

# SHELTER MONITORING COMMITTEE

## 1st Quarter Report

July 1, 2017 through September 30, 2017



# 1<sup>st</sup> Quarter Facts and Figures

## SITE VISITS

**12** completed site visits, 60% of mandated total

Sites with **0** infractions 

Hamilton Emergency Shelter | St. Joseph's |

Site with most infractions:

A Woman's Place Drop In  
6 total infractions

(All 6 infractions have been resolved)

## Top 5 Site Visit Infractions

Insufficient hygiene supplies



Lack of translation services



Insufficient maintenance signage



No TTY machine access



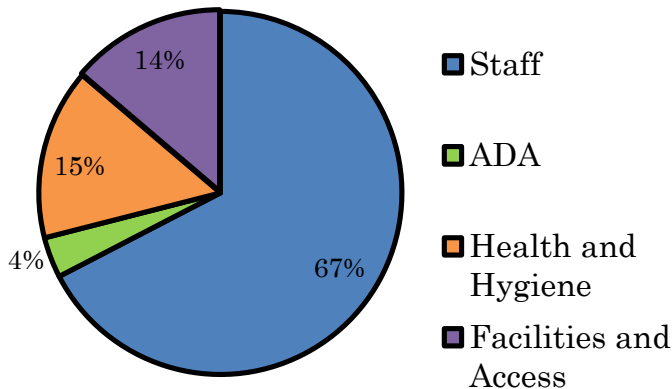
Not all staff wearing ID badges



## CLIENT COMPLAINTS

**46** total complaints filed by  
**31** unduplicated clients

### Client Complaint Categories



### Status of Complaints

**10** Closed

**9** Pending

**17** No Contact

**9** Not Satisfied

**1** Open

# INTRODUCTION

## ***Who We Are***

The Shelter Monitoring Committee (The Committee) is a governmental agency established by the Board of Supervisors to document the conditions and operations of shelters that are publicly funded. Established by Board of Supervisor's Ordinance 283-04, the Committee is composed of thirteen voluntary members drawn from a wide spectrum of stakeholders including shelter providers, formerly homeless individuals, shelter employees and representatives of DSHS, and the Mayor's office. The Committee is supported by two full-time staff from the Department of Public Health.

## ***What We Do***

The Committee is responsible for documenting the conditions of San Francisco shelters and resource centers with the aim of providing the Mayor, the Board of Supervisors, the Local Homeless Coordinating Board, the public and other appropriate agencies with accurate, comprehensive information about the conditions and operations of shelters.

The Committee reviews San Francisco's city policies that have an impact on shelter clients or affect shelter operations to recommend changes and/or best practices in the provision of shelter service. Additionally, the Committee monitors shelters to ensure they are complying with the Standards of Care (The Standards), a set of 32 shelter operating standards adopted by the Board of Supervisors in 2008.

## ***How We Do It***

### **Unannounced and Announced Site Visits**

The Committee conducts four unannounced visits per shelter and/or resource centers (sites) per year to verify compliance with the Standards of Care. During a site visit, Committee teams note and submit Standard of Care infractions to shelter management who are given 7 days to investigate and resolve the infractions. The Committee also makes two announced site visits each year to conduct shelter surveys and provide shelter clients an opportunity to discuss shelter conditions with the Committee.

### **Investigation of Client complaints**

The Committee investigates all Standards of Care violations in the shelters and/or resource center. Clients can submit shelter complaints to Committee staff by email, phone or in person. Committee staff submit client Complaints to shelter management, who have 7 days to investigate the allegations and respond to the client's complaint in writing. Clients not satisfied with the site's response can request an independent investigation by Committee staff. Staff investigate the client's allegations and determines if the site follows the Standards of Care. Committee staff then submit their findings the client, the site and the Department of Homelessness and Supportive Housing. Committee staff also submit recommendations for corrective action if the investigation determines that the site was not in compliance with the Standards of Care.

### **Shelter Trainings**

The Committee conducts Standard of Care trainings for shelter staff which provide an overview of the Standards of Care as well as how the Committee checks the sites to see if they are in compliance with the Standards of Care through site visits and client complaints.

### **Policy Subcommittee**

The Policy Subcommittee is responsible for monitoring any City policies that impact shelter clients and shelter operations as well as formulating policy recommendations that are then sent to the full Committee for approval. For the 1<sup>st</sup> Quarter of FY17-18, the Policy Subcommittee has been discussing the Navigation Centers, Coordinated Entry for Family Shelters and possible changes to the Committee's site visit requirements.

# 1<sup>st</sup> QUARTER REPORT

## I. SITE VISITS

For the quarter starting July 1 and ending September 30, 2017, the Committee completed 12 of 21 unannounced site visits, 60% of the mandated total. Two sites were not cited for a single Standard of Care infraction: Hamilton Emergency Shelter and St. Joseph's Family Shelter. The site with the most infractions was A Woman's Place Drop In with 6 total infractions. Each of those 6 infractions has been resolved.

The five Standards that shelters had the most difficulty meeting this quarter were:



### Standard 3<sup>1</sup> (Health and Hygiene)

5 sites: A Woman's Place Drop In, Hamilton Family Shelter, Mission Neighborhood Resource Center, Next Door, Santa Ana



### Standard 21<sup>2</sup> (Facilities and Access)

3 sites: Bethel AME, Providence and United Council



### Standard 17<sup>3</sup> (Facilities and Access)

2 sites: Hamilton Family Shelter and Next Door



### Standard 18<sup>4</sup> (Facilities and Access)

2 sites: Bethel AME, First Friendship, Interfaith Winter Shelter, MSC South and Providence



### Standard 25<sup>5</sup> (Staff)

2 sites: A Woman's Place Drop In, MSC South

The Committee also completed three announced site visits during the 1<sup>st</sup> Quarter of this fiscal year. The client survey responses can be found on Appendix B on page 3 of the Appendices section at the end of this report.

<sup>1</sup>Standard 3: Provide liquid soap with a dispenser permanently mounted on the wall in the restrooms; small individual packets of liquid soap, or small bar soap for use by one individual only, paper/hand towels, hand sanitizers, at least one bath-size (24"x48") towel to shelter clients and staff in each bathroom; if hand-dryers are currently installed they shall be maintained in proper working condition; in addition, shelters shall provide toilet paper in each bathroom stall and hire janitorial staff clean shelters on daily basis

<sup>2</sup> Standard 21: Communicate with each client in the client's primary language or provide professional translation services; including but not limited to American Sign Language interpretation; however, children or other clients may be asked to translate in emergency situations

<sup>3</sup> Standard 17: Note in writing and post in a common areas in the shelter when a maintenance problem will be repaired and note the status of the repairs





<sup>4</sup>Standard 18: Provide access to free local calls during non-sleeping hours; including TY access and amplified phones for clients who are deaf and hearing impaired

<sup>5</sup> Standard 25: Require all staff to wear a badge that identifies the staff person by name and position

## II. CLIENT COMPLAINTS

The Committee received 46 Standard of Care complaints filed by 31 unduplicated clients in the 1st Quarter. This represents an 8.0% decrease in the number of complaints and a 13.8% decrease in the number of unduplicated clients submitting complaints when compared to the previous quarter.<sup>6</sup> The Standards that came up in the most client complaints this quarter were Standards 1, 2, 13 and 15.

### Client Complaints – Top 4 Allegedly Violated Standards

Standard of Care	Category	# of complaints alleging violations of this Standard	# of unduplicated complainants submitting complaints	# sites receiving complaints about this Standard
Standard 1: Treat clients equally, with respect and dignity, including in the application of shelter policies and grievance process	Staff 	35	25	10
Standard 2: Provide shelter services in an environment that is safe and free from physical violence; by ensuring safety protocols are in place that include training to shelter staff regarding de-escalation techniques	Staff 	12	8	6
Standard 13: Make the shelter facility available to shelter clients for sleeping at least 8 hours per night	Health and Hygiene 	4	3	3
Standard 15: Provide shelter clients with pest-free, secure property storage inside each shelter.	Facility 	4	4	4

**Please note that each complaint can include alleged violations of more than one Standard or multiple alleged violations of the same Standard.**

<sup>6</sup> Quarter 4 FY16-17: 50 total complaints submitted by 36 unduplicated clients

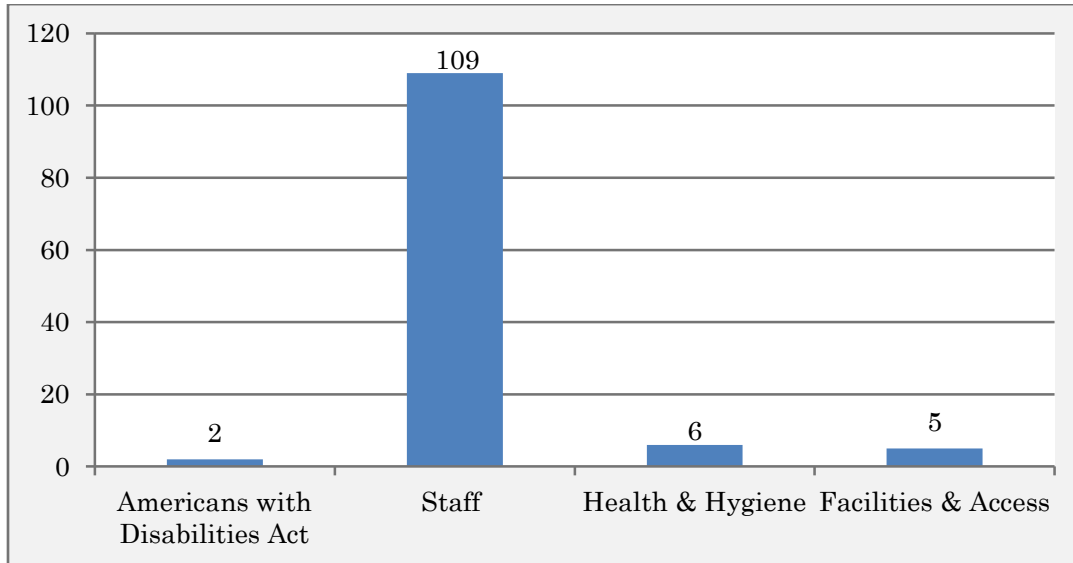
The table below provides a breakdown of the number of complaints per site and the status of the complaints themselves. A complaint can include allegations of non-compliance for one Standard or multiple Standards. The Standards of Care complaints fall into five status categories<sup>7</sup>: Open, Closed, Not Satisfied, Pending or No Contact.

**Standard of Care Complaints Tally 1st Quarter FY2017-2018**

<b>Site</b>	<b>Site Capacity</b>	<b># of Complainants</b>	<b># of Complaints filed</b>	<b>Status of Complaints</b>	<b>Investigations</b>
<b>A Woman's Place Drop In</b>	63 chairs	1	1	Closed (1)	None
<b>Bethel AME</b>	30 mats	8	10	No Contact (3) Not Satisfied (1) Closed (2) Pending (3) Open (1)	Completed (1)
<b>First Friendship</b>	50 mats	1	1	No Contact (1)	None
<b>Hamilton Emergency Shelter</b>	46 beds	1	1	No Contact (1)	None
<b>Jazzie's Place</b>	24 beds	1	1	No Contact (1)	None
<b>MSC South Drop In</b>	70 chairs	1	1	Closed (1)	None
<b>MSC South Shelter</b>	340 beds	7	7	Not Satisfied (2) No Contact (5)	Completed (2)
<b>Next Door</b>	334 beds	6	15	Closed (4) Not satisfied (6) Pending (5)	Completed (6)
<b>Providence</b>	110 mats	2	2	Closed (1) No Contact (1)	None
<b>Sanctuary</b>	200 beds	5	6	Closed (1) No Contact (4) Pending (1)	None
<b>Santa Ana</b>	28 beds	1	1	No Contact (1)	None
<b>Totals</b>		<b>34 (Unduplicated clients: 31)</b>	<b>46</b>	<b>Closed (10) Pending (9) Not Satisfied (9) No Contact (17) Open (1)</b>	<b>Completed (9)</b>

<sup>7</sup> Complaint Status Categories: Open - Site has not responded to the complaint filed by the client; Closed: Client who filed the complaint is satisfied with the response; Not Satisfied – Client did not agree with the site response and has requested an investigation; Pending – Site had responded to the complaint and the Committee is waiting for the client to review the response; No Contact – Complaint closed because client has not reviewed the site's response within 45 days

## Standard of Care Complaint Allegations Breakdown, 1st Quarter, 2017-2018



Total allegations: 122

The *Standard of Care Complaint Allegations Breakdown, 1st Quarter 2017-2018*, provides an overview of the types of complaints that were filed with the Committee. There are four Standard of Care complaint categories:



### **Staff**

The staff category refers to four Standards [1, 2, 25 & 31] that focus on how the client is treated at the site. This category includes complaints alleging staff being unprofessional, not maintaining a safe shelter environment or not receiving required trainings.



### **Americans with Disabilities Act (ADA)**

The ADA category refers to Standard 8 and the majority of complaints in this category focus on either a lack of or a denial of access through an accommodation request or a facility problem.



### **Health & Hygiene**

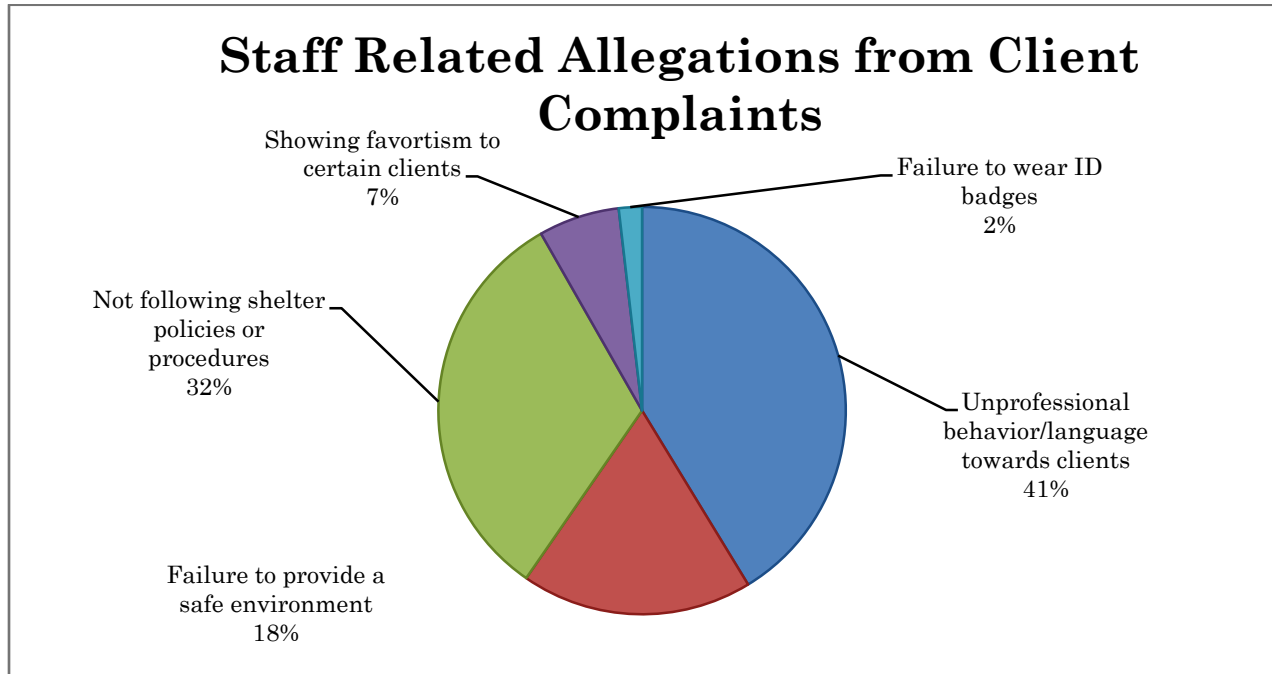
This category refers to 11 Standards focusing on meals, access to toiletries, shelter cleanliness and stocked first aid kits. The 11 Standards include Standards 3, 4, 5, 6, 7, 9, 10, 11, 13, 19, and 30.



### **Facility & Access**

The sixteen Standards in this category focus on whether shelter facilities are accessible and providing clients with items and services such as property storage, bedding and transportation. The Standards that make up this area are 12, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 26, 27, 28, 29, and 32.

## Breakdown of Staff-related allegations from client complaints



Total number of Staff-related allegations: 109

Out of the four Standards of Care categories, the Staff category consistently receives the most client complaints and allegations. Chart II breaks down the Staff-related allegations in client complaints into more specific categories.

With 45 allegations this quarter, the most common allegation of staff misconduct listed in client complaints are allegations of unprofessional or disrespectful behavior or language towards shelter clients. This category contains allegations of staff speaking to clients using profanity, disrespectful language or other unprofessional behavior.

The second most common allegation of staff misconduct this quarter were allegations of staff not following shelter policies or procedures. Examples include allegations of staff not providing reasonable accommodations, late passes, laundry vouchers or MUNI tokens to eligible clients. The Committee received 35 allegations of this type this quarter.










The third most common allegation of staff misconduct is related allegations of staff failing to provide a safe environment for shelter clients. These include allegations of not properly addressing instances of verbal threats or physical violence taking place inside shelters. The Committee received 20 allegations of this type during the reporting period.

The categories with the fewest allegations of staff misconduct this quarter were complaints about staff showing favoritism to clients and staff not identifying themselves to clients. The Committee received 7 allegations staff showing favoritism to clients and 2 allegations of staff not wearing ID badges this quarter.



## Client Complaint Investigations

Clients who receive unsatisfactory responses to complaints can request a Committee investigation. Committee staff completed eight investigations this quarter: Five for complaints from the 1<sup>st</sup> Quarter FY17-18 and three for complaints from the 4<sup>th</sup> Quarter of FY16-17. The following table provides an overview of the investigations that were conducted this quarter including findings and any recommendations for the site:

Site	Alleged Standard Violation	Category	Findings	Recommendations
A Woman's Place Drop In	Standard 1 <sup>8</sup>	Staff 	Inconclusive	Recommended that the site post signage with the explaining how clients can request a viewing of security footage by staff to investigate theft
Bethel AME	Standard 1	Staff 	Inconclusive	Committee staff will monitor staff listed in the complaint to see if they are involved in additional complaints.
Bethel AME	Standard 13 <sup>9</sup>	Health 	Out of Compliance	Recommended that the shelter should make arrangements with Bethel AME church to ensure that ceiling lights are turned off during evening hours.
Next Door	Standard 1	Staff 	Split: Inconclusive, In Compliance	N/A
Next Door	Standard 2 <sup>10</sup>	Staff 	Inconclusive	N/A
Next Door	Standard 15 <sup>11</sup>	Facility & Access 	Out of Compliance	Recommended that shelter management review property storage policies and procedures with shelter staff
Next Door	Standard 1	Staff 	Out of Compliance	Recommended that the site institute policy where clients that are asked to leave the shelter for de-escalation purposes must be told when they can return to the shelter.  Site implemented policy on 9/1/17 that prohibits staff from sending clients outside of the shelter at night as a de-escalation technique. Staff are now required to send shelter clients to an area inside of the shelter.
MSC South	Standard 1, Standard 3 <sup>12</sup>	Staff  Facility & Access 	Inconclusive	Recommended that the shelter should record instances where clients report having issues with pests and document steps taking to address pest issues

<sup>8</sup> Treat clients equally, with respect and dignity, including in the application of shelter policies and grievance process

<sup>9</sup> Make shelter facility available to clients for sleeping at least 8 hours per night

<sup>10</sup> Provide shelter services in an environment that is safe and free from physical violence...

<sup>11</sup> Provide shelter clients with pest-free, secure property storage inside each shelter...

<sup>12</sup> ...and hire janitorial staff to clean shelters on a daily basis...

## IV. MEMBERSHIP

### 2017-2018 Shelter Monitoring Committee



Mwangi Mukami  
Chair  
LHCB Seat #3  
Appointed July 11, 2016



Gary McCoy  
Vice Chair  
Mayor's Seat #1  
Appointed January 4, 2017



Patrina Hall  
Secretary  
BOS Seat #1  
Appointed January 24, 2017



Loretta Gaines  
BOS Seat #2  
Appointed January 24, 2016



Lauren Kahn  
BOS Seat #4  
Appointed January 24, 2017



Traci Watson  
BOS Seat #6  
Appointed July 24, 2016



Gavin James  
LHCB Seat #2  
Appointed July 11, 2016



Stephen Irwin  
LHCB Seat #4  
Appointed July 11, 2016



Cindy Ward  
Mayor's Seat #2  
Appointed December 21, 2016



Charlie Morimoto  
Mayor's Seat #3  
Appointed December 21, 2016

# APPENDICES

**The Standards of Care**

1. Treat clients equally, with respect and dignity, including in the application of shelter policies and grievance process	STAFF
2. Provide shelter services in an environment that is safe and free of physical violence; by ensuring safety protocols are in place that include training to shelter staff regarding de-escalation techniques	STAFF
3. Provide, liquid soap with a dispenser permanently mounted on the wall in the restrooms; small individual packets of liquid soap, or small bar soap for use by one individual only, paper/hand towels, hand sanitizers, at least one bath-size (24"x48") towel to shelter clients and staff in each bathroom; if hand-dryers are currently installed they shall be maintained in proper working condition; in addition, shelters shall provide toilet paper in each bathroom stall and hire janitorial staff clean shelters on daily basis	HEALTH
4. Provide feminine hygiene and incontinence supplies	HEALTH
5. Comply with current City policy set forth in the San Francisco Environment Code, including the requirements set forth in Chapter 3 (the Integrated Pest Management Code) and Chapter 2 (the Environmentally Preferable Purchasing Ordinance) to ensure that shelter operators use products that are least harmful to shelter clients, staff, and the environment	HEALTH
6. Ensure that first aid kits, CPR masks, and disposable gloves are available to staff at all times and make Automatic External Defibrillators (AED) available to staff in compliance with all regulatory requirements of state and local law relating to the use and maintenance of AEDs.	HEALTH
7. Supply shelter clients with fresh cold or room temperature drinking water at all times during normal operating hours	HEALTH
8. Provide shelter services in compliance with the Americans with Disabilities Act (ADA), including but not limited to: (i) appropriate and secure storage of medication, (ii) the provision of accessible sleeping, bathing and toileting facilities in previously designated as accessible shall comply with federal and state law requiring a minimum of 36 inches between sleeping units and sleeping surface height between 17-19 inches above the finished floor. In consultation with the contracting City department, and based on a history of previous usage, shelter operators shall designate an adequate number of accessible sleeping units to meet the needs of shelter clients requiring such facilities due to a mobility disability; and (iii) reasonable modifications to shelter policies, practices, and procedures; (iv) In addition, shelters shall provide orientation to new shelter clients that includes information on shelter rules and how to access case management services, and shall ensure case management services go to those shelter clients most in need of case management services. This information shall be made accessible to shelter clients with disabilities through the use of appropriate auxiliary aid and/or services, such as large print for clients with visual impairments or ASL interpreting for Deaf clients. The City shall provide equal access to shelter clients with disabilities without regard to whether they accept auxiliary aids.	ADA
9. Engage a nutritionist, who shall develop all meal plans, including meal plans for children and pregnant women; and post menus on a daily basis.	HEALTH
10. Make dietary modifications to accommodate request from clients based on religious beliefs and practices; health or disability reasons	HEALTH
11. Comply with Article 19F of the San Francisco Health Code that prohibits smoking in homeless shelters.	HEALTH
12. Provide shelter clients with one clean blanket, two clean sheets, and one pillow enclosed in a plastic or vinyl sleeve with a clean pillowcase; sheets shall be cleaned at least once per week and upon client turnover	FACILITY
13. Make the shelter facility available to shelter clients for sleeping at least 8 hours per night	HEALTH
14. Provide daytime access to beds in all 24-hour shelters	FACILITY
15. Provide shelter clients with pest-free, secure property storage inside each shelter. Shelter staff shall provide closable bags to clients for storage purposes. If storage inside a shelter is unavailable, the shelter operator may provide free, pest-free storage off-site as long as the off-site storage is available to the shelter client up until the time of evening bed check	FACILITY

16. Provide shelter clients with access to electricity for charging cell phones; and other durable medical equipment for clients with disabilities	FACILITY
17. Note in writing and post in a common areas in the shelter when a maintenance problem will be repaired and note the status of the repairs	FACILITY
18. Provide access to free local calls during non-sleeping hours; including TTY access and amplified phones for clients who are deaf and hearing-impaired	FACILITY
19. Provide a minimum of 22 inches between the sides of sleeping units, excluding the designated ADA-accessible sleeping units and sleeping units separated by a wall	HEALTH
20. Provide all printed materials produced by the City and shelters in English and Spanish and other languages upon and endure that all written communications are provided to clients with sensory disabilities in alternate formats such as large print, Braille, etc., upon request	FACILITY
21. Communicate with each client in the client's primary language or provide professional translation services; including but not limited to American Sign Language interpretation; however, children or other clients may be asked to translate in emergency situations	FACILITY
22. Provide at least one front line staff at each site that is bilingual in English and Spanish	FACILITY
23. Ensure that each shelter has an emergency disaster plan that requires drills on a monthly basis and that, in consultation with the Mayor's Office on Disability, includes specific evacuation devices and procedures for people with disabilities	FACILITY
24. Locate alternate sleeping unit for a client who has been immediately denies services after 5:00 PM, unless the denial was for acts or threats of violence	FACILITY
25. Require all staff to wear a badge that identifies the staff person by name and position badges	STAFF
26. Ensure all clients receive appropriate and ADA-compliant transportation to attend medical, permanent housing, substance abuse treatment, job-search, job interview, mental health, shelter services (etc)	FACILITY
27. Provide public notification at least 24 hours in advance of on-site, community meetings	FACILITY
28. Provide clients with access to free laundry services with hot water and dryer that reaches a temperature between 120-130 degrees Fahrenheit, on or off site	FACILITY
29. To the extent not inconsistent with Proposition N, passed by the voters on November 5, 2002, ensure all single adult shelter reservations be for a minimum of 7 nights.	FACILITY
30. Agree to comply with the California Department of Industrial Relations, Division of Occupational Safety and Health (Cal-OSHA) General Industry regarding Blood borne Pathogens (8 CCR 5193) and its injury and illness Prevention Program (8CCR 3203), including but not limited to applicable requirements regarding personal protective equipment, universal precautions, and the development of an exposure control plan, as defined therein,	HEALTH
31. Annual all-staff mandatory trainings: (1) hand washing requirements and other communicable disease prevention; (2) proper food handling and storage; (3) emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements; (4) safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse; (5) safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse; (6) On-the-job burn-out prevention; (7) requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office; (8) policies and procedures explained in shelter training manuals; (9) cultural humility, including sensitivity training regarding homelessness, the lesbian, bisexual, gay, and transgender communities, people with visible and invisible disabilities, youth, women, and trauma victims	STAFF
31. Maximize the space for sleeping in the shelter to the fullest extent possible.	FACILITY

**Announced Site Visit Client Survey Results****A Woman's Place Shelter**

Site visit date: 9/12/17

Clients surveyed: 8

Survey Question	Yes	No
Do staff treat you with respect?	4	3
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	2	6
Do you feel safe at this shelter?	7	1
Does staff de-escalate arguments and help to break up verbal fights between clients?	3	2
Is the sleeping area quiet at night?	7	1

**Compass Family Shelter**

Site visit date: 9/7/17

Clients surveyed: 5

Survey Question	Yes	No
Do staff treat you with respect?	4	1
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	1	4
Do you feel safe at this shelter?	5	0
Does staff de-escalate arguments and help to break up verbal fights between clients?	2	0
Is the sleeping area quiet at night?	3	1

**Hospitality House**

Site visit date: 8/30/17

Clients surveyed: 8

Survey Question	Yes	No
Do staff treat you with respect?	8	0
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	0	8
Do you feel safe at this shelter?	8	0
Does staff de-escalate arguments and help to break up verbal fights between clients?	8	0
Is the sleeping area quiet at night?	7	1

**Client Complaint Process Flowchart**

• Committee staff screens complaint, and if valid, complaint is written up and emailed to site director and site manager

• Copy of the complaint given to client

Note: HSH is immediately notified of all allegations involving staff or incidents of violence, fraud, and/or assault



- Sites have 48 hours to acknowledge receipt of complaint
- Sites investigate complaints/allegations and are required to send a formal response to the Committee along with its findings 7 days after complaint is submitted to site



When the Committee receives site's response, the client is notified and is provided with a copy of the site's response for their review



If the client is satisfied with the site's response, the process stops here.



If the client is not satisfied with the site's response, the complaint is investigated by Committee staff. Clients must inform staff that they are not satisfied with the complaint within 45 days of receiving the site's response otherwise the complaint is closed.



Committee staff will investigate the client's allegations at the site and determine whether or not site is in compliance with the Standards of Care.

- If Committee staff are able to verify the client's allegations, then the site is not in compliance
- If Committee staff are unable to verify the client's allegations, then the site is in compliance

Committee staff will compile their findings in an Investigation Report (which includes any recommendations for corrective actions) which will be sent to the client, site management and HSH

### Site Visit Infraction Process Flowchart

The Committee notes any Standards of Care infractions during site visits and submits them to shelter management

Note: HSH is immediately notified for all incidents of violence, fraud, and/or assault that take place during a site visit



- Sites have 48 hours to acknowledge receipt of the infractions
- Sites investigate infractions and are required to send a formal response to the Committee along with its findings and corrective actions 7 days after they are submitted to the site



- When the Committee receives site's response, Committee staff will review site's response and check for completion of corrective actions



If Committee staff are satisfied with the site's response, the process stops



If Committee staff are not satisfied with the site's response, the infractions will be investigated by Committee staff



Committee staff will conduct an investigation at the site and determine whether or not the site has addressed the infractions.

- If the site has addressed the infractions, the site is now in compliance
- If the site has not addressed the infractions, the site is not in compliance

Committee staff will compile their findings in an Investigation Report (which includes any recommendations for corrective actions) which will be sent to site management and HSH