



The Community Partnership
For The Prevention
of Homelessness

THE COMMUNITY PARTNERSHIP FOR THE PREVENTION OF HOMELESSNESS

TCP Monitoring Tool for Security Providers

Provider Name:

Contract Number:

Contract Period:

Contact Person (s)/Title:

Address:

Phone:

Email Address:

Date/Time of Audit:

TCP Staff Completing Audit:

I. Type of Audit:

Site Visit

Desk/Virtual
Audit

II. Purpose of Audit:

Routine
Annual Audit

Unusual
Incident Report

Client/Provider complaint

Failure to
Report Required
Information

Failure to
Comply with
Corrective
Action Plan

Other: _____

III. Summary of Audit

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IV. Provider Scope of Work:

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V. Deliverables

Were the following deliverables submitted by the Security Provider:

	Yes	No	Notes
Agency Organization Chart	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Handbook Policy/Procedure	<input type="checkbox"/>	<input type="checkbox"/>	
Quality Control Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Post Orders for each Facility	<input type="checkbox"/>	<input type="checkbox"/>	
Special Police Officer Licenses	<input type="checkbox"/>	<input type="checkbox"/>	
Blank Incident Report Form	<input type="checkbox"/>	<input type="checkbox"/>	
Certificate of Good Standing	<input type="checkbox"/>	<input type="checkbox"/>	
Business License	<input type="checkbox"/>	<input type="checkbox"/>	
ACH Enrollment-Change Form	<input type="checkbox"/>	<input type="checkbox"/>	
Staffing List (TCP 905 Form)	<input type="checkbox"/>	<input type="checkbox"/>	
Non Fraternalization Policy	<input type="checkbox"/>	<input type="checkbox"/>	

VII. Personnel Files

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"/>	

VIII. Operational Protocols

1. What site(s) does your agency provide services to?

2. How many work shifts does your agency have? What are the times of each shift?

3. How many officers are stationed at each site per shift?

4. Please explain how your agency handles staff shortages.

5. Please explain your security officers' processes for screening visitors that enter shelter sites.

6. Please explain your security officers' responsibility with package inspections.

7. What is expected of security officers when completing rounds around an assigned site? What is observed when completing a round? How often are officers required to complete rounds?

8. What is security officers' role in handling residents/clients that may be a safety threat? (i.e a resident that may have a weapon, a resident that is making threats in the shelter..etc)

<input type="text"/>	<input type="text"/>
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9. Please explain your method of evaluating and/or observing the performance of your security officers while on duty to ensure satisfactory job performance. How often are performance evaluations completed?

10. Please explain the process of handling security officers with unsatisfactory job performance.

11. Please explain your agency's process in ensuring that security officers are staying up to date with completing required TCP trainings.

IX. Staff Interview

Summarize the staff interview (s) below.

X. Findings of Audit

XI. Corrective Action Plan Needed:

Is a Corrective Action Plan (CAP) being issued?

Yes No

Description of Deficiency/Items to be Returned	Date Due

Report Completed By: _____

Signature: _____ Date: _____

Report Reviewed By: _____

Signature: _____ Date: _____

Security Officer Interview Tool

Name of Security Officer (optional): _____

Date of Interview: _____

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

2. What shift do you work?

3. How many trainings for The Community Partnership and Department of Human Services have you completed within the past year?

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

5. Please explain the requirements of security officers as outlined in the post orders.

6. Please explain your responsibility with handling client/resident altercations.

7. Please explain your responsibility with handling clients/residents that are experiencing a medical emergency or mental health crisis.

- 8. What is the process for documenting unusual incidents that occur on site?**

- 9. Are you knowledgeable about the locations of first aid kits, fire extinguishers, fire alarms and emergency exits on site?**

- 10. Please explain the process for screening visitors at your assigned site.**