New requirements are in red text and do not apply for the 2025 PR&C review. These requirements will be applicable in 2026. Minor adjustments and clarifications and changes to Tiers are in green text. These changes are applicable for the 2025 PR&C review. Bold are requirements that now apply for the 2025 PR&C review.

| Standard J1 | Guideline J1 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|---|---|--------------------------------|---|-------------------------|---------------|---|
| Applicable Regulations: | City of Columbus Title 45 Housing C | Code, Ohio Civil Rights Commis | ssion Occupancy S | Standards & N | ISPIRE | |
| The proper number of beds or apartment units is provided according to the CSB partnership agreement(s). | □ The facility or program has at least the number of beds or units as stated in the CSB partnership agreement(s). □ Each resident must be afforded adequate space and security for themselves and their belongings and an acceptable place to sleep. □ CoC-funded PSH and RRH 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 SROs). 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. | | □ Compliant with conditions □ Non-compliant □ N/A | Candards Can | 1 | All programs except CPOA, CARR Team, Outreach, Prevention |

| 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 | | |
| SROs). 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 premises. | | |
| tire came promisees | | |
| For Co C founded DCII and | | |
| For CoC-funded PSH and | | |
| RRH, if household | | |
| composition changes, the | | |
| agency must relocate the | | |
| household to a more | | |
| appropriately sized unit with | | |
| continued access to | | |
| | | |
| appropriate supportive | | |
| services. | | |

Discussion and Basis for Conclusion

| Standard J2 | Guideline J2 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|---|--|--|--|-------------------------|------|--|
| Applicable Regulation & | Training: NSPIRE & HUD Training | | | <u> </u> | | 1360 |
| The facility must be kept in a safe and sanitary condition and units must meet HUD Housing Quality Standard (HQS) or HUD Habitability Standards, as applicable, and all applicable local codes. | For CoC- and HOME-funded programs, an initial and annual HUD HQS or INSPIRE inspection is required. For ESG- and CSB-funded programs, a HUD Habitability initial or NSPIRE and annual inspection is required. CSB will not pay rent for units that do not pass inspection. | Discussion: Staff explained the housekeeping and maintenance plan. File Review: CSB reviewed HQS or Habitability Inspection forms as applicable. | □ Compliant □ Compliant with conditions □ Non-compliant □ N/A | | 1 | PSH, TH, RRH, Shelters, and Prevention (only if client moves to a new unit) |
| shelter and housing standards in 2 CFR Part 576.403. Programs providing Rental Assistance ensure carbon monoxide alarms or detectors are in units. | 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. | Other: For ESG-funded shelters, CSB completed a habitability inspection. Once in effect, NSPIRE will replace all other inspections. Currently projected for 10/1/25. | | | | |
| No later than 10/1/25 NSPIRE inspection standards will replace all other inspection requirements. | □ Shelter ESG standards include minimum standards for emergency shelters, structure and materials, access, space and security, interior air quality, water supply, sanitary facilities, thermal environment, illumination and electricity, | Other: For site-based programs CSB reviewed general upkeep, maintenance records, exit signs, and exit passageways. Other: Rental Assistance | | | | |

| | food preparation, sanitary conditions, and fire safety. NSPIRE will replace this, when applicable. Currently projected for 10/1/25. | HQS/Habitability inspections include confirmation of carbon monoxide alarms or detectors. Once in effect, NSPIRE will replace all other inspections. Currently projected for 10/1/25. | | |
|--------------------------|--|---|--|--|
| Discussion and Basis for | r Conclusion | | | |

| Standard J3 | Guideline J3 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|---|---|---|---|-------------------------|------|---|
| A First Aid kit is accessible to staff and residents and stocked with sufficient supplies to handle multiple incidents. | A well-stocked and OSHA compliant first aid kit is kept in a common area where staff and residents can gain quick access in case of an emergency. | Other: CSB inspected NARCAN and fentanyl strips and First Aid kits to ensure compliance with OSHA requirements. | ☐ Compliant ☐ Compliant with conditions | | 1 | Single-site PSH, TH, Shelters, and any location where on- site services |
| Facility-based programs have NARCAN and fentanyl test strips available and have staff trained to use both. | The kit is stocked with common supplies to handle minor accidents. NARCAN and fentanyl test strips are kept in an area accessible by the trained personnel. | ☐ <u>Discussion</u> : Staff explained how required supplies and staff training are maintained. | □ Non- compliant □ N/A | | | are provided |
| Discussion and Basis for | Conclusion | | | | | |

| Standard J4 | Guideline J4 | Monitoring Method | Conclusion | Certifying | Tier | Program |
|-------------|--------------|-------------------|------------|------------|------|---------|
| | | | | Official* | | Type |

| Applicable Regulations & | α Training: <u>NSPIRE</u> , <u>HUD Training</u> , <u>I</u> | Deve | lopment's Lead-Based Pa | nt F | Policy | | |
|--------------------------|--|------|---|------|------------|---|------------|
| The program complies | ☐ Lead-based paint | | File Review: CSB | | Compliant | | |
| with all lead-based | requirements apply to all | | reviewed client files for | | | 1 | PSH, TH, |
| paint requirements. | units built before 1978 that | | evidence of the lead- | | Compliant | | RRH, |
| | are OR CAN BE occupied by | | based paint | | with | | Shelters, |
| | families with children less | | requirements. | | conditions | | and |
| | than 6 years of age or pregnant women. Even if a | | File Deviews If any write | | N.I. | | Prevention |
| | unit is not currently | | <u>File Review</u> : If any units failed the visual | | Non- | | |
| | occupied by a family, but is | | assessment, CSB | | compliant | | |
| | large enough or configured | | discussed with staff | | N/A | | |
| | such that a child under the | | steps taken. | | N/A | | |
| | age of 6 or a pregnant | | · | | | | |
| | woman can be living or | | Other: Quarterly email | | | | |
| | spending time, then the unit | | to the Ohio Dept. of | | | | |
| | needs to meet lead-based | | Health listing active | | | | |
| | paint requirements. For all practical purposes, the | | CoC- and HOME-funded | | | | |
| | requirements apply to any | | unit addresses. | | | | |
| | unit built prior to 1978. | | Other: CSB staff | | | | |
| | | | conducted a lead-based | | | | |
| | □ A unit inspection and lead- | | paint visual assessment | | | | |
| | based paint visual | | for family shelters, as | | | | |
| | assessment conducted by a | | needed. | | | | |
| | certified lead-based paint | | | | | | |
| | evaluator, 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 must be | | | | | | |
| | documented in the client's | | | | | | |
| | file. | | | | | | |

| | the lease (with the household initials) or by giving the household a form where a retained portion confirms they received the information. Lead-based paint disclosures must be included in master leases or a separate document provided to the partner agency. 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 C | Conclusion | | | |

| 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. | Phones in good working order are available for client use. | ☐ Other: CSB inspected phones for client use. | CompliantCompliant with conditionsNon-compliant | | 2 | Single-site PSH, TH, Shelters, and any location where on- site services are provided |
| | | | □ N/A | | | |
| Discussion and Basis for | r Conclusion | | □ N/A | | | |

| Standard J6 | 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. | Bed, cribs, or cots and clean linen are available and there is a process for ensuring linens are regularly laundered. | Other: CSB inspected linens and laundry capabilities. Other: CSB inspected sleeping facilities. Other: For ESG-funded shelters, CSB completed a habitability inspection. Once in effect, NSPIRE will replace all other inspections. Currently projected for 10/1/25. | □ Compliant □ Compliant with conditions □ Non-compliant □ N/A | | 2 | Shelters |
| Discussion and Basis for | r Conclusion | | | | | |

| Restrooms have an adequate number of showers and toilets for the clients housed in the facility. Restrooms and showers affirm the client's identity. There is warm and cold running water. Facilities are clean and in good working order, and each client has access to sanitary facilities that are in proper operating condition, private, and adequate for personal cleanliness and disposal of human waste. The water is free from contamination. The facility has clean restrooms that are in good working order. Restrooms on the tare in good working order. Restrooms individual, depending on the type of housing or shelter. Other: CSB reviewed maintenance records, inspections, and any grievances regarding the facility. Other: CSB reviewed maintenance records, inspections, and any grievances regarding the facility. Other: CSB reviewed maintenance records, inspections, and any grievances regarding the facility. Other: CSB reviewed maintenance records, inspections, and any grievances regarding the facility. Other: CSB reviewed maintenance records, inspections, and any grievances regarding the facility. Other: CSB reviewed maintenance records, inspections, and any grievances regarding the facility. Other: CSB reviewed maintenance records, inspections, and any grievances regarding the facility. Other: CSB reviewed maintenance records, inspections, and any grievances regarding the facility. Other: CSB reviewed maintenance records, and any grievances regarding the facility. Other: CSB reviewed maintenance records, inspections, and any grievances regarding the facility. Other: CSB reviewed maintenance records, inspections, and any grievances regarding the facility. Other: CSB reviewed maintenance records, inspections, and any grievances regarding the facility. Other: CSB reviewed maintenance records, inspections, and any grievances regarding the facility. Other: CSB reviewed maintenance records, and any grievances regarding the facility. Other: CSB reviewed maintenance records, and any gri |
|--|
| requested. Discussion and Basis for Conclusion |

| Standard J8 | Guideline J8 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|--|---|---|---|-------------------------|------|---|
| Facilities providing services to children ensure: > There are childproof electrical outlets; > Precautions are taken to prevent children from falling out windows; > Doors open from inside without a key; > Precautions are taken to protect children from burns; > 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. Discussion and Basis for | □ The facility has taken measures to childproof electrical outlets and windows. □ Children are not able to lock themselves in any rooms. □ The facility restricts access to areas or equipment that could be harmful to children. □ The facility must permit 24-hour access to the family's unit so that children may nap without disturbance. | Discussion: Agency confirmed that it permits 24-hour access to the family's unit so that children may nap without disturbance. Other: CSB inspected congregate facilities for child safety and privacy measures. Other: For ESG-funded shelters, CSB completed a habitability inspection. Once in effect, NSPIRE will replace all other inspections. Currently projected for 10/1/25. | □ Compliant with conditions □ Non-compliant □ N/A | | 2 | All programs serving children where on- site services are provided |

| Standard J9 | Guideline J9 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|--|--|---|-------------|-------------------------|------|-----------------------------|
| In congregate facilities, there are secure designated spaces for storing a client's | The facility provides lockers or storage trunks or makes other accommodations for clients to store belongings. | ☐ <u>Discussion</u> : Staff described the process by which clients have access to their | □ Compliant | | 2 | Single-site TH, Shelters |

| | | | | | Т | · | , | |
|--------------------------|-----|------------------------------|---|--------------------------|---|------------|-------|----------|
| personal belongings. | | | | belongings and | | Compliant | | I |
| Agencies must provide | | Clients have access to | | corrective action for | | with | | 1 |
| reasonable access to | | belongings as needed. | | lost/stolen property. | | conditions | | I |
| clients. In non- | | Access to clients' | | | | | | I |
| congregate facilities, | | belongings and storage | | Other: Staff showed | | Non- | | I |
| clients, have 24-hour | | space should not be denied | | CSB the secure space | | compliant | | I |
| access to their | | in non-congregate facilities | | for clients' personal | | compliant | | |
| belongings or the space | | where there is little danger | | belongings. | П | N/A | | |
| where their belongings | | of theft because personal | | ololigii go. | | IN/ A | | |
| are stored. | | belongings are not stored in | П | Other: For ESG-funded | | | | |
| are eterear | | a congregate space. | | shelters, CSB | | | | I |
| | | a congregate space. | | , | | | | I |
| | | Ctoff trook all reported | | completed a habitability | | | | I |
| | | Staff track all reported | | inspection. Once in | | | | I |
| | | incidents of lost or stolen | | effect, NSPIRE will | | | | I |
| | | property and can | | replace all other | | | | I |
| | | demonstrate appropriate | | inspections. Currently | | | | I |
| | | and necessary corrective | | projected for 10/1/25. | | | | I |
| | | action(s) taken to ensure | | | | | | I |
| | | secure storage of and | | | | | | I |
| | | access to personal | | | | | | I |
| | | belongings. | | | | | | <u> </u> |
| Discussion and Basis for | Cor | nclusion | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Standard J10 | Guideline J10 | 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. | Agencies must provide a dark, quiet place that is suitable for sleeping and free from disturbance from other shelter residents to clients who work third shift. | Other: If there are clients in the facility who work third shift, CSB inspected their sleeping space, if possible without | □ Compliant□ Compliant with conditions | | 2 | Shelters |

| | disturbing sleeping clients. | □ Non- compliant | |
|-------------------------------------|------------------------------|---------------------|------|
| | | □ N/A | |
| Discussion and Basis for Conclusion | | | |
| | | | |
| | | | |
| | | | |

| Standard J11 | Guideline J11 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|--|---|---|---|-------------------------|------|--|
| There is a fire and disaster safety plan. In congregate shelters or single structures, there are records of an annual fire inspection, a posted evacuation plan in symbols that all residents can understand, a fire detection system, regular fire drills, and adequate fire extinguishers. | 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. There is a second means of exiting the building in the event of an emergency. The program has documentation that employees are trained in fire safety procedures. Congregate shelters and single structure buildings | Policy Review: CSB reviewed the fire safety policy. File Review: CSB reviewed the annual fire inspection. Other: CSB saw evidence that safety plans and evacuation routes are posted. Other: CSB reviewed documentation of employee fire safety training. Other: For ESG-funded shelters, CSB completed a habitability inspection. Once in effect, NSPIRE | □ Compliant with conditions □ Non-compliant □ N/A | | 2 | Single-site PSH, TH, Shelters, and any location where on- site services are provided |

| | have a fire detection system and fire extinguishers and independent units have working smoke detectors. | will replace all other inspections. Currently projected for 10/1/25. | | | | | | |
|-------------------------------------|---|--|--|--|--|--|--|--|
| | ☐ In scattered site units, there are working smoke detectors on each occupied level of the unit and posted evacuation plans. In multiple units with common entrances, there is record of an annual fire inspection. | | | | | | | |
| | Units are equipped with a working carbon monoxide detector. | | | | | | | |
| Discussion and Basis for Conclusion | | | | | | | | |
| | | | | | | | | |

| Standard J12 | Guideline J12 | 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. | Other: CSB confirmed security measures at building access points. Other: For ESG-funded shelters, CSB completed a habitability inspection. Once in effect, NSPIRE will | CompliantCompliant with conditionsNon-compliant | | 2 | Single-site PSH, TH, Shelters, and any location where on- site services are provided |

| | | | replace all other inspections. Currently projected for 10/1/25. | N/A | | | |
|--|-----|---|--|--|-------------------------|------|-----------------|
| Discussion and Basis for | Cor | ıclusion | | | | | |
| Standard J13 | | Guideline J13 | 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. | Discussion: CSB discussed the requirement and how the agency complies with agency staff. | Compliant With conditions Non- compliant N/A | | 2 | All programs |
| Discussion and Basis for | Cor | ıclusion | | | | | |

| Standard J14 | Guideline J14 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type | |
|--|--|----------------------|-------------|-------------------------|------|------------------|--|
| Applicable Regulations: Americans with Disabilities Act, Section 504 of Rehabilitation Act, Fair Housing Act | | | | | | | |
| The agency and any housing units comply with all applicable | ☐ The agency has occupancy permits available for review. | ☐ Self-certification | ☐ Compliant | | 3 | PSH, TH, RRH, | |

| | | dollitics | |
|----------------------------|---------------------------------|-------------|---------------|
| building, housing, | | ☐ Compliant | Shelters, |
| zoning, environmental, | ☐ The agency can document | with | and any |
| fire, health, safety, and | that use of buildings is | conditions | location |
| life safety codes, | consistent with zoning. | | where on- |
| Americans with | | □ Non- | site services |
| Disabilities Act policies, | ☐ The agency can show proof | compliant | are provided |
| Section 504 of the | that building(s) passed the | Compilant | |
| Rehabilitation Act, and | fire safety inspection. | □ NI/A | |
| fair housing laws. Site- | ine safety inspection. | □ N/A | |
| based programs with | The second second second second | | |
| clients have Building | ☐ The agency confirms there | | |
| and Occupancy Permits | are plans for | | |
| | accommodating persons | | |
| posted. | with disabilities. Examples | | |
| | include providing qualified | | |
| | sign language interpreters | | |
| | and materials in formats | | |
| | such as Braille, audio, or | | |
| | large type. | | |
| | | | |
| | ☐ The agency communicates | | |
| | with CSB any pending | | |
| | litigation or investigation for | | |
| | civil rights or fair housing | | |
| | complaints. | | |
| | oomplante. | | |
| | ☐ The agency confirms that all | | |
| | programs comply with the | | |
| | 1 | | |
| | new construction, | | |
| | reasonable | | |
| | accommodation, and | | |
| | rehabilitation requirements | | |
| | of Section 504 of the | | |
| | Rehabilitation Act. | | |

| Standard J15 | Guideline J15 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|---|--|----------------------|---|-------------------------|------|-----------------|
| Shelter and TH clients may use the shelter or TH facility as a legal residence for the purpose of voter registration. | Staff encourages clients to register to vote and provides information to clients on 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 J16 | Guideline J16 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|---|---|----------------------|---|-------------------------|------|--|
| The agency implements Universal Precautions Procedures as required by Occupational Safety and Health Administration (OSHA), is following applicable standards, and has written plans for identification, treatment, and control of medical and health conditions. The agency consults with the Columbus Health Department or other appropriate entities on sanitation, infectious diseases, hazardous | □ Facilities show compliance with OSHA standards. □ The agency has letters, certifications, or other written evidence that it has consulted with the appropriate certifying agencies regarding the referenced topics. □ Appropriate agencies include the Ohio Department of Health, Franklin County Department of Health, Columbus Health Department, OSHA, and the Mid-Ohio Food Collective. | □ Self-certification | Compliant with conditions Non-compliant N/A | | n | Site-based PSH, TH, and Shelters |

| material storage and | The agency has written | | | |
|-------------------------|-------------------------------|--|--|--|
| use, and food handling. | policies and procedures for | | | |
| aco, and rood nanding. | detecting, controlling, and | | | |
| | | | | |
| | reporting infectious | | | |
| | diseases according to Ohio | | | |
| | Department of Health, | | | |
| | Franklin County Public | | | |
| | Health, and Columbus | | | |
| | Public Health infectious | | | |
| | disease reporting | | | |
| | requirements located at | | | |
| | https://idrsinfo.org/. | | | |
| | intips.//idisinio.org/. | | | |
| | The organization and | | | |
| | The agency reports | | | |
| | infectious diseases to public | | | |
| | health officials and CSB (via | | | |
| | a major/unusual incident | | | |
| | report) when detected by | | | |
| | the end of the next business | | | |
| | day. The policy and | | | |
| | procedure include or | | | |
| | references procedures | | | |
| | concerning universal | | | |
| | precautions. | | | |
| | productions. | | | |
| | The agency documents | | | |
| | | | | |
| | report provided to public | | | |
| | health officials and CSB | | | |
| | when reportable infectious | | | |
| | diseases are detected. | | | |
| | | | | |
| | 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, or bleach. | | | |

| Standard J17 | Guideline J17 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|--|--|--|---|-------------------------|------|---|
| Food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner. If the program provides storage for a food pantry, there is evidence that the Mid-Ohio Food Collective has determined that adequate provisions have been made for sanitary handling and safe storage of foods. | Letters, reports, or other documentation from an appropriate review and certifying body are available 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. Kitchen cleaning schedule and guidelines are posted and/or available when requested. | □ Self-certification □ For ESG-funded shelters, CSB completed a habitability inspection. It is projected that on 10/1/25 NSPIRE inspection standards will replace all other inspection requirements. | □ Compliant with conditions □ Non-compliant □ N/A | | 3 | PSH, TH, RRH, Shelters that provide on- site meals or food pantries |

| Standard J18 | Guideline J18 | 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 walkways. Steps have treads or similar accommodation to prevent slipping. | □ 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 is regularly removed from walkways. □ Scattered Site programs use landlords who ensure walkways are kept in safe conditions. □ The program advocates for clients regarding these issues, as needed. | □ Self-certification □ For ESG-funded shelters, CSB completed a habitability inspection. It is projected that on 10/1/25 NSPIRE inspection standards will replace all other inspection requirements. | □ Compliant with conditions □ Non- compliant □ N/A | | 3 | PSH, TH, RRH, Shelters, and any location where on- site services are provided |

| Standard J19 | Guideline J19 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|--|--|--------------------|---|-------------------------|------|------------------------------------|
| Staff has keys to all locks in the facility. In independent units, clients are responsible for locking their unit, | Residents are not able to lock staff out of the unit, nor are staff able to lock residents in. | Self-certification | CompliantCompliantwithconditions | | 3 | Site-based PSH, TH, Shelters |
| but staff maintains the ability to access the units at all times. | Staff has a plan and procedure that does not violate landlord-tenant law for entering units, as appropriate, in case of emergency. | | □ Non-compliant□ N/A | | | |

| Standard J20 | Guideline J20 | Monitoring Method | Conclusion | Certifying Official* | Tier | Program Type |
|--|---|--------------------|---|-------------------------|------|------------------------------------|
| The agency has done radon testing and made any necessary changes in buildings where clients have access to the basement. | ☐ Written evidence of testing results and remediation activities, such as reports or other correspondence, is available for review. | Self-certification | □ Compliant□ Compliant with conditions□ Non-compliant | | 3 | Site-based PSH, TH, Shelters |
| | | | □ N/A | | | |

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.