



The Community Partnership  
For The Prevention  
of Homelessness

# **THE COMMUNITY PARTNERSHIP FOR THE PREVENTION OF HOMELESSNESS**

## **PROGRAM DESK AUDIT REPORT**

**Contractor Name:**

**Contract Period:**

**Contract Number:**

**Program Name (s):**

**Program Type:**

**Capacity:**

**Target Population:**

**Site Based or Scattered Site Program:**

**Contact Person (s)/Title:**

**Email Address:**

**Program Address:**

**Phone:**

**Date that audit started:**

**Date of audit completion:**

**TCP Staff/Title(s) Conducting Audit:**

**Reason for Desk Audit:**

- Annual Audit       Complaint/Investigation       CAP Follow UP       Other

If other, please describe below.

**Provider Scope of Work:**

**I. Contract Deliverables, Payment Clearance and General Administrative**

- A. Is the provider missing Master Deliverables?       Yes       No

If yes, note the missing deliverables below.

- B. Is the provider missing Tier One Deliverables?       Yes       No

If yes, note the missing deliverables below.

- C. Is payment to this contract currently being withheld?       Yes       No

If yes, please note the reason for the withholding of payment.

**II. First Source Reporting Compliance**

Contracts totaling \$300,000.00 or greater are required to comply with First Source reporting. TCP requires its subcontractors to enroll in the Department of Employment Services (DOES) First Source Online Registration and Reporting System (FORRS) and comply with monthly reporting. Providers are required to complete a new Non-Construction First Source Agreement for each contract period and submit the completed agreement to DOES via the following email address: [firstsource@dc.gov](mailto:firstsource@dc.gov)

Instructions for registering/enrolling in the FORRS system can be found on TCP's website under the Contract Deliverables Tab.

- A. Contract Amount:  
B. First Source Compliance Required?  
 Yes       No

- C. Has the provider submitted a completed Non-Construction First Source Agreement to the DOES?  
 Yes             No
- D. Has the provider been enrolled in the FORRS system?  
 Yes             No
- E. Has the provider received an executed agreement back from the DOES for the identified contract?  
 Yes             No
- F. Has the provider provided a copy of the Detailed Cumulative Statistics Report from the FORRS system to confirm monthly reporting for the past three months for the identified contract?  
 Yes             No
- G. Does the report submitted indicate a percentage of 51% or higher of its employees being DC residents?  
 Yes             No

**Notes:**

**III. Employee Training Compliance**

For the purpose of this audit, TCP staff has requested a copy of the Training Transcript that outlines the TCP required trainings that have been completed during the current contract period for approximately 10% of the employees that are included on your program’s submitted Staffing List (905 Form) and charged to your TCP issued contract. Training Transcripts were collected for the below employee(s):

Name of Employee	Number of trainings completed out of the ____ required trainings	Trainings that were completed

**IV. Data Completion in the Homeless Management Information System (HMIS)**

Per your TCP issued contract, each TCP funded program is required to enter data into the HMIS for each client/household served in the program. In an effort to ensure data completeness in the HMIS for your program, TCP pulled the **0640 Data Completeness Report** in the HMIS and noted the following:

**\*Please note that a copy of the 0640 Data Completeness Report will be provided to you via email along with TCP’s completed Desk Audit Report.**

- 1. Does the provider have any Data Completeness errors?                             Yes             No
- 2. Please include the error percentage rates for each Data Element noted above:

Data Element	Error Percentage Rate
Name	
Social Security Number	
Date of Birth	
Race	
Ethnicity	
Gender	
Veteran Status	
Project Entry Date	
Relationship to Head of Household	

Disabling Condition	
Income and Sources at Entry	

**\*Please note that if Data Completeness errors were identified and noted above, these errors can be rectified by ensuring that information is present in the HMIS for the identified Data Elements for all program participants. If there was an error identified regarding head of household, please ensure that the head of household is clearly indicated in the HMIS for each family/client served in your program.**

**V. HMIS/Case Planning**

Client ID Number	Goals			Action Steps		Case Notes			
	# of Goals that are in Progress	Goal Classifications	Goal Description Present? Y/N	Are there Action Steps in Progress?		Target Dates for Most Recent Action Steps	Case Notes Present?		Dates of Most recent Case Notes
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Observations:**

**1. Goal Classification:**

- A. What is the target date for this goal?
- B. Is this goal in progress past the listed target date?
  - Yes     No
- C. Are case notes entered at minimum once per month for this goal?
  - Yes     No
- D. Are the case notes present for this goal clear and descriptive?
  - Yes     No
- E. Are the action steps in progress past the listed target date for this goal?
  - Yes     No
- F. Do all closed action steps include an outcome?
  - Yes     No

<b>Additional Notes:</b>
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**2. Goal Classification:**

- A. What is the target date for this goal?
- B. Is this goal in progress past the listed target date?
  - Yes     No
- C. Are case notes entered at minimum once per month for this goal?
  - Yes     No

D. Are the case notes present for this goal clear and descriptive?

Yes  No

E. Are the action steps in progress past the listed target date for this goal?

Yes  No

F. Do all closed action steps include an outcome?

Yes  No

**Additional Notes:**

**3. Goal Classification:**

A. What is the target date for this goal?

B. Is this goal in progress past the listed target date?

Yes  No

C. Are case notes entered at minimum once per month for this goal?

Yes  No

D. Are the case notes present for this goal clear and descriptive?

Yes  No

E. Are the action steps in progress past the listed target date for this goal?

Yes  No

F. Do all closed action steps include an outcome?

Yes  No

**Additional Notes:**

**4. Goal Classification:**

A. What is the target date for this goal?

B. Is this goal in progress past the listed target date?

Yes  No

C. Are case notes entered at minimum once per month for this goal?

Yes  No

D. Are the case notes present for this goal clear and descriptive?

Yes  No

E. Are the action steps in progress past the listed target date for this goal?

Yes  No

F. Do all closed action steps include an outcome?

Yes  No

Additional Notes:

**VI. Housing Assessments/ Inspections**

*Housing Participant and Assessment Reports:*

Are Housing Participant and Assessment Reports (HPARs) completed for the clients audited on a monthly basis? **Please note that the completion of HPARs are only required for scattered site programs.**

Yes     No     N/A

Client's ID Number	Dates of the three most recent submitted HPARs via the Qualtrics Database	Notes

*Housing Quality Standard Inspections:*

Were updated Housing Quality Standard (HQS) Inspection Reports provided for the clients audited? Please note that the completion and submission of HQS Inspections are only required for scattered site programs and/or programs in which TCP provides leasing/rental dollars. Please be advised that HQS Inspections are required at the time in which a client moves into the unit and annually thereafter.

Yes     No     N/A

Client's Name	Client's ID Number	Client's Address	Date of most recent HQS Inspection	Pass or Fail

## VII. Virtual Audit Checklist

Was the Scattered Site Program Virtual Audit Checklist completed and submitted by the provider?

Yes     No     N/A

Date of Submission: \_\_\_\_\_

## VIII. Audit Findings

### **Audit Summary:**

For the purposes of this audit, 10% of the client roster for **[insert provider and program name]** was selected at random and viewed in the Homeless Management Information System (HMIS) in an effort to ensure compliance with the HMIS, Case Planning and HMIS Data Completion requirements outlined in contract, **[insert contract number]**. This audit also included...**[Include additional items that were reviewed...HQS Inspections, First Source Reporting compliance, distribution of program rules, HPAR compliance, etc. TCP staff found the following:**

### **Contract Deliverable Submission:**

### **First Source Reporting Compliance:**

TCP finds that **[enter provider name]** has or has not submitted a completed Non-Construction First Source Agreement to the DOES for contract, **[insert contract number]**. This contract **has or has not** been enrolled in the First Source Online Registration and Reporting System (FORRS). **[Insert provider name] has or has not yet** received an executed agreement back from DOES for contract, **[insert contract number]**.

Per the submitted Detailed Cumulative Statistics Report, contract, **[enter contract number]** is or is **not** in compliance with monthly reporting as the report **does or does not show** consistent reporting over the past three months: **[enter past three months in which compliance with reporting was reviewed]**. Per the Detailed Cumulative Statistics Report, contract, **[enter contract number]** is or is **not** in compliance with First Source regulations as the report **does or does not** indicate that 51% or more of its employees are DC residents.

### **Training Compliance:**

In an effort to ensure compliance with the training requirements outlined in contract, **[include contract number]**, TCP staff requested a copy of the Training Transcript that outlines the TCP required trainings that have been completed during the current contract period for the below employee(s) that are included on your program's submitted Staffing List (905 Form) and charged to your TCP issued contract:

It was observed that the identified employee(s) completed a total of \_\_\_\_ out of the \_\_\_\_ required trainings that are outlined in your TCP issued contract. TCP finds that **[enter provider's name and program] is or is not** currently in compliance with the training requirements outlined in contract, **[enter contract number]** as all employees charged to the contract are required to complete all contract required trainings by the end of the contract period. Please note that **[enter provider's name]** may be required to provide TCP with evidence that all staff charged to contract, **[enter contract number]** has successfully completed all contract required trainings at the end of the contract period. Per contract, **[enter contract number]**, the below trainings are required: **[enter the required trainings as outlined in this particular contract]**.

#### **Data Completion in HMIS:**

The below Data Completeness Errors were observed in the HMIS during this audit:

[List Data completeness errors]

**\*Please note that if Data Completeness errors were identified and noted above, these errors can be rectified by ensuring that information is present in the HMIS for the identified Data Elements for all program participants. If there was an error identified regarding head of household, please ensure that the head of household is clearly indicated in the HMIS for each family/client served in your program.**

**\*If there were no Data Completeness Errors identified, please use the following verbiage**

**"[Enter Program Name] had no Data Completeness Errors in the HMIS at the of review."**

#### **HMIS/Case Planning**

After review of the case plans in the HMIS for the audited clients, TCP staff observed the following:

- **Goals: Goals must be updated or closed as necessary based on the individual's or family progress. All goals must contain a target date which indicates when the household can be expected to complete the goal.**
  - [Include observations and explanation]
- **Case Notes: Case notes must be updated, at minimum, one time per month, per active goal in the case plan.**
  - [Include observations and explanation]
- **Action Steps: Each goal must contain at least one action step. Action steps must be updated or closed whenever a task is completed by the household. All action steps must include a target date which indicates when the household can be expected to complete the action step.**
  - [Include observations and explanation]



**Housing and Participant Assessment Reports (HPAR) Compliance**

In an effort to ensure compliance with the completion and submission of HPARs, TCP staff pulled the three most recent HPARs submitted via the Qualtrics Database for the following program participant(s):

Client's ID Number	Dates of the three most recent submitted HPARs via the Qualtrics Database	Notes

TCP finds that **[enter provide and program name]** is or is not in compliance with monthly HPAR completion and submission.

**Housing Quality Standard (HQS) Inspections**

In an effort to ensure compliance with the completion of HQS Inspections for the units of participants within your program, TCP staff requested copies of the most recent HQS Inspection Reports for the units of the following program participants and noted the following:

Client's Name	Client's ID Number	Client's Address	Date of most recent HQS Inspection	Pass or Fail

TCP finds that **[enter provider and program name]** is or is not in compliance with the completion of HQS Inspections.

**Scattered Site Program Virtual Audit Checklist**

On **[include date that Virtual Audit Checklist was sent to the provider]**, the Scattered Site Program Virtual Audit Checklist was sent via email to **[enter provider's name]** for completion. The completed Virtual Audit Checklist was sent back to TCP staff via email on **[enter the date that the checklist was sent back TCP]**. Per the information provided on the Virtual Audit Checklist as well as the supporting pictures provided, TCP found the following:

Required Poster Displayed/ Contractual Requirement	Evidence of Compliance Provided Y/N	Notes
Presence of fire extinguishers in the office space and fire extinguisher servicing		

Presence of Emergency Evacuation routes		
Exit Signs posted on all exits		
Presence of the “Interpreter Services Available” poster displayed at the front desk as well as the areas used for client intakes		
Presence of the client “Confidentiality Statement” poster displayed in the office space		
“ADA” poster displayed in both English and Spanish		
Presence of the “How to File a Complaint” poster displayed in the office space		
Handicap Accessibility		
Presence of the “Living Wage Acknowledgement” poster displayed in the office space		
The storage of client files in a double locked setting		
The means to provide program participants with an opportunity to provide program feedback		
Evidence of COVID 19 Guidelines displayed throughout the facility		

Based on the findings from this audit, The Community Partnership for the Prevention of Homelessness (TCP) finds that **[Provider Name]** is currently deficient in one or more areas outlined in contract, **[Contract Number]** and is therefore being placed on a Corrective Action Plan (CAP). Please be advised that all items included in the CAP are required to be submitted and/or corrected by the designated due date in effort to prevent the issuance of a Deficiency Notice and interruption with contract payments.

**IX. Corrective Action Plan**

Is a corrective action plan (CAP) being issued?

Yes

No

If yes, please outline the plan below:

Description of Deficiency/Items to Be Returned	How Item can be returned to TCP	Due Date

***Please be advised that if a corrective action plan is issued, payments on the contracts noted may be withheld for failure to submit requested documents, make required changes or updates by the stated deadlines in this report.***

Report Completed By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Report Reviewed By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_