



City and County of San Francisco

# Shelter Monitoring Committee

*Third Quarterly Report, January to March 2011  
Executive Summary*

## ***Shelter Site Visits***

The inspection teams conducted 32 of the 36 assigned visits (88%) in the third quarter, from January 1 to March 31, 2011. Every site was inspected at least once. The Committee has already met, and in some cases exceeded, the minimum number of site inspections for 14 of the 17 shelter sites.

## ***Standards of Care***

There were 57 Standard of Care complaints filed in the third quarter. The Committee conducted five investigations and forwarded them to the Department of Public Health for investigation with documentation of Standard of Care violations.

## ***Policy Recommendations***

Case Management Services-The Committee continues to recommend additional case management for clients to ensure access to case management services for all shelter clients and manageable case loads for case managers. In this quarter, the Committee requested information on case management services offered currently by shelters and resource centers funded by the Human Service Agencies and Department of Public Health. There is not a current system to track how clients access case management, including the number of times and services that are both requested and provided.

Tokens-During this quarter, 43% (14 out of 17) of the sites inspected did not have tokens.

Trainings-The Committee is recommending that a training database be developed to track the training requirements within the Standards of Care that list not only the attendees but defines the training with the scope of the Standard of Care, includes the presenter, the date, and the length of the training. Additional resources are also required to provide quality training to all shelter staff.

Measuring Vacancies-In this quarter, there was an average of 68 vacancies in the shelter system per night with a high of 78 vacancies in February and a low of 59 vacancies in March. The Committee continues to advocate for a mechanism within CHANGES that allows the Human Services Agency to document when each sleeping unit in the system is available for reservation and what sleeping units are not used, e.g. CAAP beds, during a night.

## ***Membership***

The Committee currently has two vacancies and is awaiting appointment by the Board of Supervisors. The Committee needs Spanish-speaking Committee Members.

## **Third Quarter Report, January to March 2011**

### **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 Inspections**

The inspection teams conducted 32 visits from January 1 to March 31, 2011. All sites were inspected at least once. The Committee is mandated to conduct four inspections annually per site. The Committee has already met that mandate in 14 of the 17 sites, exceeding it six times. By the end of the fiscal year, the Committee is anticipating meeting the four inspections required for each site which operates year-round and doubling those requirements for the larger shelters, MSC South, Next Door, Sanctuary, and Providence.

Based on the lack of Spanish-speaking Committee Members, the Committee is utilizing an interpreter provided through Department of Public Health (DPH) to speak with clients at the predominately Spanish-speaking shelters, Dolores Street Community Services' Santa Ana and Santa Marta/Santa Maria as well as the Mission Neighborhood Resource Center. The interpreter is also scheduled to be used for other sites where the Committee has received complaints of the lack of Spanish-speaking staff. Working with the Spanish-speaking Committee staff and the DPH provided interpreter, the Committee hopes to reach clients with concerns around language access as well other shelter complaints.

The newly elected Committee Officers have worked with Committee staff and team captains to streamline the site inspection process. Draft inspection forms developed for each individual site and surveys have been circulated amongst Committee Members, distributed at Committee Meetings, and posted on the Committee's web site to elicit feedback. These new forms will be utilized in the new fiscal year and have been developed to recognize the differences at each site and to provide immediate feedback to sites on any violation. The Officers would like the Committee to be consistent with site visits adhering to the Committee-approved methodology while working with sites themselves to educate staff and management about the Standards of Care and initiate more thorough training materials to be utilized by all Committee Members. Currently, when a team notes a violation during an inspection, they bring that information to the site staff or supervisor before leaving, at times making suggestions for how to remedy the situation. Based on consistent violations at certain sites and staff feedback regarding lack of funds to support the Standards of Care, the Officers have requested a survey be sent to all sites in the upcoming quarter. The survey will provide the site with an overview of violations noted throughout the past quarter and request feedback on why the sites were unable to adhere to the Standards. This information will be crucial in making year-end recommendations to the Mayor's Office and the Board of Supervisors on the Standards of Care.

Shelter and Resource Center	Number of Visits 3 <sup>rd</sup> Qtr. 2010-2011 January-March	Number of Visits 2 <sup>nd</sup> Qtr. 2010-2011 October-December	Number of Visits 1 <sup>st</sup> Qtr. 2010-2011 July-September	Total
Bethel AME Winter Family Shelter	2	1	0	3
Compass Family Shelter	2	0	3	5
Dolores Street Community Services-Santa Ana	1	1	1	3
Dolores Street Community Services-Santa Marta/Santa Maria	2	1	1	4
Hamilton Family Shelter	2	1	1	4
Hospitality House	2	1	2	5
Interfaith Winter Shelter	1	2	0	3
Lark Inn Youth Shelter	2	1	2	5
Mission Neighborhood Resource Center	2	0	1	3
Multi Service Center South Drop In Center	2	1	1	4
Multi Service Center South Shelter	2	2	3	7
Next Door	1	3	1	5
Oshun Drop In Center	2	0	0	2
Providence	3	0	2	5
Saint Joseph's Family Shelter	1	1	2	4
Sanctuary	3	1	1	5
United Council-Mother Brown's	2	1	1	4
Completed Site Visits	32	17	22	71
Assigned Site Visits	36	30	35	101
Percentage of Site Visit Compliance	88%	56%	62%	70%

Table 1: Site Visit Tally for 2010-2011

**Standard of Care**

There were 57 Standard of Care complaints filed in the past quarter from January 1 to March 31, 2011. The table below provides a breakdown of the number of complaints per site and the status of the complaints themselves. There are four 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 initiated the complaint or that the Committee is awaiting a response from the client on the site’s response; and 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.

<b>Site</b>	<b>Number of Complaints</b>	<b>Status of SOC Complaint-Committee</b>	<b>Items Forwarded to DPH</b>
Bethel Family Shelter	2	Closed	None
Compass Family Shelter	3	1 Closed 2 Pending	None
Hamilton Family Shelter	1	1 Investigated/Forwarded	1
Hospitality House	2	Closed	None
Interfaith Winter Shelter	1	Closed	None
Lark Inn	2	Closed	None
MSC South Shelter	4	4 Investigated/Forwarded	4
Next Door	23	4 Investigated/Forwarded 5 Closed 14 Pending	4
Oshun	2	Closed	None
Providence	6	Closed	None
Sanctuary	5	2 Investigated/Forwarded 2 Closed 1 Pending	2
Santa Ana	2	Closed	None
Santa Marta/Santa Maria	1	Closed	None
United Council Drop In Center	3	Closed	None

Table 2: Standard of Care Complaints Tally Per Site for 3<sup>rd</sup> Quarter 2010-2011

At the March 2011 Shelter Monitoring Committee Meeting, the Committee reviewed changes to the Policies and Procedures that addressed the Pending status of complaints. Currently, the Committee takes complaints from clients that have happened in the past year, however, the new changes will alert clients of a 90-day time period for initiating complaints (clients will have up to 90 days to report a complaint to the Committee to be eligible for the Standard of Care process). This time frame is to ensure that issues are timely enough for sites to investigate.

## Categories

The 57 individual Standards of Care are divided into four categories: Staff, ADA, Health & Hygiene, and Facility & Access.

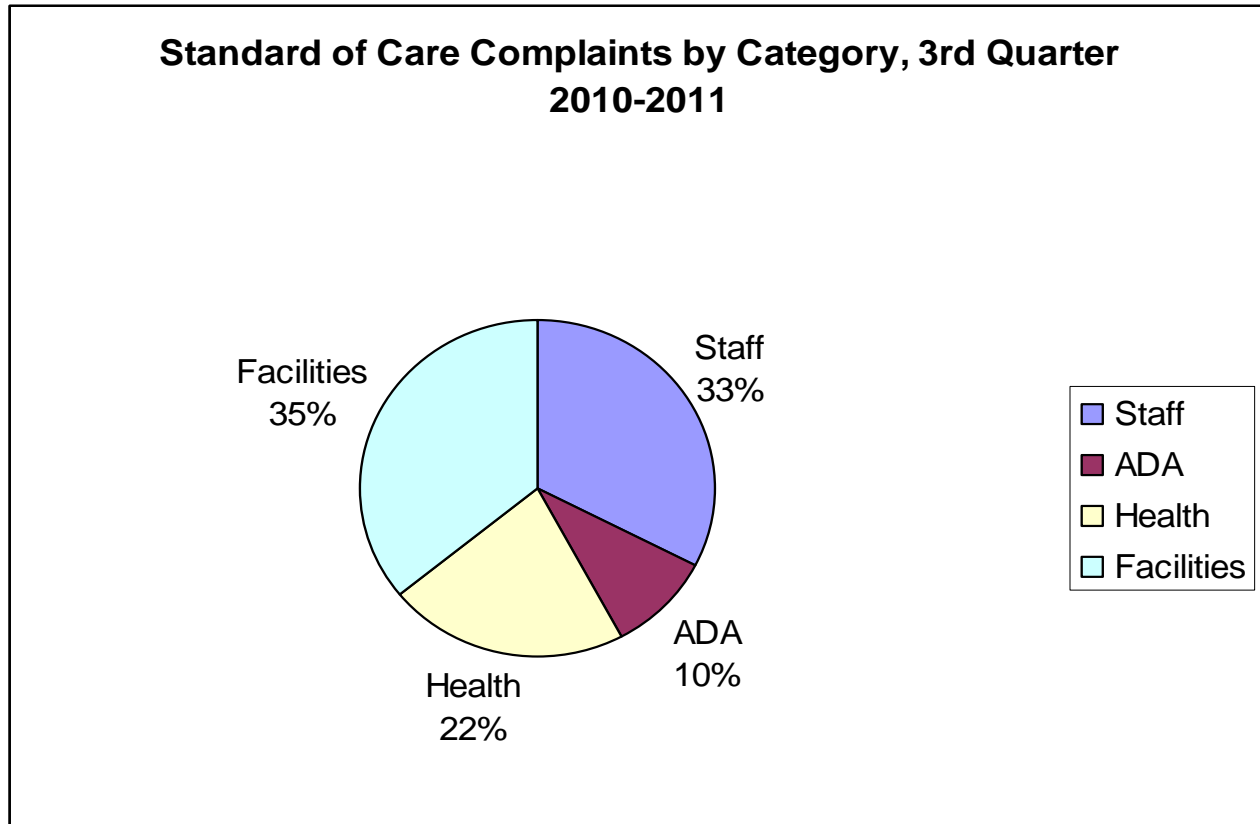


Chart 1: Complaint Breakdown, 3<sup>rd</sup> Quarter 2010-2011

### *Staff*

The staff category refers to four Standards 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 assaulting clients; allegations of staff being disrespectful to clients by speaking in a demeaning and disparaging manner; and non-responsiveness by management to requests for assistance. There were 58 separate complaints against staff this quarter. The four Standards covered in this category are Standards 1, 2, 25, and 31, which includes treating clients with respect and dignity; providing a safe environment; displaying staff identification; and completing all required training under the Standard of Care. For a full description of the Standards, please refer to Appendix 1, Standards of Care Inspection Methodology.

### *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 bilingual postings of required information, including hours of operation, how to access case management and services provided; not accommodating a client's request for special meals based on a health condition; and the lack of assistance during meal time with trays of food. 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 examples of complaints received this quarter were allegations of mold in a women's bathroom; the lack of protective equipment for staff, including gloves and gowns in assorted sizes; and the lack of soap in bathrooms. There were 39 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*

Sixteen Standards make up this category. This is the second time since tracking Standard of Care complaints began in April 2008 that the largest percentage of complaints was in the Facilities & Access category. Historically, the largest percentage of complaints were focused on staff. The first time this happened was in the past quarter's data, October 1 to December 31, 2010. Some examples of the facility and access complaints were allegations of the lack of access to laundry services on site or a referral for laundry services; lack of rules and other posting in English and Spanish; and the lack of notices posted regarding maintenance problems. There were 64 separate complaints of the lack of adherence to the facilities and access requirements within the Standards of Care. The 16 Standards 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 investigations were conducted at Hamilton Family Shelter, MSC South, Next Door, and Sanctuary. Each inspection conducted found a minimum of one Standard violation. All four sites provided thorough responses and documentation to the violations. The Department of Public Health investigates all complaints forwarded by the Committee and per the Standard of Care legislation DPH is required to conduct its own investigation. The legislation states that DPH can levy fines and/or develop a corrective action plan for the site as a tool to aid it in meeting compliance.

Upon review of the investigations conducted by DPH, Committee Officers are requesting a review of the investigation reports provided by DPH and comparing them to the data collected by the Committee as well as the sites' responses to the Committee's initial investigation. To date, the Department of Public Health has never found a site out of compliance when conducting an investigation.

### **Shelter System Policy Recommendations**

More Case Management-The Committee recommends that the ratio of client to case manager be set, at minimum, at 1 case manager for every 25 single adult clients, as recommended in the 2008 Shelter Enrichment Report, co-authored by the Local Homeless Coordinating Board and the Shelter Monitoring Committee. Upon reviewing the responses from DPH and the Human Services Agency, the Committee has determined that the City & County of San Francisco does not have a universal definition of case management nor a tracking tool, such as SF Avatar Behavioral Health Electronic Health Record System, to measure what aspects of case management clients utilize and where clients seek those services. For the Committee, case management is defined as connecting clients to medical services, permanent housing, substance abuse treatment, employment services, mental health services, and shelter services. Based on the

responses the Committee received, the Committee suggests that each site provide information on on-site services and accessing case management as required within Standard 8 in written form in both English and Spanish. In addition, all future quarterly reports from sites should track, through surveying or other means, the number of requests for case management services at each site and if and how those needs were met. 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 Officers are currently reviewing tools like the site inspection forms that the Committee could utilize to determine client need for case management and how that need is currently being met. Future quarterly reports will incorporate this type of data.

Tokens-The Committee continues to note a lack of tokens for clients. During this quarter, 43% of sites inspected, inspection teams were unable to visually verify the presence of tokens at fourteen sites. 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 whoride MUNI without proof of payment.

Additionally, the *2011 San Francisco County Homeless Count and Survey* also noted that 60.2% of homeless client surveys stated they were not provided a travel token at time of their reservation. Of the remaining clients surveyed, 27.5% stated that they sometimes received tokens, while only 12.3% stated that there were provided a travel token at the time of their reservation.

Measuring Vacancies-To be better able to determine shelter need, the City & County of San Francisco should have data that includes what types of sleeping units are vacant, e.g. resource bed or Care Not Cash, when the sleeping unit became vacant, where the majority of reservations are made for clients and at what times the reservations were made. In this quarter, there was an average of 68 vacancies in the shelter system per night with a high of 78 vacancies in February and a low of 59 vacancies in March. CHANGES needs a tool that allows them to document when each sleeping unit in the system is available for reservation and what sleeping units are not used, e.g. CAAP beds, during a night.

Training – There are 10 areas in which 100% of all site staff, including on-call and part-time, are required to receive training per the Standards of Care: 1) Cal-OSHA prevention and precaution training; 2) Hand-washing and communicable disease prevention; 3) Proper food handling; 4) Emergency procedures, including and not limited to CPR; 5) Intervention and harm reduction training; 6) Interaction with clients who suffer from mental illness; 7) On-the-job burn-out prevention; 8) Requirements under the ADA; 9) Shelter Training Manual; and 10) Cultural Humility. In order to best track this data, the Committee is recommending that there be a training data base that tracks all trainings completed by site staff which fall under these ten areas only and that the database include the number of staff who attended the training, the length, and the

trainer. Changes to the Standard of Care legislation in June 2010 made specific changes to training components, including Americans with Disabilities Act training that also addresses mental disabilities. This training is to be provided bi-annually to shelter staff by the Mayor's Office on Disability and the City Attorneys' Office. Through a March 2011 Information Request to the Human Services Agency, the Committee learned that the training above was provided by Human Service Agency staff, specifically the Adult Emergency Shelter Programs Manager and the Adults Program Manager. The training log provided by the Human Services Agency only included the training provided to the single adult shelter staff and not the family shelter staff. Based on the large amount of data requested and needed for further analysis, specifically the number of Standard of Care trainings provided; who provided the training; the date of the training; the number of staff per site attending the training; and the number of staff, including management, full-time, part-time, and on-call staff, for each site, all future Information Requests will include data sheets that can be easily populated with this information.

The Department of Public Health Tom Waddell Shelter Health Programs have developed training modules that focus on five of the ten training areas and are working with Committee staff to identify training dates and locales.

The Committee is advocating for funding to meet the training requirements within the Standards of Care within the 2011-2012 Fiscal Budget, including maintaining funding for the nutritionist, material production costs, and trainer costs.

### **Membership**

The Committee currently has two vacancies. Board of Supervisors Seat 1 requires the applicant to be homeless or formerly homeless within a three year period prior to appointment and living with their homeless child under age 18. Board of Supervisors Seat 3 requires the applicant to have experience providing direct services to the homeless through a community setting. The Committee needs Spanish-speaking Committee Members and has done outreach to shelter providers, community members, and service providers who work with Spanish-speaking clients.



# **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 no 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 ensue 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 will inform site inspectors before their inspection if the nutritionist has worked with the site on meal development.</p>	<p>If menus are not posted at the BC shelter, the site would not be in compliance with Standard 9.</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.</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>
<p>11. Comply with</p>	<p>HEALTH</p>	<p>Site inspectors shall note if</p>	<p>Staff should note on the</p>

<p>Article 19F of the San Francisco Health Code that prohibits smoking in homeless shelters.</p>		<p>there is any smoking inside a shelter. Smoking is not allowed inside and must be, at minimum, taken to the curb outside.</p>	<p>inspection form if there is smoking inside the shelter.</p>
<p>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</p>	<p>FACILITY</p>	<p>Site inspectors must physically see the one blanket, two sheets, and pillow to determine compliance. The site inspectors shall ask staff for the cleaning procedure of the blankets, sheets, pillows, mattresses, and mats between client use and/or on a weekly basis and that information shall be noted in the report.</p>	<p>If a site does not provide a blanket, two sheets, and a pillow, 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.</p>
<p>13. Make the shelter facility available to shelter clients for sleeping at least 8 hours per night</p>	<p>HEALTH</p>	<p>Site inspectors shall ask for the lights on and lights off schedule for the site.</p>	<p>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.</p>
<p>14. Provide daytime access to beds in all 24-hour shelters</p>	<p>FACILITY</p>	<p>Site inspectors shall ask for the site's policy on daytime access and how a client can request bed-rest.</p>	<p><i>Please note that there is no daytime access to single adult shelters in the 2010-2011 fiscal year, without a medical note.</i></p>
<p>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</p>	<p>FACILITY</p>	<p>Site inspectors shall ask staff what storage options are available to clients, including but not limited to lockers, bags, off-site options.</p>	<p>Compliance is based on staff response and if possible client response. Each site must have a storage option for clients and clients should be able to bag their items before entering the site.</p>



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			
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.
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	Site inspectors must physically determine if the sleeping units are 22 inches apart.	If the mats at the BC 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.
20. Provide all printed materials produced by the City and shelters in	FACILITY	Site inspectors must physically determine if any notice posted by the site on	If staff at the BC shelter cannot provide a copy of the rules in

<p>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</p>		<p>their letterhead or on City letterhead is in English and Spanish.</p>	<p>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 by Committee staff.</p>
<p>22. Provide at least one front line staff at each site that is bilingual in English and Spanish</p>	<p>FACILITY</p>	<p>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.</p>	<p>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</p>

			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 transportation to attend medical, permanent housing, substance abuse treatment, job-search, job interview, mental health, shelter services (etc)	FACILITY	Site inspectors should ask staff how clients are transported to appointments and how a client requests a transport.	The site inspectors will ask how a client can receive transportation 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.
27. Provide public notification at least 24 hours in advance of on-site, community meetings	FACILITY	Site inspectors should determine the date of the last community meeting and ask staff how clients were and when they were notified	Compliance is based on staff response and if possible client response.
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	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	Compliance is based on staff response and if possible client response.
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	Site inspectors should ask who on site can provide a client with an extension and how/when the client can access that extension.	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 extend their reservations as allowed within said policy. Compliance is based on staff response and if possible client response.
30. Agree to comply with the California Department of Industrial Relations, Division of Occupational Safety and Health (Cal-OSHA) General Industry regarding	HEALTH	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	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

<p>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>check sheet for the Committee and sites and until that information is provided, the site cannot be held out of compliance]</p>	<p>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 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</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>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>