



The Community Partnership  
For The Prevention  
of Homelessness

*THE COMMUNITY PARTNERSHIP  
FOR THE PREVENTION OF HOMELESSNESS*

*PROGRAM SITE VISIT REPORT*

Contractor Name:

Contract Period:

Contract Number:

Program Name (s):

Program Type:

Capacity:

Target Population:

Contact Person (s)/Title:

Email Address:

Program Address:

Phone:

Date of Site Visit:

Names/titles of program staff that facilitated the visit:

TCP Staff/Title(s) Conducting Audit:



**Purpose of visit:**

- Annual Audit       Complaint/Investigation       CAP Follow UP       Other

If other, please describe below.

**Provider Scope of Work:**

**I. Summary of Visit**

The Community Partnership for the Prevention of Homelessness (TCP) conducted an announced annual site visit of [enter provider name]'s [enter program name] program located at [enter program site address]. The visit was conducted on [enter date that visit was completed] at [enter the time that the visit was completed a.m./p.m.]. The site visit of [enter program name] was completed by [enter the names and titles of all TCP staff that completed the site visit]. The site visit was facilitated by the following program staff: [enter the names and titles of all program staff that facilitated the visit].

The site visit of [enter program name] consisted of [summarize in detail what the visit consisted of. What was the order of the visit? What did you do first? (i.e. tour the facility, review client files?..etc). How did the visit end?] **\*If client and personnel files were reviewed, please indicate the number of files that were reviewed. Be sure to also include the number of staff members that were interviewed as well as the number of clients interviewed.**

At the conclusion of the site visit, TCP staff met with [enter the names and titles of the program staff that you met with to conclude the visit] to debrief and to discuss observations and findings from the visit.

**II. 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.*

### III. 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:

### IV. Employee Training Compliance

During the visit at your program site, TCP staff requested to view the Training Transcripts for the below employee(s):

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

**V. Personnel File Review**

During the visit at your program site, TCP staff reviewed the personnel files of 10% of the employees that are included on your program’s Staffing List. The following was observed:

*Employee Name/Title:*

Document	Present in employee’s file? Y/N
Updated government issued ID	
Completed Background checks (Both FBI and MPD annually).	
Child and Family Services Agency (CFSA) Child Protection Register (required for programs working with children	
National Sex Offender Registry	
TB/PPD Screening Results (required annually)	
Toxicology Screenings (require annually)	
Verification of Credentials (i.e degrees, high school diplomas, certifications..etc)	
Confirmation that the employee has completed orientation	
Completed job application or resume	
Completed reference checks	
Performance Evaluations completed during the past 12 months	
Training Transcripts	

*Employee Name/Title:*

Document	Present in employee’s file? Y/N
Updated government issued ID	
Completed Background checks (Both FBI and MPD annually).	
Child and Family Services Agency (CFSA) Child Protection Register (required for programs working with children	
National Sex Offender Registry	

TB/PPD Screening Results (required annually)	
Toxicology Screenings (require annually)	
Verification of Credentials (i.e degrees, high school diplomas, certifications..etc)	
Confirmation that the employee has completed orientation	
Completed job application or resume	
Completed reference checks	
Performance Evaluations completed during the past 12 months	
Training Transcripts	

*Employee Name/Title:*

Document	Present in employee's file? Y/N
Updated government issued ID	
Completed Background checks (Both FBI and MPD annually).	
Child and Family Services Agency (CFSA) Child Protection Register (required for programs working with children	
National Sex Offender Registry	
TB/PPD Screening Results (required annually)	
Toxicology Screenings (require annually)	
Verification of Credentials (i.e degrees, high school diplomas, certifications..etc)	
Confirmation that the employee has completed orientation	
Completed job application or resume	
Completed reference checks	
Performance Evaluations completed during the past 12 months	
Training Transcripts	

## VI. Client File Review

During the visit at your program site, TCP staff reviewed the files of 10% of the clients included on your program's client roster. The following was observed:

Does each client on the roster have a case file?  Yes  No

*If no, please indicate the clients that are included on the client roster that does not have a case file:*

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*Client File Review:*

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's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Does the client's file include a signed copy of the Bullying Prevention Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Does the provider maintain a record of all transactions of the client's escrow savings plan within the client's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Does the file of the client contain the most recent completed VI-SPAT, F-SPDAT or TAY VI-SPDAT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Is there a signed confirmation of receipt for the Reasonable Accommodations brochure in the client's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Are reasonable accommodation requests/approved reasonable accommodations stored in the client's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H. Are unit/room inspection documents included in the client's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I. Are referrals/resources provided to the client stored in the client's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J. Does the client's file include any rule violation notices, warning letters, behavioral contracts..etc.?	<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's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Does the client's file include a signed copy of the Bullying Prevention Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Does the provider maintain a record of all transactions of the client's escrow savings plan within the client's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Does the file of the client contain the most recent completed VI-SPAT, F-SPDAT or TAY VI-SPDAT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



F. Is there a signed confirmation of receipt for the Reasonable Accommodations brochure in the client's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Are reasonable accommodation requests/approved reasonable accommodations stored in the client's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H. Are unit/room inspection documents included in the client's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I. Are referrals/resources provided to the client stored in the client's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J. Does the client's file include any rule violation notices, warning letters, behavioral contracts..etc.?	<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's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Does the client's file include a signed copy of the Bullying Prevention Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Does the provider maintain a record of all transactions of the client's escrow savings plan within the client's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Does the file of the client contain the most recent completed VI-SPAT, F-SPDAT or TAY VI-SPDAT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Is there a signed confirmation of receipt for the Reasonable Accommodations brochure in the client's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Are reasonable accommodation requests/approved reasonable accommodations stored in the client's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H. Are unit/room inspection documents included in the client's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I. Are referrals/resources provided to the client stored in the client's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>J. Does the client's file include any rule violation notices, warning letters, behavioral contracts..etc.?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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**VII. Fire Safety Observations**

Does the program have a fire drill book? Yes  No  
*If no, please explain below:*

Does the program conduct fire drills every thirty (30) days? Yes  No  
*Indicate date of last fire drill logged below:*

Are fire drills conducted at different times each month? Yes  No  
*If no, please explain your observations:*

Does the program have properly functioning fire extinguishers? Yes  No  
*Indicate the dates in which all fire extinguishers in the facility was last serviced below:*

Please indicate the number of fire extinguishers included in the facility: (If the facility has more than one floor, please indicate how many fire extinguishers are included on each floor).

Please indicate the most recent date in which the program site had a fire safety inspection completed by DC F&EMS.

**VIII. Facility Related Information**

Does the program have an exit sign at all exits? Yes  No

If yes, do electrical exit signs have working light bulbs? Yes  No

Does the program have maintenance service records?  Yes  No

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

Does the program have pest control records?  Yes  No

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

If the program site has an elevator, is the elevator operable?  Yes  No  N/A

*If no, please include your observations:*

If the program site has an elevator, does the elevator include an updated Certificate of Inspection?

*If yes, please include the date of the most recent inspection:*

How often are unit, room or dorm inspections completed?

*If the program is a low barrier shelter, how often does staff complete rounds around the facility, to include each dorm? If the program is not a low barrier shelter, please include the dates of the three most recent unit/room inspections completed by program staff.*

## IX. Required Postings

Does the program site have emergency evacuation routes posted and visible?  Yes  No

Does the program site have the "Interpreter Services Available", Desktop Displays posted and visible at the front desk and intake area of the facility?  Yes  No

Notes:

Does the program site have the "Confidentiality Poster" posted and visible in the intake and/or communal areas of the facility?  Yes  No

Does the program site have the "ADA Poster", posted and visible in the intake and/or communal areas of the facility in both English and Spanish?  Yes  No

Does the program site have the "How to File a Complaint" poster displayed in the intake and and/or communal

areas of the facility?  Yes  No

Is the site in which services are rendered handicap accessible?  Yes  No

*If not, does the program have a "workaround plan" for accommodating clients that may enter the program that need handicap accessibility?*

Notes:

Does the program site have the most current Living Wage Acknowledgement poster displayed?  Yes  No

Does the program site have updated approved Program Rules displayed?  Yes  No

**X. COVID-19 Protocols**

Does the program site have social distancing protocols implemented  Yes  No  
(i.e. 6 ft apart markers on the floor)?  Yes  No

Does the program site have face masks readily accessible for program participants if needed?  Yes  No

Does the program site have sanitizing stations?  Yes  No

Does the program site have COVID-19 informative posters and/or guidance displayed? (i.e. posted mask mandates..etc.)  
 Yes  No

**XI. Service Delivery and Case Management**

Does the program offer support services? Services include but are not limited to case management, job referrals, housing placements, budgeting/life skills workshops, benefit assistance, and referrals to health and mental health services?  Yes  No

Does the program maintain documentation of delivery of on-site services (sign in/out sheets to on-site programs, case files etc.)?  
 Yes  No

Notes:

Does the program maintain files in a double locked setting?  Yes  No

*Please explain your observations:*

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

Yes  No

*Indicate how the program extends the opportunity to give feedback on programs and services (i.e suggestion boxes, town hall meetings..etc).*

Please indicate the most recent date in which the program distributed client satisfaction surveys to program participants.

## XII. Escrow Savings

Does the program collect escrow savings for program participants?  Yes  No

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

Has the program given a copy of the guidelines of escrow savings to program participants for signature?  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. Employee Interviews

During the visit at your program site, TCP staff conducted interviews with 10% of the employees that are charged to the contract of interest. A summary of the interviews is included below:

**Name of Employee Interviewed:**

**Title:**

**Date and Time of Interview:**

**Interview Summary:**

**Name of Employee Interviewed:**

**Title:**

**Date and Time of Interview:**

**Interview Summary:**

Name of Employee Interviewed:

Title:

Date and Time of Interview:

Interview Summary:

#### XIV. Client Interviews

During the visit at your program site, TCP staff conducted interviews with 10% of the clients that are included on your program's client roster. A summary of the interviews is included below:

Client ID Number or Client initials:

Date and Time of Interview:

Interview Summary:

Client ID Number or Client initials:

Date and Time of Interview:

Interview Summary:

Client ID Number or Client initials:

Date and Time of Interview:

Interview Summary:

#### XV. 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.

**XVI. 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

<b>Additional Notes:</b>   
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**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:**

**XVII. Site Visit/Audit Findings**

Contract Deliverable Submission:

First Source Compliance:

Employee Training Compliance:

In an effort to ensure compliance with the training requirements outlined in contract, [insert contract number], TCP staff requested and reviewed the FY [insert fiscal year] training transcripts that outlines all contract required trainings as well as the status of completion for each training for the following [insert provider and program name] employees:

List employees and titles:

- 
- 
- 
- 

Per the Training Transcripts provided for the identified employees, a summary of training completion is included below:  
[summarize observations with training completion for each employee]

TCP finds that [enter provider and program name] [is or is not] currently in compliance with the training requirements outlined in contract, [enter contract number] as all employees charged to this contract are required to complete all contract-required trainings by the end of the contract period. Per contract, [enter contract number], all staff charged to this contract are required to complete the below trainings by the end of the contract period:

[Pull the contract of interest and list the required trainings here]

**Personnel Files Review:**

In an effort to ensure compliance with the personnel filing requirements outlined in contract, [enter contract number], TCP staff reviewed the files of the following [enter provider and program name] employees:

List employees and titles:

- 
- 
- 
- 

TCP staff assessed the above personnel files for presence of the below documents:

- Updated government issued ID (new requirement for FY 23)
- Completed Background checks (Both FBI and MPD annually) (new requirement for FY 23)
- National Sex Offender Registry (new requirement for FY 23)
- TB/PPD Screening Results (required annually)
- Toxicology Screenings (required annually)
- Verification of Credentials (i.e degrees, high school diplomas, certifications..etc)
- Confirmation that the employee has completed orientation
- Completed job application or resume
- Completed reference checks
- Performance Evaluations completed during the past 12 months
- Training Transcripts

[summarize your observations here]

**Client Files Review:**

In an effort to ensure compliance with the client filing requirements outlined in contract [enter contract number], TCP staff reviewed the files of the following [enter program name] clients:

[List the HMIS ID numbers of the client files that were reviewed:

- 
- 
- 

TCP staff assessed the above client files for presence of the below documents:

- Emergency contact
- Updated program rules signed by the client
- Singed copy of the Bullying Prevention Policy
- Escrow savings records/transactions (If applicable)
- Updated SPDAT Assessments

- Signed confirmation of receipt of the Reasonable Accommodations Brochure
- Reasonable accommodations requests/ approved accommodations
- Unit/room inspection reports (If applicable)
- Referrals/resources provided and/or offered to the client
- Rule violation notices/behavioral contracts (if applicable)

[summarize your observations here]

### **Fire Safety Observations**

The following fire safety measures/precautions were assessed during this audit:

#### *Fire Drills:*

[summarize your observations here]

#### *Fire Extinguisher Servicing:*

[summarize your observations here]

#### *DC F&EMS Fire Safety Inspection:*

[summarize your observations here]

### **Facility Related Information**

During the site visit conducted at the [enter program name], TCP staff assessed the following facility related standards:

- Presence of exit signs at each exit of the facility (electrical exit signs to include working light bulbs)
- Maintenance Service Records
- Pest Control Records
- Handicap Accessibility (Operable elevator and updated Certificate of Inspection)
- Frequency of dorm/unit inspections

[summarize your observations here]

### **Required Postings:**

During the site visit, TCP assessed the presence of the below required postings/guidance:

- Labeled Emergency Evacuations Routes
- Interpreter Services Available Poster/Desktop Display

- Confidentiality Poster (English and Spanish)
- ADA Poster (English and Spanish)
- How to file a Complaint
- Living Wage Acknowledgement
- Updated DHS approved Program Rules

TCP staff found that below postings/guidance were not displayed in the facility at the time in which the audit was completed:

- 
- 
- 

At the conclusion of the visit, TCP staff provided the [enter program name] program staff with the missing required posters listed above to be displayed in the facility.

### COVID-19 Protocols

### Service Delivery and Case Management

During the site visit, TCP staff observed and assessed service delivery and case management services provided to clients within the program. The following standards were assessed:

- Support services offered to program clients (to include job referrals, housing placements, budgeting/life skills workshops..etc).
- Documentation/evidence of delivery of onsite services (to include sign in sheets of workshops attendees, workshop fliers/advertisement..etc).
- The storing of client files in a double locked setting
- Means to give clients the opportunity to provide feedback about the program
- Participation in client satisfaction surveys

[summarize your observations here]

### Escrow Savings

### Employee Interviews

During the site visit at [enter program name], TCP staff interviewed a total of \_\_\_\_\_ employees. Each employee was interviewed about their experience as an employee at [enter the program name], knowledge of specific policies and protocols within the program as well as information related to basic program operation.

[summarize your observations]

### Client Interviews

During the site visit at [enter program name], TCP staff interviewed a total of \_\_\_\_\_ program participants. Each participant was interviewed about their experience as a resident at the [enter program name] as well as their understanding of program protocols/policies including but not limited to how to file a complaint and how to request reasonable accommodations.

[summarize your observations]

### 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]

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.

**XVIII. 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: \_\_\_\_\_

