New requirements are in red text and do not apply for the 2018 PR&C review. These requirements will be applicable in 2019. Minor adjustments and clarifications and changes to Tiers are in green text. These changes are applicable for the 2018 PR&C review. Bold are requirements that now apply for the 2018 PR&C review.

| Standard J1 | Guideline J1 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|--|---|--|--|-------------------------|------|-----------------|
| The proper number of beds or apartment units is provided according to the CSB partnership agreement. | The facility or program has at least the number of beds or units as stated in the CSB contract. Each participant must have an acceptable place to sleep, adequate space, and security for themselves and their belongings. Permanent housing units must have at least a living room, a kitchen area, a bathroom, and one bedroom or living/sleeping room for each two persons (except SRO units). Children of the opposite sex, other than very young children, cannot be required to occupy the same bedroom or living / sleeping room. Exterior doors and windows must be lockable. | <u>Discussion</u>: Agency confirmed that each CoC-funded unit has at least one bedroom or living/sleeping room for each two persons and has space and equipment to store, prepare, and serve food, per the guidelines. <u>Discussion</u>: Agency confirmed that children of the opposite sex, other than very young children, are not required to occupy the same bedroom or living/ sleeping room. <u>Other</u>: CSB monitored beds via QI reports. | Compliant Compliant with conditions Non-compliant N/A | | 1 | All programs |

J. Facilities

| | Indes | |
|--------------------------------|-------|--|
| In permanent housing units | | |
| the bathroom must be | | |
| contained within the unit, | | |
| afford privacy, and be for the | | |
| exclusive use of the | | |
| occupants (except SROs). | | |
| | | |
| Permanent housing units | | |
| must have suitable space | | |
| and equipment to store, | | |
| prepare, and serve food in a | | |
| sanitary manner, including an | | |
| oven and stove or range, a | | |
| refrigerator, and a kitchen | | |
| sink with hot and cold | | |
| | | |
| running water. Hot plates are | | |
| not acceptable substitutes for | | |
| stoves or ranges (except SRO | | |
| units). A microwave may be | | |
| substituted for an oven and | | |
| stove if the tenant agrees | | |
| and if microwaves are | | |
| furnished to both subsidized | | |
| and unsubsidized tenants in | | |
| the same building or | | |
| premises. | | |
| | | |
| If household composition | | |
| changes, the agency must | | |
| relocate the household to a | | |
| more appropriately sized unit | | |
| with continued access to | | |
| | | |

J. Facilities

| | appropriate supportive | | | |
|--------------------------|------------------------|--|--|--|
| | services. | | | |
| Discussion and Basis for | Conclusion | | | |
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| Standard J2 | Guideline J2 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|--|--|---|--|-------------------------|------|-----------------|
| The facility must be kept in a safe and sanitary condition and apartment units shall meet HUD's Housing Quality Standard (HQS) or HUD Habitability Standards, as applicable, and all other applicable local codes. | For CoC and HOME funded programs, an initial inspection and annual HUD HQS inspection is required. For ESG and CSB funded programs, a HUD Habitability inspection is required. Site-based facilities have a housekeeping and maintenance plan. Evidence that the plan is being implemented can be staff initials when chores or routine maintenance tasks are completed. The program ensures that scattered site units are safe and sanitary, per HQS or | <u>Discussion</u>: Agency explained the facility's housekeeping and maintenance plan. <u>File Review</u>: CSB reviewed HQS or habitability inspection forms as applicable. | Compliant Compliant with conditions Non-compliant N/A | | 1 | PSH, TH, RRH |

J. Facilities

| | Habitability standards, as applicable. | | | |
|--------------------------|--|--|--|--|
| Discussion and Basis for | Conclusion | | | |
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| Standard J3 | Guideline J3 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|---|--|---|---|-------------------------|------|---|
| A First Aid kit is accessible to staff and residents and is stocked with sufficient supplies to handle multiple incidents. | A well-stocked first aid kit is kept in a common area where staff and residents can gain quick access in case of an emergency. The kit is stocked with common supplies to handle minor accidents. | Other: CSB inspected First Aid kits. | Compliant Compliant with conditions Non-compliant | | 1 | Single-site PSH, TH, Shelters, and any location where on- site services are provided |
| Discussion and Basis for | Conclusion | | □ N/A | | | |

| Standard J4 | Guideline J4 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|--|---|---|--|-------------------------|------|------------------------------|
| The program complies with all lead-based paint visual assessment requirements. | A written lead-based paint policy is available for review. Lead-based requirements apply to all units built before 1978 that are OR CAN BE occupied by families with children less than 6 years of age or pregnant women. Therefore, even if a unit is not currently occupied by a family, but is large enough or configured such that a family with a child under 6 years of age or a pregnant woman might move in, then the unit would need to meet lead-based requirements. For all practical purposes, the requirements apply to any unit built prior to 1978. Units must pass a lead-based paint visual assessment. A unit inspection and lead-based paint visual assessment conducted by a certified lead-based paint evaluator must be documented in the client's file. | <u>File Review</u>: CSB reviewed client files for evidence of the lead- based paint visual assessment; acknowledgement that the HUD approved Lead- Based Paint Pamphlet was received by the client, and acknowledgement that the warning statement was given to the client. <u>File Review</u>: If any units failed the assessment, CSB discussed with agency staff steps taken. <u>Other</u>: CSB staff conducted a lead-based paint visual assessment on shelters, as needed. | Compliant Compliant with conditions Non-compliant N/A | | 1 | PSH, TH, RRH, Shelters |

J. Facilities

| | If applicable, the agency | | | |
|--------------------------|---|--|--|--|
| | must provide a federal lead | | | |
| | information pamphlet and | | | |
| | lead warning statement to all | | | |
| | participants. Evidence is | | | |
| | either included in a | | | |
| | statement in the lease (with | | | |
| | the household initials) or by | | | |
| | giving the household a form | | | |
| | where a retained portion | | | |
| | confirms they received the | | | |
| | information. | | | |
| | | | | |
| | □ If applicable, the Lead-Based | | | |
| | Paint Poisoning Prevention | | | |
| | Act, as amended by the | | | |
| | Residential Lead-Based Paint Hazard Reduction Act of | | | |
| | 1992 applies. | | | |
| Discussion and Basis for | | | | |
| | Conclusion | | | |
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J. Facilities

| Standard J5 | Guideline J5 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|---|--|---|---|-------------------------|------|---|
| There is reasonable access to a public or private telephone for use by clients and phones are readily accessible for 911 / emergency calls. | Pay phones or other phones in good working order are available for client use. Staff can describe the process for ensuring clients have access to telephones. | <u>Discussion</u>: Agency staff described the process for ensuring clients have access to telephones. <u>Other</u>: CSB inspected phones for client use. | Compliant Compliant with conditions Non- compliant N/A | | 2 | Single-site PSH, TH, Shelters, and any location where on- site services are provided |

| | Guideline J6 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|---|---|--|--|-------------------------|------|-----------------|
| A bed, crib, or cot with clean and appropriate linens and bedding is provided for each client except in extenuating overflow situations. | There are clean linens available and a process for ensuring that linens are regularly laundered. A bed/crib/cot is available to each shelter resident. | <u>Other</u>: CSB inspected linens and laundry capabilities. <u>Other</u>: CSB inspected the sleeping facilities. | Compliant Compliant with conditions Non-compliant N/A | | 2 | Shelters |

| Restrooms have an adequate number of showers and toilets for the clients housed in the facility. There is warm and cold running water. Facilities are clean and in good morking order, and each program participant has access that are in properThe facility has clean restrooms that are in good working order. Restrooms can be dormitory style or individual, depending on the type of housing.File Review: CSB reviewed inspection forms.Other: CSB inspected showers, toilets, and water.Other: CSB inspected showers, toilets, and water. | Compliant Compliant with conditions Non-compliant N/A | 2 | All programs |
|--|--|---|--------------|
| operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste. The water is free from contamination. | | | |

J. Facilities

| Standard J8 | Guideline J8 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|--|--|---|--|-------------------------|------|------------------------------|
| The building is well maintained. Facilities are in good repair. Windows and doors operate properly and are not broken and can be secured properly. The facility is in a fit and habitable condition. | The facility is kept in decent, safe and sanitary repair. Windows, doors, and other structures work properly. If the program has scattered sites, the apartment buildings chosen are in decent, habitable condition. | <u>File Review</u>: CSB reviewed inspection forms. <u>Other</u>: CSB noted the general upkeep and identified unfavorable conditions, if any. | Compliant Compliant with conditions Non-compliant N/A | | 2 | PSH, TH, RRH, Shelters |
| Discussion and Basis for | Conclusion | | | | | |

| Standard J9 | Guideline J9 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|---------------------------|-------------------------------|----------------------------|------------|-------------------------|------|-----------------|
| Facilities providing | The facility has taken | □ <u>File Review</u> : CSB | Compliant | | | |
| services to children | measures to childproof | reviewed inspection | | | 2 | All programs |
| ensure: | electrical outlets and | forms. | Compliant | | | with children |
| > There are childproof | windows. | | with | | | |
| electrical outlets; | | Discussion: Agency | conditions | | | |
| > Precautions are | Children are not able to lock | confirmed that it | | | | |
| taken to prevent | themselves in any rooms. | permits 24-hour access | □ Non- | | | |
| children from falling out | | to the family's unit so | compliant | | | |
| windows; | The facility restricts access | that children may nap | | | | |
| > Doors open from | to areas or equipment that | without disturbance. | □ N/A | | | |
| inside without a key; | could be harmful to children, | | , | | | |

| J. Facilities | | | | | | |
|---|--|--|--|--|--|--|
| > Precautions are taken to protect children from burns; > Precautions are taken to protect children from injury from fans; and > There is an area for children to nap without disturbance. | such as stove, fans, etc. The facility must permit 24- hour access to the family's unit so that children may nap without disturbance. | <u>Other</u>: CSB inspected congregate facilities for child safety and privacy measures. | | | | |
| Discussion and Basis for (| Conclusion | | | | | |

| Standard J10 | Guideline J10 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|---|---|---|---|-------------------------|------|------------------------------|
| The facility has heating units for winter and the ability to create airflow in hot weather. Fans | Heating units should be adequate for the size of the building. | File Review: CSB reviewed inspection forms. | Compliant Compliant with | | 2 | PSH, TH, RRH, Shelters |
| and air conditioning, if available, are in good operating condition. Each room or space has a natural or mechanical means of ventilation. The interior air is free of | If air conditioning is unavailable, the agency should use fans to create adequate airflow during the summer. The facility has a log that | Other: CSB inspected furnaces, air conditioners, and maintenance records, or reviewed housing inspection results. | conditions Non- compliant N/A | | | |

| | 5 | J. Facilities | | |
|--|--|---------------|--|--|
| pollutants at a level that might threaten or harm the health of residents. | documents the furnace and air conditioner maintenance schedule, including changing the filter. | | | |
| | Scattered site programs should ensure that the buildings and landlords meet this standard. | | | |
| Discussion and Basis for | Conclusion | | | |
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| Standard J11 | Guideline J11 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|--|--|---|--|-------------------------|------|------------------------------|
| There is adequate natural or artificial illumination to permit normal indoor activities, including reading small print where posted. In facility-based programs, hallways, stairwells and exits are well-lit, and there are back-up batteries for exit lights. Exits are clearly marked | The facility or unit has lighting that is bright enough to permit reading or other similar activities indoors. The lighting in these areas is bright enough to prevent accidents. Exit lights have a system of battery back-up in the event of a power failure. | <u>File Review</u>: CSB reviewed inspection forms. <u>Other</u>: CSB inspected lighting or reviewed the housing inspection. <u>Other</u>: CSB confirmed that exit signs are clearly marked and emergency lights are | Compliant Compliant with conditions Non-compliant N/A | | 2 | PSH, TH, RRH, Shelters |

| | | J. Facilities | | |
|---|---|---|--|--|
| with exit signs with symbols capable of being understood regardless of residents' language. | Signs clearly mark exits and are universal so that anyone can understand them regardless of whether the client is literate or proficient in English. All exits are available and passable in case of an emergency. | functional. <u>Other</u>: CSB confirmed that all exits are available and passable in case of an emergency. | | |
| Discussion and Basis for | Conclusion | | | |

| Standard J12 | Guideline J12 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|---|---|---|--|-------------------------|------|-----------------|
| In congregate facilities, there are secure designated spaces available for storing a client's personal belongings while they | The facility provides lockers, storage trunks or makes other accommodations that allow residents to store their belongings. | <u>Discussion</u>: Agency staff described the process by which clients have access to their belongings. | Compliant Compliant with conditions | | 2 | TH, Shelters |
| reside at the shelter. Reasonable access by the residents must be provided. In non- congregate facilities, | Residents have access to their belongings as needed. Access to clients' belongings and storage space should not be denied in non- | Other: Agency staff showed CSB the secure space for clients' personal belongings. | Non- compliantN/A | | | |

J. Facilities

| clients have 24-hour access to their belongings or the space where their belongings are stored. | congregate facilities where there is little danger of theft because personal belongings are not stored in a congregate space. | | | |
|---|---|--|--|--|
| Discussion and Basis for (| Conclusion | | | |

| Standard J13 | Guideline J13 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type | | |
|--|---|---|--|-------------------------|------|-----------------|--|--|
| There is a place for clients who work third shift to sleep during the day when they are not at work. | A dark, quiet place that is suitable for sleeping and free from disturbance from other shelter residents should be provided to those clients who work third shift. | Other: If there are clients in the facility who work third shift, CSB inspected their sleeping space. | Compliant Compliant with conditions Non-compliant N/A | | 2 | Shelters | | |
| Discussion and Basis for Conclusion | | | | | | | | |

| Standard J14 | Guideline J14 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|---|---|--|--|-------------------------|------|------------------------------|
| There is a fire and disaster safety plan. In congregate shelters or single structure buildings, there are records of an annual fire inspection, a posted evacuation plan in symbols capable of being understood by all residents, an adequate fire detection system, regular fire drills, and adequate fire extinguishers. The program has documentation that employees are trained in fire safety procedures, including the use of fire extinguishers. In independent and scattered site units, there are working smoke detectors on each occupied level of the unit and posted evacuation plans. In | The agency has a fire safety plan available for review. The agency has written evidence that it receives a fire inspection each year and can produce the most current inspection report. Evacuation routes are posted and easily understood. Documentation of employee fire safety training is available for review. | <u>Policy Review</u>: CSB reviewed the fire safety policy. <u>File Review</u>: CSB reviewed the annual fire inspection. <u>Other</u>: CSB saw evidence that safety plans and evacuation routes are posted and necessary precautions have been taken. <u>Other</u>: CSB reviewed documentation of employee fire safety training. | Compliant Compliant with conditions Non-compliant N/A | | 2 | PSH, TH, RRH, Shelters |

J. Facilities

| multiple units with | | | | |
|------------------------------|----------|--|--|--|
| common entrances, | | | | |
| there is record of an | | | | |
| annual fire inspection. | | | | |
| Congregate shelters and | | | | |
| single structure | | | | |
| buildings have a fire | | | | |
| detection system and | | | | |
| fire extinguishers and | | | | |
| independent units have | | | | |
| working smoke | | | | |
| detectors. There is a | | | | |
| second means of exiting | | | | |
| the building in the event | | | | |
| of fire or other | | | | |
| emergency. | | | | |
| Discussion and Basis for Con | rclusion | | | |
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| Standard J15 | Guideline J15 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|--|---|--|--|-------------------------|------|----------------------|
| In site-based programs with desk staff, staff is responsible for monitoring the facility entrance and is aware of clients attempting to access the building. | There is a mechanism, such as security cameras, to allow staff to see who requests access to the building. | <u>Other</u>: CSB confirmed security measures at building access points. | Compliant Compliant with conditions Non- | | 2 | PSH, TH, Shelters |

J. Facilities

| | | compliant | | |
|----------------------------|------------|-----------|--|--|
| | | □ N/A | | |
| Discussion and Basis for C | Conclusion | | | |
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| Standard J16 | Guideline J16 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|---|---|---|--|-------------------------|------|-----------------|
| The agency ensures that information technology is accessible to persons with disabilities, as required by Section 508 of the Rehabilitation Act. | Section 508 requires that persons with disabilities can use information and data to the same extent as those without disabilities. Information technology includes, but is not limited to, computers, fax machines, copiers, and telephones. | <u>Discussion</u>: CSB discussed the requirement and how the agency complies with agency staff. | Compliant Compliant with conditions Non-compliant N/A | | 2 | All programs |
| Discussion and Basis for (| Conclusion | | | | | |

| Standard J17 | Guideline J17 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|--|--|--------------------|--|-------------------------|------|------------------------------|
| The agency and any housing units comply with all applicable building, housing, zoning, environmental, fire, health, safety, and life safety codes, Americans with Disabilities Act policies, Section 504 of the Rehabilitation Act, and fair housing laws. Facility-based programs with clients have Building and Occupancy Permits posted. | The agency has occupancy permits available for review. The agency can document that use of buildings is consistent with zoning. The agency can show proof that building(s) passed the fire safety inspection. The agency can describe plans for accommodating persons with disabilities. Examples include providing qualified sign language interpreters and materials in accessible formats such as Braille, audio, or large type, as needed. The agency can state if it has any pending litigation or investigation for civil rights or fair housing complaints. The agency can confirm that all programs comply with the new construction, | Self-certification | Compliant with conditions Non- compliant N/A | | 3 | PSH, TH, RRH, Shelters |

J. Facilities

| reasonable accommodation, | | | |
|-------------------------------|--|--|--|
| and rehabilitation | | | |
| requirements of Section 504 | | | |
| of the Rehabilitation Act, if | | | |
| applicable. | | | |

| Standard J18 | Guideline J18 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|---|--|--------------------|---|-------------------------|------|-----------------|
| Shelter clients may use the shelter as a legal residence for the purpose of voter registration. | Agency staff encourages clients to register to vote and provides information to clients regarding voting rights. This information can be disseminated as part of the intake process. Voter registration forms are | Self-certification | Compliant Compliant with conditions Non-compliant | | 3 | TH, Shelters |
| | available on-site. | | □ N/A | | | |

| Standard J19 | Guideline J19 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|--|---|--------------------|---|-------------------------|------|-----------------|
| The agency consults with the Columbus Health Department or other appropriate entities on sanitation, | The agency has letters, certifications, or other written evidence that it has consulted with the appropriate certifying | Self-certification | Compliant Compliant with | | 3 | Shelters |
| communicable diseases, hazardous material storage and | agencies regarding the referenced topics. | | conditionsNon- compliant | | | |
| use, and food handling. | Appropriate agencies include the Columbus Health Department, OSHA, and the | | □ N/A | | | |

J. Facilities

| | Mid-Ohio Foodbank. | | | | | |
|--|--|--------------------|--|-------------------------|------|------------------------------|
| | | | | | | |
| Standard J20 | Guideline J20 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
| Food preparation areas, if any, must contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner. If the program provides food storage for a food pantry, there is evidence that the Mid- Ohio Food Bank has determined that adequate provisions have been made for sanitary handling and safe storage of foods. | Letters, reports or other written documentation from an appropriate review and certifying body are kept on file for review. If the facility is not required to have a food license, the appropriate agency is consulted at least biannually. Agencies that provide supportive housing for persons with disabilities must provide meals or meal preparation facilities for clients. | Self-certification | Compliant with conditions Non- compliant N/A | | 3 | PSH, TH, RRH, Shelters |

| Standard J21 | Guideline J21 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|--|--|--------------------|--|-------------------------|------|--|
| Exits, steps, and walkways are clear of debris, ice, snow, and other hazards. There is a process in place to maintain clear | All steps and stairways have handles and treads. All walkways are kept in safe conditions regardless of the season. The facility has a plan for ensuring that debris | Self-certification | Compliant Compliant with conditions Non- | | 3 | PSH, TH, RRH, Shelters, CPOA/ Homeless |

J. Facilities

| walkways. All steps | is regularly removed from | compliant | Hotline |
|--|--|-----------|---------|
| have handrails as | walkways, particularly in the | | |
| required by applicable codes. Steps have | winter. | □ N/A | |
| treads or similar | All steps and stairways have | | |
| accommodation to prevent slipping. | handles and treads. | | |
| | Scattered Site providers use landlords that ensure that all walkways are kept in safe conditions regardless of the season. | | |
| | The program provides advocacy on behalf of clients regarding these issues, as needed. | | |

| Standard J22 | Guideline J22 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|--|--|--------------------|---|-------------------------|------|----------------------|
| The facility is in compliance with applicable OSHA | Facilities should show compliance with OSHA standards. | Self-certification | CompliantCompliant | | 3 | PSH, TH, Shelters |
| standards and has written plans for | The program has a written | | with conditions | | | |
| identification, treatment, and control of medical and health conditions (contagious diseases, | plan for handling infectious diseases and other health conditions that is available for review. | | Non- compliant | | | |
| body infestations). The agency implements Universal Precautions | There is a procedure regarding universal | | □ N/A | | | |

| | 201 | 1.+. | <u>^</u> |
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| J. F | a t.i | | |
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| Procedures as required | precautions that meets | | | |
|------------------------|---------------------------------|--|--|--|
| by OSHA standards. | OSHA standards. The | | | |
| | procedure contains plans for | | | |
| | preventing the spread of | | | |
| | infectious disease. | | | |
| | | | | |
| | Cleaning supplies and other | | | |
| | • • • • | | | |
| | toxic chemicals are kept in | | | |
| | areas not accessible to | | | |
| | residents without staff | | | |
| | assistance. The facility has | | | |
| | spill kits or other appropriate | | | |
| | | | | |
| | protocol for handling toxic | | | |
| | substances, such as drain | | | |
| | opener, oven cleaner, | | | |
| | bleach, etc. | | | |

| Standard J23 | Guideline J23 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|---|--|--------------------|--|-------------------------|------|------------------------------------|
| Staff is equipped with keys to all locks in the facility. In independent units, the clients are responsible for locking their unit, but staff maintains the ability to access the units at all times. | Residents are not able to lock staff out of the unit, nor are staff able to lock residents in. | Self-certification | Compliant Compliant with conditions | | 3 | Site-based PSH, TH, Shelters |
| | Staff has a plan and procedure that does not violate landlord-tenant law for entering units, as appropriate, in case of emergency. | | Non- compliantN/A | | | |

| Standard J24 | Guideline J24 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|---|--|--------------------|--|-------------------------|------|------------------------------------|
| There is evidence that radon testing has been done and necessary corrections made in buildings where clients have access to the basement. | If clients do not have access to the basement, the facility is exempt from this standard. Written evidence of testing results and remediation activities, such as reports or other correspondence, is maintained in the file. | Self-certification | Compliant Compliant with conditions Non-compliant N/A | | 3 | Site-based PSH, TH, Shelters |

CSB reviews Tier 1 standards annually and Tier 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.