**THE COMMUNITY PARTNERSHIP**

**FOR THE PREVENTION OF HOMELESSNESS**

# *TCP Monitoring Tool for Security Providers*

## Contractor Name:

**Contract Period:**

**Contract Number:**

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

**Phone:**

**Email Address:**

**Headquarters Address:**

**Date that audit started:**

**Date of audit completion:**

**TCP Staff Completing Audit:**

1. **Reason for Audit:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Annual Audit |  |  | Client/Provider Complaint |  | Follow Up on Unusual Incident Investigation |  | Other |

If other, please describe below.

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1. **Vendor’s Scope of Work:**

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1. **Summary of Audit:**

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| The Community Partnership for the Prevention of Homelessness (TCP) conducted an announced annual audit of **[enter security vendor’s name]** for contract, **[enter contract number]** that it has entered into with TCP**.** The audit started on **[enter date that audit started]** and concluded on **[enter the date that the audit was completed].** The audit of **[enter contract number]** was completed by **[enter the names and titles of all TCP staff that completed the audit]**.  The audit of contract, **[enter contract number]** consisted of the following:   1. A review of contract deliverables 2. First Source Reporting Compliance 3. Security Training Compliance 4. A review of personnel files 5. A review of Operational Protocols 6. Security Officer Interviews 7. A review of Completion of Rounds via the Guard Teck System 8. An Unannounced visit to one of **[enter security vendor’s name]** assigned sites as outlined in contract, **[enter contract number].** |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Is the provider missing Master Deliverables?

If yes, note the missing deliverables below.

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| --- | --- | --- | --- |
|  | Yes |  | No |

1. Is the provider missing Tier One Deliverables?

If yes, note the missing deliverables below.

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

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

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1. **First Source Reporting Compliance**

Contracts totaling $300,000.00 or greater are required to comply with First Source Law. 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.

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

1. Contract Amount:
2. First Source Compliance Required?

Yes  No

1. Has the provider submitted a completed Non-Construction First Source Agreement and corresponding Employment Plan to TCP?

Yes  No

1. Has the provider been enrolled in the FORRS system?

Yes  No

1. Has the provider received an executed agreement back from the DOES for the identified contract?

Yes  No

1. Has the provider provided a copy of the Detailed Cumulative Statistics Report from the FORRS system to confirm that it meets the requirement of 51% or higher of its employees being DC residents?

Yes  No

1. Has the provider provided a copy of the Failure to Submit Monthly Report from the DOES-FORRS system to confirm that it has been completing monthly reporting on the noted contract for the past 3 months?

Yes  No

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| --- |
| **No Notes:** |

## 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 **[enter the period in which you are reviewing training compliance]** for approximately 10% of the security officers that are included on your submitted Staffing List (905 Form) and charged to your TCP issued contract. Training Transcripts were collected for the below officer(s):

|  |  |  |
| --- | --- | --- |
| **Name of Officer** | **Number of trainings completed out of the \_\_\_\_\_ required trainings** | **Trainings that were completed** |
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1. **Personnel File Review**

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

*Officer’s Name*:

|  |  |
| --- | --- |
| **Document** | **Present in employee’s file? Y/N** |
| Updated government issued ID |  |
| Updated Security License **(Please note the date of expiration)** |  |
| Completed Background checks (Both FBI and MPD annually). |  |
| Child and Family Services Agency (CFSA) Child Protection Register (required for programs working with children **(if officer works at a site that serves children. If not, please indicate N/A)** |  |
| National Sex Offender Registry |  |
| TB/PPD Screening Results |  |
| Toxicology Screenings |  |
| Completed job application or resume |  |
| Performance Evaluations completed during the past 12 months |  |
| Training Transcripts |  |

*Officer’s Name*:

|  |  |
| --- | --- |
| **Document** | **Present in employee’s file? Y/N** |
| Updated government issued ID |  |
| Updated Security License **(Please note the date of expiration)** |  |
| Completed Background checks (Both FBI and MPD annually). |  |
| Child and Family Services Agency (CFSA) Child Protection Register (required for programs working with children **(if officer works at a site that serves children. If not, please indicate N/A)** |  |
| National Sex Offender Registry |  |
| TB/PPD Screening Results |  |
| Toxicology Screenings |  |
| Completed job application or resume |  |
| Performance Evaluations completed during the past 12 months |  |
| Training Transcripts |  |

## Operational Protocols

## For the purpose of this audit, on [enter the date and time that TCP staff conducted the virtual part of the audit], TCP staff met with the following [enter security vendor’s name] staff virtually via the Microsoft Teams platform to discuss and assess its operational protocols. The following [enter security vendor’s name] staff participated in the meeting: [enter the names and titles of the security vendor’s staff that was present on the call]. The following operational protocols were discussed:

## What TCP site(s) does your agency provide services to?

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| --- |
|  |

## How many work shifts are at the aforementioned sites? What are the times of each shift?

|  |
| --- |
|  |

## Per your TCP issued Post Orders, how many officers are required per shift at the aforementioned sites?

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| --- |
|  |

## Please explain how your agency handles staff shortages.

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## Please explain your security officers’ processes for screening visitors that enter shelter sites.

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## Please explain your security officers’ responsibility with package inspections.

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## 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?

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| --- |
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## 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)

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## 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?

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| --- |
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## Please explain how your agency ensures that security officers are in proper uniform and have the required equipment while on duty.

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

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

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## What is the protocol that security officers are expected to follow in the event that MPD enters the facility and asks to speak with a client/resident and/or to review surveillance footage?

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## Officer Interviews

For the purpose of this audit, TCP staff conducted interviews via phone with **[10% of the officers/or if less the 10% enter the number of officers that were interviewed]** that are charged to the contract**, [enter contract number**] in an effort to assess your officers’ knowledge on protocols as outlined in your TCP issued Post Orders, knowledge of protocols at the site(s) in which they are assigned as well as performance expectations. A summary of the interviews is included below:

|  |
| --- |
| **Officer’s Name:**  **Date and Time of Interview:**  **Site(s) that the officer is assigned:**  **Shift(s) that the officer works:**  **Interview Summary:**  **Officer’s Name:**  **Date and Time of Interview:**  **Site(s) that the officer is assigned:**  **Shift(s) that the officer works:**  **Interview Summary:**  **Officer’s Name:**  **Date and Time of Interview:**  **Site(s) that the officer is assigned:**  **Shift(s) that the officer works:**  **Interview Summary:** |

1. **Unannounced Site Visit:**

For the purpose of this audit, TCP staff completed an unannounced site visit to one of **[enter security vendor’s name]** assigned site in an effort to observe the performance of the officers on duty. The unannounced site visit was completed at **[enter the name of the site that the unannounced visit was completed at]** on **[enter the date that the unannounced site visit was completed]** at **[enter the time that the unannounced site visit was completed].**

How many officers are required per shift at the site in which an unannounced visit was completed as outlined in the TCP issued Post Orders?

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Please indicate below the number of officers required per post at the site in which an unannounced visit was completed as outlined in the TCP issued Post Orders.

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| --- |
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How many officers were present on shift during the time in which the unannounced visit was completed?

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| --- |
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How many officers were stationed per post? Please indicate the post name and the number of officers that were present at each post.

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Was the security vendor in compliance with staffing requirements at the time in which the unannounced visit was completed?  Yes  No

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| --- |
| If no, please explain your observations” |

Were officers attentive and free from distractions while at their assigned posts? (i.e. no cellphone or electronics use, no sleeping or eating..etc). Yes  No

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| --- |
| If no, please explain your observations: |

Were all officers in proper uniform as outlined in the TCP issued Post Orders? Yes  No

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| --- |
| If no, please explain your observations: |

Did all officers have the required equipment as outlined in the TCP issued Post Orders? Yes  No

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| --- |
| If no, please explain your observations: |

Please indicate the times of the last 3 rounds that were completed by the vendor per the Guardtek system.

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1. **Audit Findings:**

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| The audit of contract, **[enter contract number]** consisted of the following:   * A review of contract deliverables * First Source Reporting Compliance * Security Training Compliance * A review of personnel files * A review of Operational Protocols * Security Officer Interviews * A review of Completion of Rounds via the Guard Teck System * An Unannounced visit to one of **[enter security vendor’s name]** assigned sites as outlined in contract, **[enter contract number].**   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 TCP 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 Failure to Submit Monthly Report pulled from the FORRs system that was received from the provider, 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 officer(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 officer(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] is or is not** currently in compliance with the training requirements outlined in contract, [**enter contract number**] as all officers 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].**  **Personnel File 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 name] officers:  List the names of the officers:  TCP staff assessed the above officers’ files for presence of the below documents:   * Updated government issued ID * Updated Security License * Completed Background checks (Both FBI and MPD annually). * Child and Family Services Agency (CFSA) Child Protection Register (required for programs working with children (if officer works at a site that serves children. If not, please indicate N/A) * National Sex Offender Registry * TB/PPD Screening Results (required annually) * Toxicology Screenings (require annually) * Completed job application or resume * Performance Evaluations completed during the past 12 months * Training Transcripts   [summarize your observations here]  **Operational Protocols**  ***Please note your observations based on the feedback provided by the security vendor’s leadership about their operational protocols. Were they aware of the requirements as outlined in their issued Post Orders? Do they have a clear system to assess/review security officers’ performance and ensuring that security officers are adhering to the discussed protocols? Please note here any recommendations/suggestions for system improvement.***  **Security Officer Interviews**  During this audit, TCP staff interviewed a total of \_\_\_\_\_ officers. Each officer was interviewed about their knowledge on protocols as outlined in your TCP issued Post Orders, knowledge of protocols at the site(s) in which they are assigned as well as performance expectations.  [summarize your observations]  **Unannounced Site Visit**  For the purpose of this audit, TCP staff completed an unannounced site visit to one of **[enter security vendor’s name]** assigned site in an effort to observe the performance of the officers on duty. The unannounced site visit was completed at **[enter the name of the site that the unannounced visit was completed at]** on **[enter the date that the unannounced site visit was completed]** at **[enter the time that the unannounced site visit was completed].**  **Be sure to include findings about the round completion via the Guardtek system.**  [summarize your observations here] |

1. Corrective Action Plan

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| Is a corrective action plan (CAP) being issued? Yes  No |

*If yes, please outline the plan below:*

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| --- | --- | --- |
| **Description of Deficiency/Items to Be Returned** | **How Item can be returned to TCP** | **Due Date** |
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***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Security Officer Interview Tool**

1. **How long have you been employed with this Security Vendor?**
2. **What site(s) do you work at?**
3. **What shift(s) do you work?**
4. **How many trainings for The Community Partnership and Department of Human Services have you completed within the past year?**
5. **Are you aware of the policy on serving transgender and gender nonconforming clients/residents? If so, please describe the policy.**
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 at the site(s) in which you are assigned?**
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.**
11. **Please share the protocol for MPD requesting to speak with clients and/or review surveillance footage at a site in which you are assigned.**
12. **Please share the protocol for assisting a client that is non-English or limited-English speaking.**