for clients' files reviewed.

VIII. Fire Drill Protocols

Does the provider have a fire drill book?

Yes No

If no, please explain below:

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

If yes, please indicate last date of service or attempted service for unit or building below.

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:

IX. 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| H. Does the client's file contain updated HMIS case notes? | <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"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| H. Does the client's file contain updated HMIS case notes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

X. 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.

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XI. 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 | |

XII. Escrow Savings

Does the DHS Approved Program Rules state that the collection of escrow is allowed?

Yes No

Does the provider collect escrow savings for program participants?

Yes No

If yes, describe where the client funds are stored, the process for clients access funds deposited, and who is responsible for overseeing the account below.

Has the provider given a copy of the guidelines complete with client signature of the escrow savings plan?

Yes No

Is there a reconciliation process?

Yes No

If so, indicate how often reconciliation takes place and the staff person responsible for conducting reconciliation below.

XIII. Client Interviews

Summarize the client interview (s) below

XIV. Findings of Visit

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| |
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XV. Corrective Action Plan Needed

| Description of Deficiency | Reference | Date Due |
|---------------------------|-----------|----------|
| | | |

Report Completed By: _____

Signature: _____ **Date:** _____

Report Reviewed By: _____

Signature: _____ **Date:** _____

Client Interview

Name of Client (optional): _____

Date of Interview: _____

1. Do you know how to request a reasonable accommodation?

2. Do you know how to file a complaint??

3. What is the name of your case manager?

4. Do you meet with case management? If so how often?

5. Are there services that you need that are not provided?

6. What are the things that you like about the program?

7. What are the things that you do not like about the program?

8. Are there any other comments that you would like to make about the program?

9. Does your program offer/serve meals?

10. If so, how do you feel about the food being served/offered?

Staff Interview

Name of Staff Member (optional): _____

Date of Interview: _____

1. How long have you been an employee with the agency?

2. Have you attended trainings for The Community Partnership and Department of Human Services within the last year?

3. Are you aware of the policy on serving transgender and gender nonconforming clients? If so, Please describe the policy.

4.
 - a. Please describe your reasonable accommodations policy?

 - b. Please explain how you would handle a reasonable accommodation that you may not be able to grant.

5. How does the program receive clients?

6. Please provide a brief statement about your understanding of the Language Access Act 2004.

- 7. How would you assist a non-English speaking client?**

- 8. Please provide a brief statement about your understanding of the Youth Bullying Prevention Act of 2012.**

- 9. Does your program offer meals/food to clients?**

- 10. If so, what is your program's process for keeping track of clients who have food allergies?**

Facility and Unit Inspection Form

Program Name:

Program Type:

Inspection Date:

| |
|----------------------------------------------------------------------------------------------|
| Code: A = Acceptable M = Maintenance Needed R = Requires immediate attention |
|----------------------------------------------------------------------------------------------|

| Room/Area | Comment | A | M | R |
|---------------------------------|----------------|----------|----------|----------|
| <u>Property/grounds:</u> | | | | |
| Grass | | | | |
| Trash Receptacles | | | | |
| Walk ways | | | | |
| Entry | | | | |
| Sign In/Check In Location | | | | |
| Laundry | | | | |
| File storage area | | | | |
| Staff offices | | | | |
| Communal areas | | | | |
| | | | | |
| | | | | |
| ROOM | COM | A | M | R |
| <u>Kitchen:</u> | | | | |
| Ceiling | | | | |
| Doors | | | | |
| Walls | | | | |
| Floors | | | | |
| Window | | | | |
| Stove | | | | |
| Refrigerator | | | | |
| Sink | | | | |
| Electrical Fixtures | | | | |
| Cabinets | | | | |
| <u>Bathroom:</u> | | | | |
| Doors | | | | |
| Walls | | | | |
| Ceiling | | | | |
| Floor | | | | |
| Toilet | | | | |
| Basin | | | | |
| Mirrors | | | | |
| Towel Bars | | | | |
| Fans | | | | |
| Tub/Shower | | | | |
| GFI Fixtures | | | | |

| | | | | |
|----------------------------|--|--|--|--|
| Window | | | | |
| <u>Living Room:</u> | | | | |
| Doors | | | | |
| Walls | | | | |
| Ceiling | | | | |
| Floor | | | | |

| | | | | |
|------------------------------|--|--|--|--|
| Electrical Fixtures | | | | |
| Window | | | | |
| Other | | | | |
| <u>Room #1:</u> | | | | |
| Doors | | | | |
| Walls | | | | |
| Ceiling | | | | |
| Floor | | | | |
| Electrical Fixtures | | | | |
| Closets | | | | |
| Window | | | | |
| Other | | | | |
| <u>Room #2:</u> | | | | |
| Doors | | | | |
| Walls | | | | |
| Ceiling | | | | |
| Floor | | | | |
| Electrical Fixtures | | | | |
| Closets | | | | |
| Window | | | | |
| Other | | | | |
| <u>Room #3:</u> | | | | |
| Doors | | | | |
| Walls | | | | |
| Ceiling | | | | |
| Floor | | | | |
| Electrical Fixtures | | | | |
| Closets | | | | |
| Window | | | | |
| Other | | | | |
| <u>Room #4:</u> | | | | |
| Doors | | | | |
| Walls | | | | |
| Ceiling | | | | |
| Floor | | | | |
| Electrical Fixtures | | | | |
| Closets | | | | |
| Window | | | | |
| Other | | | | |
| <u>Miscellaneous:</u> | | | | |
| Screens | | | | |
| Storm Windows | | | | |
| Porch | | | | |
| Stairs | | | | |
| Smoke Alarm | | | | |
| Fire Extinguisher | | | | |
| Thermostat | | | | |
| Other | | | | |

