*****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:**

|  |
| --- |
|   |

1. **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.  |

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

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

1. Is the provider missing Master Deliverables?

*If yes, note the missing deliverables below.*

|  |
| --- |
|  |

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

1. Is the provider missing Tier One Deliverables?

*If yes, note the missing deliverables below.*

|  |
| --- |
|  |

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

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

|  |
| --- |
|  |

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

|  |
| --- |
| **Notes:**  |

1. **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**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Personnel File Review**

For the purpose of 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:

 *Employee Name*/Title and Clearance Level:

|  |  |
| --- | --- |
| **Document** | **Present in employee’s file? Y/N** |
| Updated government issued ID |  |
| Completed Background checks (Both FBI and MPD). |  |
| Child and Family Services Agency (CFSA) Child Protection Register (required for programs working with children  |  |
| National Sex Offender Registry |  |
| TB/PPD Screening Results  |  |
| Toxicology Screenings  |  |
| 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  |  |
| Driving Record (if applicable) |  |

*Employee Name*/Title and Clearance Level:

|  |  |
| --- | --- |
| **Document** | **Present in employee’s file? Y/N** |
| Updated government issued ID |  |
| Completed Background checks (Both FBI and MPD)  |  |
| Child and Family Services Agency (CFSA) Child Protection Register (required for programs working with children  |  |
| National Sex Offender Registry |  |
| TB/PPD Screening Results  |  |
| Toxicology Screenings  |  |
| 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  |  |
| Driving Record (if applicable) |  |

*Employee Name*/Title and Clearance Level:

|  |  |
| --- | --- |
| **Document** | **Present in employee’s file? Y/N** |
| Updated government issued ID |  |
| Completed Background checks (Both FBI and MPD) |  |
| Child and Family Services Agency (CFSA) Child Protection Register (required for programs working with children  |  |
| National Sex Offender Registry |  |
| TB/PPD Screening Results  |  |
| Toxicology Screenings  |  |
| 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  |  |
| Driving Record (if applicable) |  |

1. **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:*

|  |
| --- |
|  |

*Client File Review:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client ID:  | Yes | No | N/A | Notes |
| A. | Does the client have an emergencycontact listed? |[ ] [ ] [ ]   |
| B. | Are there a set of signed program rules in the client’sfile? |[ ] [ ] [ ]   |
| C.  | Does the client’s file include a signed copy of the Bullying Prevention Policy? |[ ] [ ] [ ]   |
| D. | Does the provider maintain a record of all transactions of the client’s escrow savings plan withinthe client’s file? |[ ] [ ] [ ]   |
| E. | Does the file of the client contain the most recent completed VI-SPAT, F-SPDAT or TAY VI-SPDAT? |[ ] [ ] [ ]   |
| F. Is there a signed confirmation of receipt for the Reasonable Accommodations brochure in the client’s file? |[ ] [ ] [ ]   |
| G. Are reasonable accommodation requests/approved reasonable accommodations stored in the client’s file? |[ ] [ ] [ ]   |
| H. Are unit/room inspection documents included in the client’s file? |[ ] [ ] [ ]   |
| I. Are referrals/resources provided to the client stored in the client’s file? |[ ] [ ] [ ]   |
| J. Does the client’s file include any rule violation notices, warning letters, behavioral contracts..etc.? |[ ] [ ] [ ]   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client ID:  | Yes | No | N/A | Notes |
| A. | Does the client have an emergencycontact listed? |[ ] [ ] [ ]   |
| B. | Are there a set of signed program rules in the client’sfile? |[ ] [ ] [ ]   |
| C.  | Does the client’s file include a signed copy of the Bullying Prevention Policy? |[ ] [ ] [ ]   |
| D. | Does the provider maintain a record of all transactions of the client’s escrow savings plan withinthe client’s file? |[ ] [ ] [ ]   |
| E. | Does the file of the client contain the most recent completed VI-SPAT, F-SPDAT or TAY VI-SPDAT? |[ ] [ ] [ ]   |
| F. Is there a signed confirmation of receipt for the Reasonable Accommodations brochure in the client’s file? |[ ] [ ] [ ]   |
| G. Are reasonable accommodation requests/approved reasonable accommodations stored in the client’s file? |[ ] [ ] [ ]   |
| H. Are unit/room inspection documents included in the client’s file? |[ ] [ ] [ ]   |
| I. Are referrals/resources provided to the client stored in the client’s file? |[ ] [ ] [ ]   |
| J. Does the client’s file include any rule violation notices, warning letters, behavioral contracts..etc.? |[ ] [ ] [ ]   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client ID:  | Yes | No | N/A | Notes |
| A. | Does the client have an emergencycontact listed? |[ ] [ ] [ ]   |
| B. | Are there a set of signed program rules in the client’sfile? |[ ] [ ] [ ]   |
| C.  | Does the client’s file include a signed copy of the Bullying Prevention Policy? |[ ] [ ] [ ]   |
| D. | Does the provider maintain a record of all transactions of the client’s escrow savings plan withinthe client’s file? |[ ] [ ] [ ]   |
| E. | Does the file of the client contain the most recent completed VI-SPAT, F-SPDAT or TAY VI-SPDAT? |[ ] [ ] [ ]   |
| F. Is there a signed confirmation of receipt for the Reasonable Accommodations brochure in the client’s file? |[ ] [ ] [ ]   |
| G. Are reasonable accommodation requests/approved reasonable accommodations stored in the client’s file? |[ ] [ ] [ ]   |
| H. Are unit/room inspection documents included in the client’s file? |[ ] [ ] [ ]   |
| I. Are referrals/resources provided to the client stored in the client’s file? |[ ] [ ] [ ]   |
| J. Does the client’s file include any rule violation notices, warning letters, behavioral contracts..etc.? |[ ] [ ] [ ]   |

1. 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.

|  |
| --- |
|  |

1. 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.*

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| --- |
|  |

1. **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

Does the program site have the “Employee Rights for Workers with Disabilities” poster displayed in both English and Spanish? [ ] Yes [ ]  No

Does the program site have the “Employee Rights for Workers on Government Contracts” poster displayed in both English and Spanish? [ ] Yes [ ]  No

## 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.

|  |
| --- |
|  |

1. **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:*

|  |
| --- |
|  |

1. 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:**  |

1. 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:**  |

1. **Housing First Model Compliance**

Housing First is a homeless assistance model that prioritizes providing individuals/families experiencing homelessness immediate access to permanent housing and supportive services without the requirement of meeting prerequisites, preconditions, behavioral contingencies or other barriers. The Community Partnership for the Prevention of Homelessness (TCP) requires its subcontractors to comply with and enforce a Housing First Approach through programs funded by TCP.

1. Has a Housing First Evaluation Tool been completed for the program?

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |[ ]

1. Did any ratings on the scale indicate non-compliance with the Housing First Model?

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |[ ]

**\*If No was selected, please explain your observations below:**

|  |
| --- |
|  |

1. Based on the completed Housing First Evaluation Tool, are there any recommendations for the program at this time?

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |[ ]

**\*If yes was selected above, please include your recommendations below:**

|  |
| --- |
|  |

1. **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 **Data Quality Framework Report** in the HMIS and noted the following:

**\*Please note that a copy of the Data Quality Framework 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 |
| 1. 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.**

1. **HMIS/Case Planning**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Goals** | **Action Steps** | **Case Notes** |
| **Client ID Number** | **# 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** |
|  |  |  |  | [ ] Yes | [ ] No |  | [ ] Yes | [ ] No |  |

**Observations:**

1. **Goal Classification:**
2. What is the target date for this goal?
3. Is this goal in progress past the listed target date?

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

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

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

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

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

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

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

1. Do all closed action steps include an outcome?

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

|  |
| --- |
| **Additional Notes:** |

1. **Goal Classification:**
2. What is the target date for this goal?
3. Is this goal in progress past the listed target date?

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

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

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

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

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

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

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

1. Do all closed action steps include an outcome?

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

|  |
| --- |
| **Additional Notes:** |

1. **Goal Classification:**
2. What is the target date for this goal?
3. Is this goal in progress past the listed target date?

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

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

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

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

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

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

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

1. Do all closed action steps include an outcome?

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

|  |
| --- |
| **Additional Notes:** |

1. **Goal Classification:**
2. What is the target date for this goal?
3. Is this goal in progress past the listed target date?

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

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

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

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

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

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

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

1. Do all closed action steps include an outcome?

|  |  |
| --- | --- |
|[ ]  Yes  |[ ]  No |

|  |
| --- |
| **Additional Notes**: |

1. **Site Visit/Audit Findings**

|  |
| --- |
| **Contract Deliverable Submission:****First Source 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 new hires are DC residents. **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
* Completed Background checks (MPD and FBI)
* National Sex Offender Registry
* TB/PPD Screening Results
* Toxicology Screenings
* 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
* Driving Record (if applicable)

[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
* Employee Rights for Workers with Disabilities (English and Spanish)
* Employee Rights on Government Contracts (English and Spanish)

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.**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]**Housing First Model Compliance:**In an effort to ensure compliance with the Housing First Model, the TCP Housing First Evaluation Tool was utilized for this audit. Based on the ratings from the completed evaluation tool for your program. TCP staff finds that….[**discuss observations from the completed evaluation tool. Based on the ratings, was there an indication that the program is non-complaint with the Housing First Model?]****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. |

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**