

2024 Program Review and Certification Standards

E. Program Operations

New requirements are in red text and do not apply for the 2024 PR&C review. These requirements will be applicable in 2025.

Minor adjustments and clarifications and changes to Tiers are in green text. These changes are applicable for the 2024 PR&C review.

Bold are requirements that now apply for the 2024 PR&C review.

Standard E1	Guideline E1	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
Each program must have written, up-to-date policies and procedures that include all operating policies and procedures for review.	<ul style="list-style-type: none"> <input type="checkbox"/> This standard only addresses the <u>existence</u> of the below policies and procedures. Requirements regarding the <u>content</u> of each of the policies and procedures are detailed in other standards (noted in parentheses). <input type="checkbox"/> At a minimum policies and procedures exist on the following: <ul style="list-style-type: none"> > Conflict of interest (A2- tier 1) > Religious participation (A3 - tier 2) > Non-discrimination and equal opportunity (A4 - tier 2) > Drug-free workplace (A5- tier 2) > Weapons and firearms (A6 - tier 2) > Disaster recovery and crisis communication (A7 - tier 2) > Indirect Cost Allocation Plan (D3), if applicable > Procurement and record keeping (D6) 	<ul style="list-style-type: none"> <input type="checkbox"/> <u>Policy Review</u>: CSB reviewed the policies and procedures. 	<ul style="list-style-type: none"> <input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A 		1	All programs

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	<ul style="list-style-type: none"> > Equipment purchases (D9 - tier 2) > Finance/Accounting manual (D10 - tier 2) > Housing First/disability-related supportive services (E2) > Intake and client record keeping (E3) > Annual assessments (E6- PSH, RRH, TH, HP, Outreach) > Resident admissions policy/selection (E7) > Cultural competency (E11) > Definition of family (E13 - tier 2, family programs) > Standardized assessment process and procedures regarding data collection and privacy (E16 - tier 3) > Holding funds or possessions on behalf of clients (E17- tier 3) > Clients' rights (F1) > Program fees (F2) > Grievances and appeals (F3) > Termination (F4 - PSH, TH, RRH, HP) > Housing of minority clients in areas of non-minority concentration (F5 - PSH, TH, RRH) > Access to education (F6 - tier 2, programs serving children) 					
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	<ul style="list-style-type: none"> > Child and elder abuse (F12 - tier 3) > Income determination policy (H3 - PSH) > Relocation (H7 - PSH, TH) > Emergency Transfer Plan (H8 - PSH, TH, RRH, HP) > Fire safety (J11 - tier 2, Single-site PSH, TH, Shelters, and any location where on-site services are provided) > Infectious Disease Detection, Control, and Reporting (J16 - tier 3) > DCA application processing (K4 - tier 3) > HMIS data sharing (M1) > HMIS data collection (M2) > Data collection consent (M3) > Annual reviews (M5) > Quality assurance plan (M7) > HMIS QA plan (M8) > Privacy/Disclosure of PPI (M9) > Client requests for PPI (M10) > Disposal of PPI (M17 - tier 2) > Reasonable accommodations during data collection (M18 - tier 2) > System security (M19 - tier 2) 					
Discussion and Basis for Conclusion						

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Standard E2	Guideline E2	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>The program adheres to a Housing First model, working to efficaciously prevent literal homelessness or place people experiencing homelessness in housing without preconditions on housing assistance. Quick resolution of housing crises are the central priority of all programs.</p> <p>Disability-related supportive services are voluntary, except where required by HUD regulations, and tenants are not required to engage in disability-related supportive services as a condition of their tenancy. Participation in supportive services may be required if clients are at or have been at imminent risk of eviction and services are necessary</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency must complete the Housing First Assessment to confirm compliance and identify potential areas of improvement in Housing First approach. <input type="checkbox"/> Case files should clearly demonstrate efforts to quickly obtain low-barrier housing with voluntary services. Clients are expected to actively work on housing and service plans. <input type="checkbox"/> Outreach programs assess client needs and facilitate access to shelter, housing, and services without preconditions. <input type="checkbox"/> Shelter, RRH, TH, and PSH programs collaborate to assess clients and identify housing options and service needs without preconditions. <input type="checkbox"/> Shelters avoid exits to other homeless situations and involuntary exits are only for imminent health and safety reasons. There is no 	<ul style="list-style-type: none"> <input type="checkbox"/> <u>File Review</u>: CSB reviewed client files. <input type="checkbox"/> <u>Policy Review</u>: CSB reviewed Housing First/disability-related supportive services policy. <input type="checkbox"/> Other: CSB reviewed Housing First Assessment <input type="checkbox"/> Discussion: On the second day of a client's intake process, a client will be informed of the housing process. 	<ul style="list-style-type: none"> <input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A 		1	All programs

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<p>to maintain tenancy (e.g., protective payee). Programs should not have sobriety requirements unless authorized by the CoC and HUD.</p>	<p>maximum length of stay in shelter. Shelters note involuntary exits per the procedure detailed in the HCRS P&P. Service restrictions are avoided when possible and limited when necessary to imminent health or safety reasons and client repeated refusal to participate in a rehousing plan after all engagement attempts have been exhausted. Clients have the opportunity to appeal involuntary discharge prior to being asked to leave, unless the client is an imminent health or safety risk. Service restrictions are noted in HMIS client notes/public alerts. Partners detail in HMIS Public Alerts whether or not the client appealed the restriction and what the outcome was.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Within 24-48 hours of shelter entry there must be an initial contact with the client to connect them with the housing process and answer questions about next steps. <input type="checkbox"/> Family shelter staff meet with clients within 2 days if they re-enter within 90 days of exit 				
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	<p>and document next step housing goals, follow-up timeline and support required. This conditional re-entry agreement is required. Family shelters notify Franklin County Children Services of exit to a homeless situation, as required by mandatory reporting laws.</p> <ul style="list-style-type: none"> <input type="checkbox"/> CPoA, Diversion, and CARR Team divert clients who have safe and appropriate housing options other than emergency shelter and link clients to prevention assistance, housing, and services, as desired and available, without preconditions. <input type="checkbox"/> Prevention programs assess clients to identify people who will become homeless without assistance. Programs prioritize client assistance based on the urgency and severity of housing and service needs without preconditions. <input type="checkbox"/> Files contain documentation demonstrating that disability-related supportive service participation is voluntary, and 					
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	<p>staff is educated on voluntary disability-related supportive services. Examples of disability-related services include, but are not limited to, mental health services, outpatient health services, and provision of medication (as provided to a person with a disability to address a condition caused by that disability).</p> <p><input type="checkbox"/> Files contain documentation demonstrating required participation in supportive services in cases of eviction prevention interventions.</p>					
Discussion and Basis for Conclusion						

Standard E3	Guideline E3	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>Homeless status or at-risk of homelessness status is documented at program enrollment as required by HUD and approved and standardized by CSB.</p> <p>Documentation is maintained in accordance with HUD</p>	<p><input type="checkbox"/> Documentation of homelessness may be an HMIS program history record, an approved homeless outreach provider Verification of Street Homelessness Form, written confirmation from another housing or service provider, or self-certification. Refer to the Homelessness and Risk of Homelessness</p>	<p><input type="checkbox"/> <u>File Review</u>: CSB reviewed client files.</p> <p><input type="checkbox"/> <u>Policy Review</u>: CSB reviewed the policy.</p>	<p><input type="checkbox"/> Compliant</p> <p><input type="checkbox"/> Compliant with conditions</p> <p><input type="checkbox"/> Non-compliant</p> <p><input type="checkbox"/> N/A</p>		1	All programs

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<p>recordkeeping requirements.</p> <p>Intake and client record keeping policies and procedures and files include intake interviews and records of services provided (refer to Homeless Crisis Response System (HCRS) Policies & Procedures* and the Street Outreach Business Rules).</p>	<p>Documentation Guidance for additional guidance.</p> <ul style="list-style-type: none"> <input type="checkbox"/> For programs using CARR Team as verification of homelessness, the HMIS program history record does not necessarily document homelessness. Verification of homelessness must include both the HMIS program history with the CARR Team entry AND the most recent “Current Living Situation” assessment in HMIS showing literal homelessness or other documentation. <input type="checkbox"/> Lack of third-party documentation cannot prevent clients from receiving street outreach, CARR team, emergency shelter, or victim services. <input type="checkbox"/> For RRH, TH, and PSH, homelessness documentation must be dated within 1 week (7 days) prior to program enrollment. Any gap greater than 7 days between exit from outreach, shelter, RRH, or TH and enrollment into the next program requires additional documentation of literal 				
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	<p>homelessness within 7 days of program enrollment.</p> <ul style="list-style-type: none"> <li data-bbox="443 297 894 1263">□ Clients enrolled in PSH and RRH maintain their homeless and chronic status prior to housing move-in regardless of current residence, but do not accrue homeless time unless they are verifiably literally homeless. If a client is enrolled in a PSH or RRH program, they retain eligibility for that PSH or RRH program, regardless of where they reside between program enrollment and move-in. After a client has been enrolled in a PSH or RRH program, they can stay with friends/family or in a hotel/motel without losing PSH or RRH eligibility for the program they have been enrolled in. The PSH or RRH program must document enrollment and program eligibility, including homelessness documentation at enrollment in the respective program. <li data-bbox="443 1308 894 1482">□ Current literal homeless status is determined by a single episode of homelessness of 1 or more consecutive days in shelter or 					
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	<p>in a place not meant for human habitation, immediately (within 7 days) prior to program admission. For those individuals being released directly from hospital, jail/prison, or another institution for stays less than 90 days, documentation of homelessness in shelter or on the streets immediately prior to entry into institution, is required. Written documentation of institution entry and exit dates through institution exit paperwork is required.</p> <p><input type="checkbox"/> Stays in institutions of fewer than 90 days do not constitute a break in homelessness and count toward total time homeless when there is documentation of homelessness in shelter or on the streets immediately prior to entry into institution.</p>					
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Discussion and Basis for Conclusion

Standard E4	Guideline E4	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
Duration or Episodes of Homelessness are	<input type="checkbox"/> For chronic homelessness, agencies must provide	<input type="checkbox"/> Monitored through USHS	<input type="checkbox"/> Compliant		1	PSH, USHS

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<p>certified and documented in accordance with HUD's December 2015 Final Rule on Defining Chronically Homeless.</p>	<p>evidence that the homeless occasion was continuous, for a 12-month period without a break in living or residing in a place not meant for human habitation or in an emergency shelter or evidence that the household experienced at least four separate homeless episodes in the last 3 years where those occasions cumulatively total at least 12 months.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation or in shelter. <input type="checkbox"/> For PSH eligibility documentation, agencies must provide evidence that the PSH eligibility criteria are met as described in the USHS Policies and Procedures. <input type="checkbox"/> For Verification of Street Homelessness, a single documented encounter with an authorized outreach provider, on a single day within one month is sufficient to document a household as homeless for that month. This is distinct from calculating 		<ul style="list-style-type: none"> <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A 		
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	<p>the total number of days a household is unsheltered, which is based on the sum total of days homeless during a specific episode of homelessness. Self-certification of homelessness can be used for up to 3 months of verification.</p>					
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Discussion and Basis for Conclusion

Standard E5	Guideline E5	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>At least one adult in each household must have a qualifying disability.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Certification of Disability is required for each Permanent Supportive Housing household. <input type="checkbox"/> The certification of disability must be issued not more than 180 days prior to the household's entry into the program. <input type="checkbox"/> The certification of disability must be signed by a professional licensed by the State of Ohio qualified to treat the disabling condition. <input type="checkbox"/> If the Certification of Disability is not available, a 	<ul style="list-style-type: none"> <input type="checkbox"/> Monitored through USHS. 	<ul style="list-style-type: none"> <input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A 		<p align="center">1</p>	<p>PSH, USHS</p>

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	<p>written Social Security Administration verification or copies of a disability check are acceptable (except Survivor's Benefits or Social Security Retirement).</p> <p><input type="checkbox"/> Disability includes:</p> <ul style="list-style-type: none"> > A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that 1) is expected to be long-continuing or of indefinite duration; 2) substantially impedes the individual's ability to live independently; and 3) could be improved by the provision of more suitable housing conditions. > A developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002). > HIV/AIDS 					
<p>Discussion and Basis for Conclusion</p>						

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Standard E6	Guideline E6	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>Clients receiving PSH, RRH, TH, Outreach, and Prevention supportive services must be assessed at least once annually to ensure that service needs are being met. Agencies use annual assessments to determine program direction and updates.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency staff can describe how program staff assess client service needs. <input type="checkbox"/> Agency staff can give examples of how programming has been modified based on information gathered through annual assessments. <input type="checkbox"/> Annual PSH or RRH service needs assessments are included in client files and include some form of client feedback. 	<ul style="list-style-type: none"> <input type="checkbox"/> <u>File Review</u>: CSB reviewed client files. <input type="checkbox"/> <u>Policy Review</u>: CSB reviewed agency policy. <input type="checkbox"/> <u>Discussion</u>: CSB discussed the policy with agency and confirmed that a tracking system is in place to ensure timely assessments. 	<ul style="list-style-type: none"> <input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A 		1	PSH, RRH, TH, Prevention, Outreach

Discussion and Basis for Conclusion

Standard E7	Guideline E7	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>The program has written client eligibility criteria consistent with CSB funding requirements appropriate for the target population and consistent with the HCRS P&Ps*. The</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The resident admissions policy / selection plan includes clearly delineated criteria not intended to unfairly discriminate against clients and is readily available for review by clients. The policy includes 	<ul style="list-style-type: none"> <input type="checkbox"/> <u>Policy Review/Other</u>: CSB reviewed the posted program admissions policy to examine how agency determines client eligibility. 	<ul style="list-style-type: none"> <input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant 		1	All programs

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<p>admissions policy, including re-entry policies and procedures, is posted. The program may not deny admission unless there are specific documented restrictions applicable to the project due to financing, health and safety, and/or programmatic issues.</p> <p>PSH programs should have expedited admission processes, to the greatest extent possible, including assistance with obtaining necessary documentation. Applicants may not be required to participate in more than two interviews and can be admitted within a few days (if eligible and if an opening is available).</p>	<p>the basis for which an applicant would be considered ineligible.</p> <ul style="list-style-type: none"> <input type="checkbox"/> For PSH, the Tenant Selection Plan must dedicate the units to chronically homeless individuals, as defined by HUD, via USHS. <input type="checkbox"/> For PSH, admission is expedited for applicants coming from a variety of circumstances and staff aids applicants in obtaining necessary documentation or waiving documentation requirements until after admission. The program does not have a waiting list and participates in USHS. <input type="checkbox"/> When applicable, the agency must adhere to fair housing laws, rental housing laws, and regulations. <input type="checkbox"/> For shelters, eligible clients are those with no alternative, safe housing for the night and whose only alternative is to stay in a place not fit for human habitation or outdoors. Shelters may not deny admission solely for lack of client identification. Family 	<ul style="list-style-type: none"> <input type="checkbox"/> <u>Discussion:</u> Staff can explain admission criteria (including various RRH programs such as DV, Team USHS, etc.), how it is disseminated to potential program participants for housing, and how admission is expedited. <input type="checkbox"/> <u>Other:</u> For PSH, USHS Program Manager reviewed the Tenant Selection Plan to ensure that USHS is referenced as the admission mechanism. 	<ul style="list-style-type: none"> <input type="checkbox"/> N/A 		
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	<p>shelters meet with clients within 2 days if re-entering in the last 90 days from exit to document re-entry conditions and proactive housing plan.</p> <p><input type="checkbox"/> Rules for leaving and returning to the shelter cannot discriminate against clients and must be reasonable, not causing undue restrictions on shelter access. Shelters cannot ask people to leave the facility during extreme weather conditions, regardless of whether they have a purpose for staying at the shelter during times they normally would have to leave.</p>					
<p>Discussion and Basis for Conclusion</p>						

Standard E8	Guideline E8	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>All shelter intake programs practice diversion and referral to prevention upon request for shelter, including an assessment of immediate housing</p>	<p><input type="checkbox"/> Agency staff can demonstrate how they screen each client requesting shelter to assess immediate housing needs, available resources, and alternate housing options so as to divert entry into shelter as appropriate.</p>	<p><input type="checkbox"/> <u>Discussion:</u> Agency explained the referral process and provided examples of clients diverted from shelter.</p>	<p><input type="checkbox"/> Compliant</p> <p><input type="checkbox"/> Compliant with conditions</p>		<p align="center">1</p>	<p>CPoA, Face-to-Face Diversion</p>

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<p>needs. All diversion efforts include a referral to prevention assistance. When appropriate, assessment tools ensure that diversion from shelter will not result in the client staying in a housing option that is unsafe or unfit for human habitation.</p>		<input type="checkbox"/> <u>Mock Calls:</u> CSB performs mock calls to review diversion efforts.	<input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A			
<p>Discussion and Basis for Conclusion</p>						

Standard E9	Guideline E9	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>Agencies collect, analyze, and use client evaluation and feedback and there is evidence that clients are involved in decision-making, including planning for services. At a minimum, agencies conduct client satisfaction surveys annually and at exit. Surveys contain</p>	<input type="checkbox"/> Agency staff can describe the methods for collecting client feedback, how feedback is analyzed and used to determine programming changes, and how clients are involved in decision making and service planning. <input type="checkbox"/> Documentation, including meeting notes, copies of surveys and other evaluation tools, is available for review.	<input type="checkbox"/> <u>File Review:</u> CSB reviewed documentation, including meeting notes, copies of surveys and/or other evaluation tools. <input type="checkbox"/> <u>Discussion:</u> Agency described methods through which client feedback is collected and used to make decisions	<input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A		1	All programs


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<p>questions on the following topics:</p> <ul style="list-style-type: none"> > Voluntary participation in religious activities, if any; > Access to housing options; > Access to employment assistance; > Courteous treatment (treated with dignity and respect) in a culturally competent manner; > Access to any other personal development activities; > Major obstacles to obtaining housing/goals > Access to nutritious and dietary appropriate food in a hygienic setting. 	<p><input type="checkbox"/> Staff can give examples of how client feedback has been used recently. A list of dates and types of client participation from the past 12 months is available for review.</p>	<p>about service provision and program planning.</p>				
<p>Discussion and Basis for Conclusion</p>						

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Standard E10	Guideline E10	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>The agency affirmatively furthers fair housing and has a written affirmative marketing strategy to market the program and its benefits to those least likely to apply without regard to race, color, national origin, sex, gender identity, sexual orientation, religion, age, familial status, or disability, as required by 24 CFR Part 578.93(c).</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A marketing strategy may include materials that describe agency programs, advertising, direct outreach to potential clients, collaboration with organizations that serve potential clients, and efforts to raise funds for and awareness of agency programs. <input type="checkbox"/> The agency must maintain records of actions taken to affirmatively market programs and records that assess the results of the marketing strategy. Such actions may include fundraising events, panels, forums, conferences, community engagement, or other instances in which the agency raises awareness of its programs. <input type="checkbox"/> The agency must notify CSB if agency staff encounters a condition or action that impedes fair housing choice for current or prospective clients. The agency and CSB will work together to give clients information on their 	<ul style="list-style-type: none"> <input type="checkbox"/> <u>Other:</u> CSB was provided with marketing materials (including the annual report) via Submittable <input type="checkbox"/> <u>Other:</u> CSB reviewed website and/or marketing material for the housing logo or statement. <div style="text-align: center;">  <p>Equal Housing Opportunity Statement: We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to</p> </div>	<ul style="list-style-type: none"> <input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A 		1	PSH, USHS, TH

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	rights and available remedies. <input type="checkbox"/> Agency materials include the Equal Opportunity statement and/or symbol.	obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.			
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Discussion and Basis for Conclusion

Standard E11	Guideline E11	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
The agency has a cultural competency plan that identifies core staff competencies relative to the project type and target population(s) served, related agency/program cultural competency training requirements, and a protocol for providing translation services for persons with limited English proficiency.	<input type="checkbox"/> The agency can provide the cultural competency plan for review. The plan details the core competencies and training requirements for program staff, and how translation services are provided. <input type="checkbox"/> At minimum, the plan should address implicit bias, serving disparate populations, antiracism, knowledge of race and homelessness, serving New Americans, serving LGBTQ+ clients; and non-verbal communication. <input type="checkbox"/> Client files demonstrate the immediate provision of translation services.	<input type="checkbox"/> <u>Policy Review</u> : CSB reviewed the cultural competency plan. <input type="checkbox"/> <u>Discussion</u> : Staff can explain the implementation of the cultural competency plan.	<input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A		1	All programs

Discussion and Basis for Conclusion

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Standard E12	Guideline E12	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>There is an adequate number of program staff in relation to the number of clients served. The required client/staff ratio is set by agreement of the partner and CSB, including on-site and on-call staff, and is documented in the weekly staff schedule. The agency has a staff coverage plan for weekend and seasonal changes and plans for staff back-up and on-call coverage, as described in the Partnership Agreement.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The program has a daily schedule that shows the number of staff scheduled for each shift. <input type="checkbox"/> The staff schedule and staff-to-client ratio is appropriate to meet client needs and achieve established outcomes. Staffing is consistent with the Partnership Agreement(s) and/or the applicable range of staff-to-client ratio by program and facility type. <input type="checkbox"/> Staff knows the average number of clients expected to be on-site during each shift. <input type="checkbox"/> Management can describe weekend and/or seasonal changes in staff coverage, as applicable. <input type="checkbox"/> Management can describe the back-up staff coverage plan for direct service and operations, including coverage during extended staff absences or vacancies. 	<ul style="list-style-type: none"> <input type="checkbox"/> <u>Discussion:</u> Agency staff explained staff coverage plan and on-call policy and its appropriateness to meet client needs and program outcomes. <input type="checkbox"/> <u>Discussion:</u> Agency staff discussed precautions it takes to ensure at least one staff member is available at all times. 	<ul style="list-style-type: none"> <input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A 		2	All programs

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	<input type="checkbox"/> Clients know how to contact staff in an emergency. Information is posted in units or distributed to clients upon move-in and when contact information changes.					
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Discussion and Basis for Conclusion

Standard E13	Guideline E13	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
All households have the same access to services regardless of marital status or relationship.	<input type="checkbox"/> Compliance with this standard can include a policy statement on the definition of family included in the agency’s client eligibility criteria. <input type="checkbox"/> For family shelters, a family includes one or more dependent children in the legal custody of one or more adults (not to exceed three) who, prior to losing housing, were living together and working cooperatively to care for the children. <input type="checkbox"/> For RRH, a family includes, but is not limited to, any group of persons presenting for assistance together with or without children, regardless of marital status or relationship,	<input type="checkbox"/> <u>Policy Review:</u> CSB reviewed policy statement or eligibility criteria regarding the definition of family.	<input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A		2	All family programs

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	<p>actual or perceived sexual orientation, or gender identity, and irrespective of age, relationship, or whether or not a member of the household has a disability.</p> <p><input type="checkbox"/> The definition of family for PSH projects is the same as for RRH, except that a member of the household must have a disability.</p> <p><input type="checkbox"/> For families that do not have physical custody of their child(ren), service providers should consider the child(ren)'s status when exploring housing options.</p>					
<p>Discussion and Basis for Conclusion</p>						

Standard E14	Guideline E14	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>Shelters provide sufficient food to clients to meet daily nutritional needs. Programs have plans with clients for adequate food provision. If food is prepared for clients,</p>	<p><input type="checkbox"/> The agency has a plan for providing food for clients and making meal arrangements to provide adequate food for three meals a day or facilitating access to food. This can include helping clients connect with food pantries</p>	<p><input type="checkbox"/> <u>Discussion:</u> Agency staff explained how clients are provided with sufficient food for the program they are involved</p>	<p><input type="checkbox"/> Compliant</p> <p><input type="checkbox"/> Compliant with conditions</p> <p><input type="checkbox"/> Non-compliant</p>		2	Shelters, PSH, RRH, TH

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<p>protocol is in place to train staff in safe food practices. There are provisions to ensure food practices are safe. Programs can produce a food service license if required.</p>	<p>and/or the Mid-Ohio Food Collective as well as accessing SNAP benefits.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shelter have a plan for accommodating clients with medical or cultural food restrictions and staff can give examples. <input type="checkbox"/> At sites where clients prepare their own food, clients must have access to a kitchen and a pantry. Food and other necessary supplies are provided as needed. <input type="checkbox"/> At sites where food is prepared for or delivered to clients, the staff is knowledgeable in nutrition and sanitary food safety handling and safe food storage practices. 	<p>in, whether it is food provided on site (kitchen, pantry, etc.) and/or clients are provided appropriate food referrals.</p>	<p><input type="checkbox"/> N/A</p>			
<p>Discussion and Basis for Conclusion</p>						

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E. Program Operations

Standard E15	Guideline E15	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
At least one staff person with verifiable training in emergency first aid, emergency evacuation, and CPR is on duty at all times.	<input type="checkbox"/> Staff members trained in first aid, CPR, and emergency evacuation are scheduled for each shift. <input type="checkbox"/> Training logs, certificates of completion, and recent shift scheduled are available.	Self-certification	<input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A		3	All programs where on-site services are provided

Standard E16	Guideline E16	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
Access to programs must be provided in accordance with the coordinated access policies and procedures in the HCRS P&Ps. Coordinated access policies and procedures adhere to the federal requirements in HUD Notice CPD-17-01 Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.	<input type="checkbox"/> Written policies and procedures describe the standardized assessment process and any variations for different populations. <input type="checkbox"/> Written policies include procedures regarding data collection and privacy. <input type="checkbox"/> The CPOA covers all of Columbus and Franklin County; is easily accessed; is well-advertised; includes a comprehensive and standardized assessment tool; provides an initial, comprehensive assessment for housing and services; and includes a specific policy	Self-certification	<input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A		3	All programs

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	<p>regarding those fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking. Access points are accessible to persons with disabilities and limited English proficiency.</p> <ul style="list-style-type: none"><input type="checkbox"/> The CPOA offers the same assessment approach at all access points, but may include variations to meet the specific needs of adults without children, adults accompanied by children, unaccompanied youth, pregnant/parenting youth, households fleeing domestic violence, persons at risk of homelessness, and veterans, if these variations would facilitate access and improve the quality of information gathered through the assessment.<input type="checkbox"/> Assessments include culturally and linguistically competent questions for all persons that reduce barriers to housing and services for special populations.<input type="checkbox"/> The coordinated entry process prioritizes households for housing and services. CPOA					
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2024 Program Review and Certification Standards
E. Program Operations

	and shelters have a uniform and coordinated referral process for all beds, units, and services.					
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Standard E17	Guideline E17	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
If the program holds funds (payee services) or possessions on behalf of clients, the written policy describes how and when the funds or possessions will be promptly returned upon the client's request.	<input type="checkbox"/> The program has a written recordkeeping system for tracking receipt and return of funds or possessions held on behalf of clients. <input type="checkbox"/> The program has records of accountability for any money management / payee programs for clients' funds or possessions turned over to the program for safekeeping. <input type="checkbox"/> There is an easily accessible process for getting funds/possessions back from program staff.	Self-certification	<input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A		3	All programs

*Homeless Crisis Response System ([HCRS](#)) Policies & Procedures

CSB reviews Tier 1 standards annually and 2 standards every 4 years. For years when CSB does not review Tier 2 standards, agency staff certifies compliance with both Tier 2 and Tier 3 standards in the 'Certifying Official' column.