



City and County of San Francisco

# Shelter Monitoring Committee

*Second Quarterly Report, October to December 2011  
Executive Summary*

## ***Shelter Site Visits***

The inspection teams conducted 22 of the 31 assigned visits (71%) in the second quarter, from October 1 to December 31, 2011. All but two sites were inspected at least once, including the winter family shelter and the Interfaith shelters which operate during the winter months. Six of the 21 sites (29%) visited during this quarter had tokens available for client use.

## ***Standards of Care***

There were 49 Standard of Care complaints filed in the second quarter. Twenty-one (21) of these complaints were generated by the Committee during its site inspection process and of the 28 remaining complaints, 24 were from individual clients as two clients submitted multiple complaints to one site. The Committee conducted four investigations and forwarded its findings to the Department of Public Health for investigation with documentation of Standard of Care violations. Nineteen of the complaints were closed due to satisfaction on behalf of the complainant with the site's response (39%); 19 are pending a response from the client or Committee (39%); eight of the complainants were not reachable at their provided contact information for follow up (16%); and three were investigated, noting violations, and forwarded to the Department of Public Health (6%).

## ***Policy Recommendations***

Access- Measuring vacancies and token distribution are based on improving access to the shelter system. The Committee believes that a break down on types of vacancies would provide information on the types of beds not being utilized on a daily basis, e.g. Resource Center beds, Care Not Cash beds, etc. and that information would be helpful in ensuring the shelter stock was being best utilized. There continues to be a lack of tokens at sites. The Committee believes token availability, specifically at CHANGES locations, will ensure clients who receive a reservation will utilize that reservation. The majority of sites visited this quarter, including CHANGES reservation centers, did not have tokens for clients.

Staffing-The Committee continues to recommend a system-wide method of tracking training for shelter staff and sites. The Committee recognizes that sites need additional resources to meet training Standards and is advocating for those resources. The Committee is recommending a system to better track case management use, which will help illustrate if there is additional need. The Committee is looking at tools to measure the need for case management from a client's perspective.

## ***Membership***

The Committee currently has one vacancy. The Board of Supervisors Seat 2, which requires applicants to be homeless or formerly homeless within the 3 years prior to appointment with a disability. Applicants will be heard from at an upcoming Rules Committee meeting. The Committee continues to encourage bilingual applicants to apply.

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### **Mission Statement of the Shelter Monitoring Committee**

*The Shelter Monitoring Committee is an independent vehicle charged with documenting the conditions of shelters and resource centers to improve the health, safety, and treatment of residents, clients, staff, and the homeless community. The Committee's mission is to undertake this work recognizing individual human rights and promoting a universal standard of care for shelters and resource centers in the City and County of San Francisco.*

### **Site Visits**

The site visit teams conducted 22 visits from October 1 to December 31, 2011. There were 31 visits scheduled amongst the three teams. Four of the five family shelter programs, including the family winter shelter operating out of Bethel AME Church from November 10, 2011 to March 31, 2012, were visited at least one time. Providence Shelter has continued to offer services to families as well to meet the needs of families. All drop-in and resource centers were visited at least once, including Oshun Women's Drop In Center. Oshun Women's Drop In Center ceased operations on December 27, 2011 and the site is now operated by Community Awareness & Treatment Services and the program is called A Women's Place Drop In Center. This new program is scheduled to be visited two times in the upcoming quarter. The largest shelter within the single adult shelter system, MSC South, was not visited during this quarter. In the previous quarter, the Dolores Street Community Services shelters, which have a higher population of Spanish-speaking clients, were not visited by the Committee. This quarter each of those shelters were visited at least two times each. Additionally, all surveys for each shelter have been translated into Spanish so that the Committee can continue to do outreach to Spanish-speaking clients, regardless if the site visit team is composed with a Spanish speaker.

### *Strategies for Site Visit Coverage*

Last quarter the Committee Officers expanded this quarter site visits to ensure that each site is visited at minimum once and that sites that were previously missed are visited and that community outreach is done at the sites. Two sites were not visited this quarter, MSC South Shelter and St. Joseph's Family Shelter. Based on these omissions, these sites will be visited at least twice next quarter. This quarter there were eight Members who could conduct visits at each site. By utilizing Committee staff and cross training all Members on both conducting site visits and investigations, there continues to be a larger pool of individuals who can conduct the work of the Committee. The Committee continues to exceed the legislated annual four visits per site as a means to identify any areas in which sites need additional resources and technical assistance.

### *Tokens*

Six of the 21 sites (29%) visited during this quarter had tokens available for client use. Some sites stated that they utilized Mobile Assistance Patrol (MAP) but noted that MAP was not always responsive; hence this transportation would not meet the requirements of the Standards or the methodology utilized by the Committee. The Committee has consistently made policy recommendations for token availability for clients in the past two years of quarterly reports. With feedback from the Human Services Agency (HSA), the Committee is currently doing information requests directly to providers to determine the number of tokens necessary to provide clients who need transportation a token when they receive a reservation from a CHANGES location. Additionally, the Committee is reviewing the number of tokens provided to both the single adult and family shelter system monthly; the budgeted amount of tokens within the Housing and Homeless Service budget; and discussing strategies of working with San

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Francisco Municipal Transportation Agency for discounted or free tokens. These conversations are continuing and the Committee plans on using the information collected to make recommendations to the Board of Supervisors and the Mayor's Office in the next quarter on how to improve access to the shelter system through a method more reflective on needs of clients.

<b>Shelter and Resource Center</b>	<b>Number of Visits 2<sup>nd</sup> Qtr. 2011-2012 October-December</b>	<b>Number of Visits 1st Qtr. 2011-2012 July-September</b>	<b>Total</b>
<b>A Woman's Place Drop In</b> * began operation December 27, 2011	Not operating	Not operating	0
<b>Bethel AME Winter Family Shelter</b> * operates 5 months	1	Not operating	1
<b>Compass Family Shelter</b>	1	0	1
<b>Dolores Street Community Services-Santa Ana</b>	3	0	3
<b>Dolores Street Community Services-Santa Marta/Santa Maria</b>	2	0	2
<b>Hamilton Family Shelter</b>	1	2	3
<b>Hospitality House</b>	1	0	1
<b>Interfaith Winter Shelter</b> *operates 4 months	3	Not operating	3
<b>Lark Inn Youth Shelter</b>	1	1	2
<b>Mission Neighborhood Resource Center</b>	1	2	3
<b>Multi Service Center South Drop In Center</b>	1	3	4
<b>Multi Service Center South Shelter</b>	0	3	3
<b>Next Door</b>	1	2	3
<b>Oshun Drop In Center</b> *stopped operation December 27, 2011	1	1	2
<b>Providence</b>	1	2	3
<b>Saint Joseph's Family Shelter</b>	0	1	1
<b>Sanctuary</b>	2	2	4
<b>United Council-Mother Brown's</b>	2	2	4
<b>Completed Site Visits</b>	22	21	43
<b>Assigned Site Visits</b>	31	29	60
<b>Percentage of Site Visit Compliance</b>	<b>71%</b>	<b>73%</b>	<b>72%</b>

Table 1: Site Visit Tally for 2<sup>nd</sup> Quarter 2011-2012

**Standard of Care**

There were 49 Standard of Care complaints filed from October 1 to December 31, 2011. The table below provides a breakdown of the number of complaints per site and the status of the complaints themselves. There are five status categories for complaints: 1) *Closed*, which indicates that the client or the Committee inspection team who initiated the complaint agrees with the site's response; 2) *Investigated*, which indicates that the client or the Committee inspection team who initiated the complaint did not agree with the site's response and the Committee conducted its own investigation of the alleged violations; 3) *Pending*, which indicates that an investigation has been requested by the client or Committee inspection team who

conducted initiated the complaint or that the Committee is awaiting a response from the client on the site's response; 4) *Forwarded*, which indicates that an SOC Committee investigated complaint(s) has been forwarded to the Department of Public Health (DPH) per the legislation. DPH conducts its own investigation and forwards its findings back to the Committee after 30 days; and 5) *No Contact*, which indicates that the contact information the client provided at the time of the initial complaint is no longer valid or the client did not have contact information when making the initial complaint and has not returned the 90-day requirement to review the site's response.

This quarter there 19 of the complaints were closed due to satisfaction on behalf of the complainant with the site's response (39%); 19 are pending a response from the client or Committee (39%); eight of the complainants were not reachable at their provided contact information for follow up (16%); and three were investigated, noting violations, and forwarded to the Department of Public Health (6%).

<b>Site</b>	<b>Number of Complaints</b>	<b>Status of SOC Complaint-Committee</b>	<b>Items Forwarded to DPH</b>
Bethel Winter Shelter	3	1 No Contact 1 Investigated/Forwarded 1 Pending	1
Compass Family Shelter	1	Closed	None
Hamilton Family Shelter	1	Closed	None
Interfaith Winter Shelter	3	Closed	None
Lark Inn	1	Closed	None
Mission Neighborhood Resource Center	1	Closed	None
MSC South	14	2 Closed 4 Pending 2 Investigated/Forwarded 6 No Contact	2
Next Door	8	3 Closed 5 Pending	None
Oshun	1	Closed	None
Providence	4	1 Closed 3 Pending	None
Sanctuary	5	2 Closed 2 Pending 1 No Contact	None
Saint Joseph's	1	Closed	None
Santa Ana	2	2 Pending	None
Santa Marta/Santa Maria	2	2 Pending	None
United Council	2	2 Closed	None

Table 2: Standard of Care Complaints Tally Per Site for 2<sup>nd</sup> Quarter 2011-2012

## Categories

The 49 individual Standards of Care complaints are divided into four categories: Staff, ADA, Health & Hygiene, and Facility & Access. Twenty-one (21) of these complaints were generated by the Committee during its site inspection process and of the 28 remaining complaints, 24 were from individual clients as two clients submitted multiple complaints to one site. Client A & B three complaints regarding Providence and one complaint regarding Bethel. For a breakdown of all the Standards, please refer to Appendix 1, which includes the Standard of Care methodology.

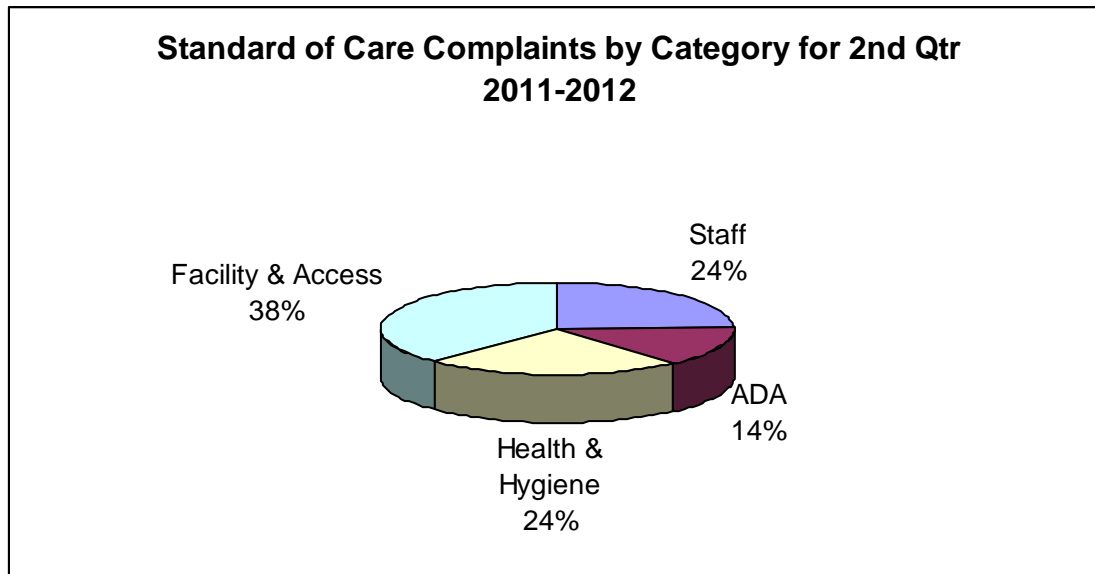


Chart 1: Complaint Breakdown, 2<sup>nd</sup> Quarter 2011-2012

### *Staff*

The staff category refers to four Standards [1, 2, 25 & 31] that focus on how the client is treated at the site and by staff, including how staff identifies themselves through the use of photo identification or name tags and the amount of training they have received. This quarter the complaints received included allegations of staff did not follow the grievance process when issuing a denial of service; staff denied clients access to services at the site; and staff treated clients with disrespect when speaking to them. There were 29 separate complaints against staff this quarter.

### *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. Some examples of complaints received this quarter were: the lack of accommodation of a lower bunk based on medical need; a disabled client asked to stand in line for a reservation as opposed to be provided a chair. There were 17 separate complaints of the lack of adherence to Standard 8 this quarter.

### *Health & Hygiene*

This category refers to 11 Standards focusing on meals, access to toiletries, and stocked first aid kits. Some of examples of complaints received this quarter were allegations of the lack of toiletries in the bathroom, including toilet paper in the stall, and there were five complaints about the lack of a stocked first aid kits. There were 29 separate complaints of the lack of adherence to

the health and hygiene requirements within the Standards of Care. The 11 Standards include Standards 3, 4, 5, 6, 7, 9, 10, 11, 13, 19, and 30.

### *Facility & Access*

For the second time since April 2008, there were more categories in the Facility & Access category than any other with a total of 45 separate complaints. Some examples of the facility and access complaints were allegations of the lack of access to telephone and TTY access and there were ten allegations of the lack of Spanish-speaking staff on duty and materials in Spanish. The 16 Standards that make up this category include Standards 12, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 26, 27, 28, 29, and 32.

### **Investigations**

The Committee conducted four investigations during this quarter. The legislation requires that investigations are initiated within ten days of a client expressing dissatisfaction with the site response.

This quarter investigations were conducted at Bethel Family Shelter, MSC South, and Next Door Santa Marta/Santa Maria. The Department of Public Health conducted investigations at three of the four sites and has found the sites to be in compliance. The Committee is currently reviewing the investigation findings of DPH and will follow up with the investigator if there are questions on the findings.

### **Shelter System Policy Recommendations**

The Committee's policy recommendations on improving access and improvements to training and case management remained the same for the past two years.

### *Access*

Measuring vacancies and token distribution are based on improving access to the shelter system.

The Committee continues to request a day-to-day, weekly, or monthly, vacancy breakdown of the types of sleeping units that are not being utilized in the single adult system. The Committee believes that the type of vacancies in the system would provide information on the types of beds not be utilized on a daily basis, e.g. Resource Center beds, Care Not Cash beds, etc. This information would be helpful in determining that the best use of shelter stock.

Both 2011 Homeless Count and the 2010-2011 Turn Away count state that clients receiving a reservation are not (always) provided a travel token at time of their reservation. Tokens, particularly from reservation sites such as Mission Neighborhood Resource Center, United Council, Glide, and Multi Service Center South Drop-in, are important for clients to get from the reservation site. For example, the Providence Shelter is approximately four miles one-way from the CHANGES reservation locations. Multi Service Center South is more than one mile one-way from Glide and Mission Neighborhood Resource Center. With the exception of Mission Neighborhood Resource Center CHANGES reservation center, the Dolores Street Community Service shelters are one to two miles one-way from the CHANGES reservation locations. The San Francisco Municipal Transportation Agency, which operates the MUNI system, fines individuals \$75 riding MUNI without proof of payment. The Committee believes token availability will ensure clients who receive a reservation will utilize that reservation.

The Human Services Agency has stated it has limited funding for tokens and there are currently 12,600 tokens distributed annually to single adult shelter providers and 2,400 to family shelter providers. HSA stated that it does not currently have additional funding set aside for tokens at this time. The Committee is advocating for additional funding for tokens and will be requesting information from the San Francisco Municipal Transportation Authority (SFMTA) regarding discounts for token purchases by City & County agencies and the possibility of providing free transportation to clients from a reservation center to a shelter. Additionally, the Committee is making inquiries directly to shelter providers on the number of tokens they believe is necessary to meet the needs of clients.

### *Shelter Staffing*

The Standards of Care legislation requires that all staff, including management, part-time staff, and on-call staff, must complete trainings in ten areas. For the last fiscal year, the Committee determined there was an average of 57% compliance by all sites in all ten training areas. This number was determined by averaging the percentage of compliance for all ten areas and dividing by ten. To determine compliance to each training area, the Committee averaged the number of staff reported to have completed a training area to the number of staff at the site.

The Committee is working with the Human Services Agency to develop a tool that most accurately reflects the number of trainings received by each staff person with special consideration to the flux of staffing patterns.

### *Case Managers*

Committee continues to advocate for case management to be embedded in each shelter and that there are enough case managers to meet the needs of the clients. The Committee continues to advocate for a tracking tool to track clients who are accessing case management so that these clients can continue to be aided when they move from shelter to shelter. In the May 2011 Shelter Monitoring Committee Quarterly Report, the Committee suggested that this data would provide the City & County of San Francisco with crucial data in ensuring clients have access to the services needed to move out of homelessness. Without data of this nature, it is challenging to make recommendations to meet a need when that need itself is not fully known. The Committee is reviewing the agencies responses to be able to determine a tool that can be used by the Committee to measure case management needs as seen from a client's perspective.

### **Actions**

During this quarter, the Committee sent a letter to the Human Services Agency and the Department of Public Health requesting additional funding to maintain the nutritionist, who provides essential training and technical assistance to shelter staff, who has worked with shelters for the past four years in meeting the nutrition and food service components within the Standard of Care. Funding was restored for the nutritionist. The Committee submitted a letter to DPH requesting that the model of services for families, including those single father families, be maintained when the contract for drop-in services transferred from Oshun to A Women's Place Drop In Center. At the current drop in operated by A Women's Place Drop In Center, single fathers are encouraged to receive services at alternate locations.

### **Membership**

The Committee currently has one vacancy. The Board of Supervisors Seat 2, which requires applicants to be homeless or formerly homeless within the 3 years prior to appointment with a

disability. Applicants will be heard from at an upcoming Rules Committee meeting. The Committee continues to encourage bilingual applicants to apply.

## **APPENDIX**



**Standards of Care Inspection Methodology**

<b>Standard</b>	<b>Type of Standard</b>	<b>Verifying Compliance</b>	<b>Example</b>
<p>1. Treat clients equally, with respect and dignity, including in the application of shelter policies and grievance process</p>	<p>STAFF</p>	<p>Utilizing the Shelter Training Manual, the Committee, especially team captains, will review Chapter 2 as it relates to “respect”. Site inspectors should be able to view shelter policies [rules] posted in English and Spanish. Site should have a form on site posted and available for handout on clients’ rights and responsibilities when they receive a denial of service (DOS).</p>	<p>Site inspectors will interview clients based on but not limited to, how staff treat clients, in tone and attitude, if a client’s privacy is protected, concern for client’s belongings, if a client receives reprimand in front of others, including clients. Site inspectors must receive a majority of complaints regarding more than one staff person to find the site in non-compliance. The number of clients spoken to [approximately 10% ], the names of staff mentioned, and the type of allegations must be listed on the Standard of Care form.</p>
<p>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</p>	<p>STAFF</p>	<p>Utilizing the Shelter Training Manual, the Committee, especially team captains, will review Chapter 2.</p>	<p>Site inspectors will ask staff leading questions to determine if they are familiar with de-escalation techniques and have a familiarity with ensuring safety protocol adherence. For example, a site inspector may ask a staff person what they would do if they heard two clients arguing loudly in the kitchen line. Site inspectors will also speak to clients to determine if clients feel the environment at the shelter is safe and if</p>

			not, why. The number and names of staff will be included in the Standard of Care form as well the number of clients [approximately 10%] and their specific comments.
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	Site inspectors must physically verify that the site has soap, towels, hand sanitizers, toilet paper, bath towels (24"x48") [if the site provides showers], the cleanliness of the entire site, and verify with staff the frequency of janitorial cleaning at the site-if a log is available, note the times and days cleaning has been done at the site and by which staff. Soap dispensers shall be filled and if soap dispensers are not available, clients should have access to wrapped bar soap or small packets of individual liquid soap.	Site inspectors should check each bathroom on each floor and note if there is something missing, e.g. the lack of soap, and on which floor and which stall.
4. Provide feminine hygiene and incontinence supplies	HEALTH	Site inspectors must physically verify that the site has feminine hygiene and incontinence products. <i>There are only four sites that are not required to provide feminine hygiene products: Santa Ana, Santa Maria, Santa Marta, and Hospitality House.</i>	Site inspectors must see the products themselves before noting the site is in compliance. If you are at the BC shelter and staff Bernice tells you that she knows they have them, but they are in the case manager's office-the site inspectors could note Bernice's comments, but at the date and time of the

			inspection, the site would be in non-compliance.
<p>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</p>	<p>HEALTH</p>	<p>Each quarter Committee staff shall request the last extermination and pest inspection conducted at the site and should indicate which company conducted the inspection and or extermination. Shelter staff may not know the chemical components utilized by the company, and as such, the Committee site inspectors would be unable to determine the toxicity of any chemicals as outlined in Section 302 and 303 in the Integrated Pest Management Code and instead, should focus on Section 304. Committee staff will ask for the site’s procedure for informing clients when pesticides products are used: 1) a bilingual (English and Spanish) must be placed at each entry/exit point at the site three days before the application and left up to four days after the application and 2) the signs should include the name of the pesticide used; however, if the staff on duty does not know, this area will be left blank and noted. Committee staff will follow up with the appropriate site staff at least once a quarter.</p> <p><b>AND</b></p> <p>On an annual basis, the Committee staff will send out a questionnaire to determine compliance with the Preferable Purchase Ordinance and shall request</p>	<p>Site inspectors shall use the area in Standard 5 to note if clients or staff complain about chemical odors within this section of the report.</p>

		a list of cleaning supplies utilized by the site.	
6. Ensure that first aid kits, CPR masks, and disposable gloves are available to staff at all times and make Automatic External Deliberators (AED) available to staff in compliance with all regulatory requirements of state and local law relating to the use and maintenance of AEDs.	HEALTH	Site inspectors must physically verify that the site has stocked first aid kits, CPR masks, disposable gloves, in various sizes, and an AED.	Site inspectors must see the products themselves before noting the site is in compliance. Please note there should be a stocked first aid kit, CPR masks, and disposable gloves, in various sizes, on every floor of the site, If you are at the BC shelter and staff Bernice tells you that she knows they have them, but they are in the case manager's office-the site inspectors could note Bernice's comments, but at the date and time of the inspection, the site would be in non-compliance.
7. Supply shelter clients with fresh cold or room temperature drinking water at all times during normal operating hours	HEALTH	Site inspectors must physically verify the accessibility of the water.	If the BC shelter provides a water fountain, please verify that it is in working order.
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	ADA	Site inspectors should ask staff for the name of the ADA coordinator and ask where that information is posted. Site inspectors must physically verify that information is posted. As with Standard 3, the site inspectors should inspect the bathroom to ensure the ADA shower(s) and toilet(s) are in working order. The site inspectors must determine if the elevator used for clients who use wheelchairs is functioning. Site inspectors	If staff at the BC shelter does not know the name of the ADA coordinator; and/or, if the ADA toilet and shower are not working fully, including a hook for the shower head to ensure hands-free bathing; and/or, if the elevator is not functioning; and/or, if the site does not have a policy on meal delivery for clients unable to queue; and/or if the site

<p>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</p>		<p>should ask staff if meals are delivered to clients who are unable to queue for meals. Site inspectors should ask to see an accommodation form and ask how long the site takes to determine if an accommodation can be made for requesting client. Site inspectors shall ask for written information provided to clients who receive services at the site. The information should be in English and Spanish. These materials should be given to all clients who are staying at the shelter for one night or more. The information should include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• hours of operation</li> <li>• meal times</li> <li>• check-in times</li> <li>• laundry services-if these services are not available it should be noted where clients can wash their clothes</li> <li>• shower times</li> <li>• case management availability and accessibility</li> <li>• if case management is not available, clients should be provided with outside referrals</li> </ul> <p>Site inspectors should view the log that shows how often orientation is provided to clients and if that orientation is provided verbally, in which languages, and how individuals with disabilities could access the orientation, e.g. ASL</p>	<p>inspector determines through observation or a client interview that the site is not compliant with an ADA issue, the site would be in non-compliance. Site inspectors should speak to staff and ask leading questions regarding how clients can request and accommodation and how a site works to meet that client’s needs. Please note the area on site where medication can be stored. Please note that the site may only be in non-compliance with one of the components listed above, but the site inspectors would note on the form non-compliance for Standard 8.</p>
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<p>access to shelter clients with disabilities without regard to whether they accept auxiliary aids.</p>			
<p>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.</p>	<p>HEALTH</p>	<p>Site inspectors must note if a menu is posted for sites that serve meals. Please note that resource centers, with the exception of United Council, do not serve meals. The Committee staff will inform site inspectors before their inspection when the nutritionist has last worked with the site on meal development.</p>	<p>If menus are not posted at the BC shelter, at least daily, the site would not be in compliance with Standard 9. Sample menus would not meet the Standard and a site with a sample menu would be found out of compliance.</p>
<p>10. Make dietary modifications to accommodate request from clients based on religious beliefs and practices; health or disability reasons</p>	<p>HEALTH</p>	<p>Site inspectors shall ask kitchen staff, if available, what type of accommodations are made for clients seeking alternate meal choices as listed within Standard 10. If clients complain of portion sizes or the inspection team believes the portion sizes are small, a photograph of the meal should be taken and circulated to the nutritionist and the site. Site inspection team captains should carry copies of the Free Eats available at <a href="http://www.freeprintshop.org/">http://www.freeprintshop.org/</a> with them at site inspections. If needed, Committee staff should provide copies of the Free Eats charts in English &amp; Spanish.</p>	<p>If site inspectors are inspecting during meal time, they should ask to see what the vegetarian option is for the meal and note it in their notes. Site inspectors shall ask kitchen staff or other staff leading question to determine how client can request an accommodation. If the Committee is unable to locate a vegetarian or another individual person who asked for a meal accommodation, the site inspectors should ask additional “what if” questions to the staff. If the site is unable to provide vegetarian options and/or unable to detail how an accommodation could be made/requested, the site would not be in compliance.</p>

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11. Comply with Article 19F of the San Francisco Health Code that prohibits smoking in homeless shelters.	HEALTH	Site inspectors shall note if there is any smoking inside a shelter. Smoking is not allowed inside and must be, at minimum, taken to the curb outside.	Staff should note on the inspection form if there is smoking inside the shelter.
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	Site inspectors must physically see the one blanket, two sheets, pillow and pillowcase to determine compliance. The site inspectors shall ask staff for the cleaning procedure of the blankets, sheets, pillows, pillowcases, mattresses, and mats between client use and/or on a weekly basis and that information shall be noted in the report.	If a site does not provide a blanket, two sheets, pillow, and pillowcase, the site is not in compliance. The site should also have a cleaning schedule for bed linens and beds themselves and that schedule should be known by staff. If the schedule is not known by staff, the site would not be in compliance.
13. Make the shelter facility available to shelter clients for sleeping at least 8 hours per night	HEALTH	Site inspectors shall ask for the lights on and lights off schedule for the site.	If the time period between lights on and lights off is 8 hours, the site is in compliance. However, site inspectors may note non-compliance if a percentage (10% of the clients) state that they cannot sleep due to staff and/or client noise and the site may be found in non-compliance.
14. Provide daytime access to beds in all 24-hour shelters	FACILITY	Site inspectors shall ask for the site's policy on daytime access and how a client can request bed-rest.	<i>Please note this only is applicable to sites contracted to provide daytime access. For more information, please refer to the site specific shelter inspection forms.</i>
15. Provide shelter clients with pest-free, secure property storage inside each shelter. Shelter staff shall provide closable bags to	FACILITY	Site inspectors shall ask staff what storage options are available to clients, including but not limited to lockers, bags, off-site options.	Compliance is based on staff response and if possible client response. Each site must have a storage option for clients and

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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			clients should be able to bag their items before entering the site.
16. Provide shelter clients with access to electricity for charging cell phones; and other durable medical equipment for clients with disabilities	FACILITY	Site inspectors must physically determine outlet accessibility to clients by checking to see if there are outlets in the client areas.	Compliance is based on site inspectors' determination of outlets in the client areas.
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	Site inspectors must note in their report if something is in disrepair at the site and if so, if the site has posted the problem and listed repair dates.	If the BC shelter's ADA shower's head's hook is broken and there is no signage, the site would be in non-compliance with Standard 17 and Standard 8.
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	Site inspectors must note the phone clients can use during the lights on hours of operation at the shelter.	If the staff at the BC shelter state that clients can use the case manager phone and the case manager's hours are 8:00 AM to 5:00 PM, but the site's light on hours are from 7:00 AM to 10:00 PM, the site would not be in compliance. Access to staff cell phones and pay phones would not meet the Standard. Sites must have TTY on-site or be able to refer a client to a location where TTY is accessible.
19. Provide a	HEALTH	Site inspectors must	If the mats at the BC



<p>minimum of 22 inches between the sides of sleeping units, excluding the designated ADA-accessible sleeping units and sleeping units separated by a wall</p>		<p>physically determine if the sleeping units are 22 inches apart.</p>	<p>shelter are 5 inches apart head to toe and 23 inches apart side to side, the site is in compliance. The 22 inches applies to side to side.</p>
<p>20. Provide all printed materials produced by the City and shelters in English and Spanish and other languages upon and ensure that all written communications are provided to clients with sensory disabilities in alternate formats such as large print, Braille, etc., upon request</p>	<p>FACILITY</p>	<p>Site inspectors must physically determine if any notice posted by the site on their letterhead or on City letterhead is in English and Spanish.</p>	<p>If staff at the BC shelter cannot provide a copy of the rules in Spanish, the site would not be in compliance.</p>
<p>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</p>	<p>FACILITY</p>	<p>Site inspectors must determine if the staff would be able to communicate to a client speaking a language other than English, including Spanish, American Sign Language, Shona, Turkish, etc.</p>	<p>The site must have a plan on site and known by staff on how they would access language link services for a client, including if a client appeared after business hours. A response of "I would ask my supervisor" or "I would call my manager at home" would require the staff to do so and get a response from said supervisor. The response must include how the client's language need would be met. If the site is unable to provide a plan, they would not be in compliance. Any plan they do provide will be written on the Standards of Care form and if needed, verified</p>

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			by Committee staff.
22. Provide at least one front line staff at each site that is bilingual in English and Spanish	FACILITY	Site inspectors should ask which staff on duty speaks Spanish and write the staff person's name on the Standard of Care form. The site inspectors must speak with said staff as well.	To be in compliance, there must be a staff on duty at the time of the inspection that speaks Spanish. If there is not a Spanish speaking staff person on duty, the site inspectors may ask the staff leading questions on how they would accommodate a mono-lingual Spanish speaking client and that plan should be included.
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	Site inspectors should ensure that an emergency disaster plan is posted at each exit at the site and note the last monthly drill.	If the site does not have plans posted at each exit and has not had a monthly drill within the last 31 days, the site is not in compliance.
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	Site inspectors should ask staff what there policy is on locating a unit for clients.	Compliance is based on staff response and if possible client response.
25. Require all staff to wear a badge that identifies the staff person by name and position badges	STAFF	Site inspectors must physically determine that each staff member has a badge that is facing forward and visible to clients.	If a staff member does not have a badge at the time of the inspection, the site inspector should note it and the site would be in non-compliance.
26. Ensure all clients receive appropriate and ADA-compliant	FACILITY	Site inspectors should ask staff how clients are transported to appointments	The site inspectors will ask how a client can receive transportation

<p>transportation to attend medical, permanent housing, substance abuse treatment, job-search, job interview, mental health, shelter services (etc)</p>		<p>and how a client requests a transport.</p>	<p>to an approved appointment as listed within Standard 26 and if needed ask staff leading questions, such as “Are tokens available to clients who have a substance abuse treatment appointment? If so, how does a client access tokens from the site?” If the staff on site are unable to provide a plan, be it providing a token or otherwise, on how a client can receive transportation to the needed service, the site would be found not in compliance. Site team inspectors must visually verify that there are tokens present for the site to be in compliance.</p>
<p>27. Provide public notification at least 24 hours in advance of on-site, community meetings</p>	<p>FACILITY</p>	<p>Site inspectors should determine the date of the last community meeting and ask staff how clients were and when they were notified</p>	<p>Compliance is based on staff response and if possible client response.</p>
<p>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</p>	<p>FACILITY</p>	<p>Site inspectors should see the laundry policy and physically verify that the machines are in working order. If the site only offers free laundry at a certain time, that should be noted</p>	<p>Compliance is based on staff response and if possible client response.</p>
<p>29. To the extent not inconsistent with Proposition N, passed by the voters on November 5, 2002, ensure all single adult shelter reservations be</p>	<p>FACILITY</p>	<p>Site inspectors should ask who on site can provide a client with an extension and how/when the client can access that extension.</p>	<p>Site inspectors shall speak to staff to determine are aware of current 2010-2011 extension policies and that the site has a system for client to</p>

<p>for a minimum of 7 nights.</p>			<p>extend their reservations as allowed within said policy. Compliance is based on staff response and if possible client response.</p>
<p>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,</p>	<p>HEALTH</p>	<p>Site inspectors must physically verify that the site has gowns, masks, gloves, in various sizes, and a exposure control plan [a what to do in case there is blood/chemicals/an unknown substance on site- DPH will be providing a check sheet for the Committee and sites and until that information is provided, the site cannot be held out of compliance]</p>	<p>Site inspectors must see the products and policy themselves before noting the site is in compliance. If you are at the BC shelter and staff Bernice tells you that she knows they have them, but they are in the case manager's office-the site inspectors could note Bernice's comments, but at the date and time of the inspection, the site would be in non-compliance.</p>
<p>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</p>	<p>STAFF</p>	<p>Compliance will be verified annually based on training rosters.</p>	<p>Compliance will be verified annually based on training rosters.</p>

<p>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.</p>			
<p>32. Maximize the space for sleeping in the shelter to the fullest extent possible.</p>	<p>FACILITY</p>	<p>Compliance will be verified by site providing the certificate of occupancy issued by the Department of Building Inspection or the San Francisco Fire Department on an annual basis.</p>	<p>Compliance will be verified by site providing the certificate of occupancy issued by the Department of Building Inspection or the San Francisco Fire Department on an annual basis.</p>