Norfolk Homeless Consortium

Standards of Care

Special thanks to the Franklin and Columbus County (Ohio) Community Shelter Board whose Administrative and Program Standards were the basis for this document. Additional and many thanks to the members of the Continuum of Care Committee of the Norfolk Homeless Consortium who gave countless hours carefully reviewing this document and courageously agreed to implement standards that would improve the quality of care for homeless individuals and families of the City of Norfolk.

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Purpose:

The goal of the standards is to improve the quality, efficiency, and effectiveness of services to homeless persons. In some instances broad policy statements are outlined and partner agencies will establish the specific standard of service; in other instances, specific minimum standards that providers must achieve are set. The standards apply to all programs that receive funding under the HUD COC grant process. These standards will be used in contract compliance review and annual funding decisions.

A. Organizational Structure and Management

Standard A1: Written and up-to-date Articles of Incorporation, Regulations, and purpose/mission statements are available and will be furnished on request.

Guideline A1: Up to date documents are kept on file at the agency.

Standard A2: The governing board authority, oversight and responsibility are clear.

Guideline A2: The agency has a policy with policy and procedural guidelines that explains the Board's authority.

Standard A3: The governing board meets at least quarterly, minutes are available and will be furnished upon request.

Guideline A3: Board minutes should verify that the Board meets at least quarterly. All Board minutes should be available for review.

Standard A4: The governing board shall have no less than five (5) unrelated directors.

Guideline A4: The Board minutes will verify membership and conflict of interest. The Board has a policy that reflects this standard or this membership criterion is stated in the Articles of Incorporation.

Standard A5: The governing board (or applicable governing body) is responsible for the selection and annual performance review of the chief administrative officer.

Guideline A5: When a new Executive Director has been the hired, Board minutes reflect the Board's role in the selection process. Otherwise, Board minutes verify that the chief administrative officer had a performance review by the Board sometime within the past 12 months.

Standard A6: The governing board is responsible for the acquisition and management of resources, the review of budgets and expenditures on at least a quarterly basis.

Guideline A6: Board minutes reflect when the Board reviewed financial statements on at least a quarterly basis.

Standard A7: The governing board shall cause its books and records to be audited annually by an independent certified public accountant consistent with the following:

- **the audit is performed in accordance with generally accepted accounting principles;**
- **the audit incorporates internal control procedures;**
- **if the auditors issue a management letter reporting any control weaknesses, irregularities or illegal acts discovered during the course of the audit;**
- **the audit is performed within 6months of the close of the agency's fiscal year;**
- **the audit and management letter is available for review during site visits after it has been accepted by the agency's Board.**

Guideline A7: A copy of the most recent audit and management letter should be available for review during site visits after the Board has accepted the audit. Board minutes reflect that the Board has reviewed the audit and management letter, if applicable.

Standard A8: The governing board shall be informed about the needs of homeless persons on at least an annual basis.

Guideline A8: Board minutes reflect when this occurred. Examples include presentation of results of focus groups or arranging a resident panel discussion.

B. Compliance with Federal, State and Local laws

Standard B1: The agency has a written policy that prohibits requiring, mandating or improperly influencing religious participation as a prerequisite to receiving agency services. Exit interviews and surveys request confirmation of client satisfaction that religious activities have been optional.

Guideline B1: Agency has a policy in place that addresses this topic and a process for communicating the policy to staff and clients. A copy of the survey is available for review.

Standard B2: The agency does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, disability or other handicap, age, marital or familial status or status with regards to public assistance unless specified in agency eligibility criteria or mission statement. The agency has a written nondiscrimination policy applicable to staff, trustees, volunteers and clients and there is evidence that it is being implemented.

Guideline B2: In addition to a policy, the agency has a process for communicating these standards to staff, trustees, volunteers and clients.

Standard B3: The agency operates in compliance with all applicable Equal Employment Opportunities and Affirmative Action requirements. The following policies are posted in an area where all employees have access to them.

- **Non-Discrimination Policy**
- **Affirmative Action Plan and/or Equal Employment Opportunity Policy**

Guideline B3: Agency has EEO and AA policies and a process for ensuring that they are followed. Copies of employment ads should be available for review with EEO and AA statements included. Policies are posted in areas where all employees have access to them. If the agency has multiple work sites, then the policy should be posted at each site where employees congregate.

Standard B4: The agency has a uniform policy that prohibits sexual harassment which is applicable to staff, trustees/Board, volunteers and clients.

Guideline B4: In addition to a policy, the agency has a process for communicating the policy to staff, trustees, volunteers and clients.

Standard B5: The agency has a Drug-Free Workplace Policy that is applicable to all staff, trustees and volunteers and which is posted in an area where all employees have access to it.

Guideline B5: The agency has a drug-free work place policy and a process for ensuring that all employees are educated regarding the policy. Additionally, the policy is posted in an area widely accessible to employees. If the agency has multiple work sites, then the policy should be posted at each site where employees congregate.

Standard B6: The agency complies with all applicable building, housing, zoning environmental, fire, health, safety, and life safety codes and fair housing laws. The agency has its Building and Occupancy Permits posted.

Guideline B6: The agency has its occupancy permit available for review. The agency has documentation that shows use of building is consistent with zoning. The agency can show proof that it passed the life safety inspection. The agency can state if it has any pending litigation or investigation for civil rights or fair housing complaints.

Standard B7: The facility is in compliance with applicable provisions of the Americans with Disabilities Act. There is a written plan for reasonable accommodation of persons with disabilities.

Guideline B7: The agency has a policy, as well as a procedure, which addresses ADA compliance. The agency can describe plan for accommodating persons with disabilities. The agency can describe experience with accommodating persons with disabilities.

Standard B8: The agency has a policy regarding firearms and other weapons, as it relates to employees and volunteers. The policy also addresses the agency's stance on the concealed carry law and whether or not weapons, including firearms, are permissible on the premises.

Guideline B8: The agency can produce the weapons policy for review. If the agency prohibits concealed weapons and other weapons from the premises, appropriate signs are displayed and are available for inspection.

C. Personnel

Standard C1: There is a table of organization of paid staff, including written position descriptions, responsibilities, and qualifications.

Guideline C1: The agency has a table of organization and job descriptions for all staff.

Standard C2: All staff and volunteers are identifiable to residents and visitors.

Guideline C2: Agency has a discernable method for ensuring staff and volunteers are readily and easily identifiable.

Standard C3: All new program staff receive training in the following areas. Documentation is maintained on site that employees' training is current or scheduled to be completed within the new employee's probationary/orientation period.

- **Emergency evacuation procedures (single structure housing);**
- **CPR and First Aid procedures;**
- **Disease prevention protocols (Universal Precautions);**
- **Agency operating procedures;**
- **Non-violent crisis intervention techniques;**
- **Relevant community resources and social service programs;**
- **Ethical client practices;**
- **Customer service techniques;**
- **Cultural competency;**
- **Recognition and reporting of child abuse (not applicable to programs that do not serve children); and**
- **Recognition and reporting of elder abuse.**

Guideline C3: Certificates and other documentation that verify training has occurred are kept for each employee. Documentation can be kept in the employee personnel file or in a centralized notebook, but must be available for review. The agency has a policy for ensuring that each new employee receives initial training within the first 12 months of employment.

Standard C4: **All program staff members receive periodic training in the following areas. Documentation is maintained on site that employee's training has been completed for the current year.**

- **CPR and First Aid procedures (must be completed prior to expiration of current certification);**
- **Disease prevention protocols (Universal Precautions) (every two years);**
- **Non-violent crisis intervention techniques (every two years);**
- **Ethical client practices (every two years);**
- **Customer service techniques (every two years); and**
- **Cultural competency (every two years).**

Guideline C4: Certificates and other documentation that verify training has occurred are kept for each employee. Documentation can be kept in the employee personnel file or in a centralized notebook, but must be available for review. The agency has a tracking system that identifies when each employee needs to receive training again.

Standard C5: **At least one staff person is on duty at all times with verifiable training in emergency first aid, emergency evacuation, and CPR procedures in residential program based facilities.**

Guideline C5: Management staff can identify the number of staff members trained in First Aid, CPR and emergency evacuation that are scheduled for each shift. Training logs and certificates of completion are available for review, as well as recent shift schedules.

Standard C6: **The agency encourages and supports appropriate planning for staff professional development.**

Guideline C6: The agency has a policy that states its practices regarding allowing staff to participate in professional development activities, as well as whether or not funds are available for employees' professional development.

Standard C7: **The agency has written personnel policies detailing employee responsibilities, rights, roles, benefits, job requirements, grievance procedures, hiring and termination procedures, annual employee review protocol, hours of operation, confidentiality and the agency's compensation and benefits plan.**

Guideline C7: The agency has a written personnel policy and procedure manual that addresses all the points listed, as well as a process for disseminating them to employees. The manual is available for review with the relevant sections highlighted or tagged.

Standard C8: **Each employee receives a copy of the policies, a job description, attendance requirements, and compensation information upon beginning employment.**

Guideline C8: In addition to having a written manual, the agency has a process for ensuring each employee receives the manual, as well as clear information about their job duties, attendance and compensation information. The agency also has a process for disseminating updates to the manual to employees.

Standard C9: **The agency has an employee and volunteer code of conduct that is distributed to all new employees and volunteers.**

Guideline C9: In addition to having a written code of conduct, the agency has a process for ensuring that each employee and volunteer receives the code of conduct. The agency also has a process for disseminating updates to the code of conduct to its employees and volunteers.

Standard C10: If positions require licensing, documentation is maintained and available for review.

Guideline C10: If applicable, the agency has a process for keeping licensure up to date. The agency has a tracking system that includes maintaining documentation of licensure. Licensure documentation is available for review.

Standard C11: The agency has a policy that prohibits conflict of interest and nepotism for staff in d programs.

Guideline C11: Updated policies are provided as part of the annual review process.

Standard C12: Job vacancies are advertised and the staff members are notified.

Guideline C12: Vacancies are posted so that all employees have access to them and an opportunity to apply for them.

Standard C13: The agency has a system of staff supervision and regularly scheduled performance evaluations.

Guideline C13: Agency has a policy that states the nature and frequency of staff evaluations. The agency maintains copies of evaluation reports that are available for review.

Standard C14: The agency has a written grievance procedure for staff and volunteers.

Guideline C14: The agency has a written policy and procedure, as well as a process for disseminating updated information to employees. The policy and the grievance form are available for review.

Standard C15: The agency has a system to provide volunteer orientation and training specific to the tasks to being asked of the volunteers

Guideline C15: The agency has a written policy and procedures for training and orienting volunteers. Volunteers are provided with specific training in order to complete assignments.

D. Fiscal Administration

Standard D1: The agency has the following insurance provisions, notices and certificates and upon request shall furnish certificates evidencing the existence of the following:

- **Worker's Compensation Certificate**
- **Wage and Hour Notice**
- **Unemployment Liability (if applicable)**
- **Professional Liability**
- **Director and Officer's Liability is encouraged. Board members are informed of liability.**
- **Property/Casualty for agency-owned property**

Guideline D1: The agency submits each all certificates of insurance as they are renewed annually as part of the contracting process. All labor related documents must be posted in areas where all employees can see them and have access to them.

Standard D2: The agency maintains a financial management system that is accurate and clear.

Guideline D2: Finance personnel can describe the accounting software used and whether or not it tracks expenditures by grant source and project. If the accounting software does not track expenditures by grant source and project, then finance personnel can describe how costs are identified for each project.

Standard D3: **Costs, direct and indirect, are consistently charged to appropriate funding sources.**

Guideline D3: The agency has a procedure that ensures costs are charged to the appropriate funding sources.

Standard D4: **If the agency charges indirect costs, it has an indirect cost allocation plan that details the allocation methodology, as well as what expenses are included in the indirect costs.**

Guideline D4: A sufficient and appropriate indirect cost allocation plan, and where applicable, federally approved, is available for review and submission.

Standard D5: **There is separate accountability of administrative and program costs.**

Guideline D5: The agency has a procedure for tracking, charging and accounting for program and non-program staff time and costs. The agency uses time sheets to track how staff spends its time. Time sheets are signed by employees and by each employee's supervisor. If timesheets are not used, agency has a process for determining how much time each employee spends on program and administrative activities.

Standard D6: **Duties are adequately segregated between review and authorization of costs.**

Guideline D6: Finance personnel can describe how these duties are segregated. The agency can list the duties of each finance staff person. The list of duties demonstrates adequate segregation of responsibilities.

Standard D7: **Payments are reviewed and approved in compliance with each contract.**

Guideline D7: The agency can state name and title of the employee(s) responsible for ensuring expenditures and payments are in compliance with the contract. There is evidence that the payment review and approval process is being implemented.

Standard D8: **Managers review financial reports, budgeted and actual costs, and supporting documentation on a timely basis.**

Guideline D8: The agency can identify which employees review reports and the schedule for review, including the names and titles of individual. The agency can describe the frequency and nature of the reports. It is expected that managers in the finance department, as well as program managers, review reports periodically and on a timely basis. There is evidence that managers review the reports.

Standard D9: **Program managers investigate budget to actual variances.**

Guideline D9: The agency monitors program budgets and analyzes any variance between budgeted and actual revenue and expenditures greater than 10%. The agency can describe the process for monitoring budgets and analyzing variances. Causes for variances are well described on semi-annual financial reports.

Standard D10: **The general ledger is current.**

Guideline D10: Finance personnel can describe the process for closing the month. The general ledger will be randomly tested during a review.

Standard D11: **The organizational chart for fiscal management and accounting is clear.**

Guideline D11: The agency has a flow chart of fiscal management available for review.

Standard D12: **The agency has a written, updated accounting policies and procedures manual.**

Guideline D12: Agency has a written, up-to-date policy and procedure manual for finance and accounting. The agency can identify the date it was last updated and has the manual available for review.

Standard D13: Adequate back-up documentation is on file to verify expenses invoiced to funding sources.

Guideline D13: All invoices submitted have verification of all expenses listed on the invoice regardless of whether requires submission of back-up with the invoice. Back-up documentation must meet the contractually prescribed guidelines. The agency can produce back-up documentation for each invoice submitted.

Standard D14: Funds received are appropriately restricted and/or allocated to specific programs.

Guideline D14: Finance personnel can describe how cash receipts are posted and an audit trail can be established for payments.

Standard D15: If the agency is required to submit a 990, a copy is available for review within 30 days of submission to the IRS.

Guideline D15: A copy of the 990 is available for review during site visits on an annual basis for inclusion in the contract compliance file.

Standard D16: Executed contracts are maintained on file.

Guideline D16: The agency can produce the current executed contract.

E. Program Operations

All Programs

Standard E1: The program has written client eligibility criteria consistent with specific funding requirements.

Guideline E1: There are written, program specific eligibility criteria that are available for review. The program has a process for disseminating eligibility information to clients.

Standard E2: Hours of operations are made known to clients and must accommodate clients who need emergency services during evening and weekend hours.

Guideline E2: Program staff can describe how clients are notified of the hours of operation, as well as how clients who need emergency services during evening and weekend hours are accommodated.

Standard E3: Reasonable efforts will be made to accommodate applicants with a disability. If the program is not able to accommodate the applicant, then referral to another appropriate program should be made.

Guideline E3: The program makes efforts to accommodate disabled clients and has a list of programs to which referrals are made when a client cannot be accommodated because of a disability. Program staff knows what type of disabilities the program cannot accommodate and when to make referrals.

Standard E4: The program has a process for reading and making known clients' responsibilities. Reasonable efforts shall be made to ensure that all clients understand their responsibilities regardless of the clients' language.

Guideline E4: Program staff can describe how clients are advised of their responsibilities. If applicable, a copy of the written policies regarding client responsibilities is available for review. Program staff can describe how communication with limited English proficient clients is established.

Standard E5: **The program has a clearly defined client code of conduct, as well as a process for distributing and making known program rules, regulations, and termination policies. The code of conduct contains written guidelines of unacceptable participant behaviors that would lead to termination of services or program ineligibility. The consequences of rules violations are clearly stated and consistently enforced.**

Guideline E5: Program staff can describe how rules and regulations are communicated to clients. The written code of conduct is available for review. Program staff can describe how behavioral expectations and consequences of rule violations are communicated to clients.

Standard E6: **Programs have a grievance policy for addressing alleged violations of clients' rights and a process for reading and making known the grievance procedure. Reasonable efforts shall be made to ensure that all clients understand the grievance policy regardless of the clients' language. There is evidence that the governing board (or its agent) collects, evaluates, and analyzes all grievances so that trends and patterns can be noted and corrections made. Clients are given a copy of the grievance form upon entry into the program. Any person against whom a complaint is made shall not address the grievance. Clients are given a written response to their grievance within a reasonable time frame and are permitted reasonable time to respond to the decision.**

Guideline E6: The grievance policy is available for review. The policy gives adequate detail regarding the steps of the grievance process and addresses each of the points contained in the standard. The policy states whether or not the agency has a clients' right officer, that clients can expect a written response to their grievances, the timeframe for providing a response and how long the client has to respond to the decision. The policy also delineates the process clients can follow if they are dissatisfied with the response to the grievance.

Program staff can describe how information about grievance procedure is disseminated to clients and how it is communicated to limited English proficient clients. A copy of the grievance form is included in the intake packet and given to clients at the time of entry into the program. Program staff can describe how grievances are resolved and who resolves them, as well as the procedure for resolving grievances when they are made against a staff member who would normally participate in the resolution process.

The agency has a clearly delineated process for analyzing grievances, identifying trends and making corrections if patterns are detected. The agency has a clear process for ensuring that the governing board (or its agent) is periodically informed of grievances. If the governing board designates an agent, program staff can identify the designee. Program staff can give examples of trends that have been identified and corrected through the grievance process. Summaries of grievance reports or analyses are available for review. Program and/or administrative staff can describe the review process.

Standard E7: **The program has a written document outlining clients' rights which is posted, read and otherwise made known to clients upon admission. Upon intake, all clients receive a copy of the clients' rights document which includes instructions for grievances and appeals and identifies the agency clients' rights officer, if applicable. Rights include, but are not limited to, items such as:**

- **Clients have the right to be treated with dignity and respect;**
- **Clients have the right to privacy,**
- **Clients have the right to be treated with cultural sensitivity;**
- **Clients have the right to self-determination in identifying and setting goals;**
- **Services should be provided to clients only in the context of a professional relationship based on valid, informed consent;**

- **Clients should be clearly informed, in understandable language, about the purpose of the services being delivered, including clients who are not literate and/or are limited-English proficient;**
- **Clients have the right to confidentiality and information about when confidential information will be disclosed, to whom and for what purpose, as well as the right to deny disclosure;**
- **Clients have the right to reasonable access to records concerning their involvement in the program;**
- **Clients have the right to have an advocate present during appeals and grievance processes**
- **Clients have the right to choose their own housing or reject substandard housing; a housing checklist and copy of landlord/tenant laws shall be provided to each client at each referral.**

Guideline E7: A written clients' right document is available for review. The document contains, at a minimum, the above listed rights. Program staff can discuss how the program ensures that clients' rights are not violated and the procedure for dealing with violations or alleged violations of clients' rights.

Standard E8: The program has an appeals policy and follows appropriate due process when handling appeals and evicting clients, as well as when deciding to restrict clients from services. Any person involved in the original decision being appealed shall not address the appeal. There is evidence that service restrictions and client appeals are reviewed at least quarterly by administrators or through a quality assurance process. There is evidence that due process is being followed. The appeals procedure must allow clients to appeal, at a minimum, the following decisions:

- **Admissions (denial)**
- **Terminations**
- **Disciplinary actions**

Guideline E8: The appeal/due process policy is available for review. Program staff can describe how the program implements due process. Examples of how due process is implemented include informing clients whom to contact regarding an appeal and how to contact her/him; not requiring clients to submit written appeals; making provisions for limited English proficient and illiterate clients. Clients are informed of their right to have an advocate present during appeals. If a client is denied admission into the program, the reason for the denial is clearly communicated to the client. Program staff can describe how it determines when to ban a client and for how long. The program staff can demonstrate how appeals are handled for each type of decision listed above. Summaries of appeal reports or analyses are available for review. Program and/or administrative staff can describe the quarterly review process.

Standard E9: The agency shall assess client need and make referrals to appropriate supportive service providers.

Guideline E9: Referrals are made to places that provide assistance with public assistance and benefits (such as Healthy Start, WIC, Subsidized Public Child Care, Head Start, food stamps, Medicaid, Medicare, SSI, SSD, etc.). Other services include but are not limited to: employment opportunities, education and training; medical, HIV services, health care and mental health services; transportation services; alcohol and drug treatment programs; assistance to secure long-term housing; material assistance programs, and adult/children's protective services; basic financial planning. Program staff can describe how clients are linked to necessary supportive services.

Standard E10: Program makes written information about supportive services and hotlines available for clients. Clients have access to find information on their own about community services and service agencies, including during the evenings and weekends. Clients are informed of Crisis Line and 211 contact information.

Guideline E10: The program has brochures and other materials available for clients. Available materials are broad in scope – social services available in the community, information about public transportation, rental units, etc. and supplement the services provided by staff.

Standard E11: The agency must distribute legal rights brochures to clients entering housing services that cover topics such as landlord-tenant law, consumer protection and other relevant topics.

Guideline E11: The packet of brochures provided to clients is available for review.

Standard E12: There is a written plan and process for reporting child and elder abuse.

Guideline E12: The program has a written plan and reporting procedure. There is a plan for disseminating the plan and ensuring that staff is trained in the procedure. Supervisory staff can describe how they ensure the plan is implemented and effective.

Standard E13: The program has written intake and client record keeping procedures and files that include intake interviews and records of services provided.

Guideline E13: The agency has a written record keeping procedure that is available for review. The agency can produce actual files that contain intake forms, case notes and other records of service provision. The program can produce the tenant list and describe how it is maintained and updated.

Standard E14: Files containing client information are in a secure location and locked (or capable of being locked) to maintain confidentiality.

Guideline E14: The agency can demonstrate that files are kept in a locked filing cabinet or that the room containing the files can be locked.

Supportive Housing and Shelter Only

Standard E15: The agency has an appropriate number of paid and/or volunteer agency staff for the number of clients served so that goals and objectives of quality service delivery to clients can be achieved.

Guideline E15: The program has a daily schedule that shows the number of staff scheduled for each shift.

Standard E16: The program has a written policy regarding client use of controlled substances and clients are verbally informed of the policy.

Guideline E16: The program has a written policy that describes what clients are expected to do with prescription medication – turn it in to staff, etc. Clients are informed of this policy at intake.

Standard E17: The program has a written policy regarding client possession of weapons that ensures the safety of clients, staff and volunteers. The policy should address the concealed carry law. Clients are verbally informed of the policy.

Guideline E17: The program has a written policy that describes the policy regarding possession of weapons, what clients are expected to do if they have any weapons upon entry into the program, the consequences if they are found with a weapon, etc. Clients are informed of this policy at intake. If the agency prohibits concealed weapons and other weapons from the premises, appropriate signs are displayed and are available for inspection.

Standard E18: If the program holds funds or possessions on behalf of residents, the funds or possessions shall be promptly returned within 2 business day of the resident's request. The program has records of accountability for any money

management/payee programs; clients' funds or possessions turned over to the program for safekeeping.

Guideline E18: If the program holds funds or possessions on behalf of residents it has a written record keeping system for tracking receipt and return of funds or possessions held on behalf of clients. There is an easily accessible process for getting funds/possessions back from program staff.

Standard E19: For 24 hour programs, daily logs are kept documenting shift activities, special client instructions, and accounts of unusual or special situations. There is evidence that the logs are reviewed by staff.

Guideline E19: If applicable, the program has a daily log that contains initials or other evidence that staff reviews the log. The log can be produced for review.

Shelter Only

Standard E20: The agency has a written shelter client admissions policy with clearly delineated admission criteria.

Guideline E20: For shelter, eligible clients are those with no available, safe housing and no alternative to staying in a place not fit for human habitation. Shelters may not deny admission solely due to the lack of client identification (e.g. State I.D., Driver's License, Birth Certificate). Staff can demonstrate how they determine eligibility and the program has a written admissions policy that includes information about clients' right to appeal admission decisions available for review.

Standard E21: All shelters practice diversion and referral to prevention upon receiving requests for shelter, which includes an assessment of immediate housing needs.

Guideline E21: Shelters screen each applicant requesting shelter to assess his/her immediate housing needs, available resources, and alternate housing options so as to divert entry into shelter as appropriate. All diversion efforts should include a referral to prevention assistance. Assessment tools should ensure that diversion from shelter will not result in the applicant staying in a housing option that is either unsafe or unfit for human habitation.

Standard E22: The admissions policy, including re-entry policies and procedures are posted and distributed and otherwise made known.

Guideline E22: Program staff can describe how admission and re-entry policies are disseminated to clients. Admission criteria are posted in an area within the shelter where clients have access to them.

Standard E23: Rules regarding when clients can leave and return to the shelter cannot be intended to discriminate against clients and must be reasonable, not causing undue restrictions on shelter access.

Guideline E23: Program has written rules regarding leaving and returning to shelter.

Standard E24: When a service restriction, or ban, is in effect the client shall be informed of the reason, conditions for lifting the restriction and right to appeal, including who to contact regarding an appeal and information about the appeal process.

Guideline E24: When banned from shelter clients are told how long they have been restricted from receiving service, reasons for the restrictions and what they must do to lift the restrictions. The agency has a policy and procedure in place regarding service restrictions that includes a plan for periodic review of reasons clients have been restricted.

Standard E25: The shelter has policies and procedures in place that are reasonably designed to identify sex offenders who are subject to community notification requirements at intake. The Board has adopted a policy regarding whether or not the shelter will serve these sex offenders. If the shelter provides services to these offenders then

an LISW, CCDCIII, or LPCC must provide these services. If the shelter does not serve these sex offenders, then the policy has a protocol for removing the resident that includes a safety plan for the neighborhood and other residents.

Guideline E25: Shelter has a written policy and procedure regarding admission of sex offenders. Board minutes reflect the Board's approval of the policy. The policy must not violate the terms of the Good Neighbor Agreement. If the shelter serves registered sex offenders subject to community notification, then there is evidence that services are provided by licensed staff as identified in the standard, such as case notes and documentation of licensure. If the shelter does not serve sex offenders subject to community notification, then the policy contains a procedure for discharge and referral.

Standard E26: Shelter clients who have been discharged for rule infractions are permitted to appeal the decision prior to eviction from the shelter unless they pose an immediate threat to the safety of other shelter residents, themselves, staff and volunteers and/or the shelter property.

Guideline E26: The shelter can demonstrate that clients are given the opportunity to appeal discharge decisions prior to being asked to leave the shelter. This can be information that is included on appeal forms or information that is provided as part of the intake packet to clients. If a client poses an immediate danger to self, other residents, staff and volunteers and/or shelter property, this right is waived. Staff can demonstrate that there is a protocol in place for assessing the immediate danger of the situation.

Standard E27: The shelter shall provide sufficient food to clients to meet daily nutritional needs.

Guideline E27: The program has a plan for providing food for clients and making meal arrangements to provide adequate food for three meals a day. The shelter has a plan for accommodating clients with medical or cultural food restrictions and staff can give examples. At sites where clients prepare their own food, clients must have access to a kitchen and a pantry.

Food and other necessary supplies are provided on an as needed basis. At sites where food is prepared for or delivered to clients, the staff is knowledgeable in nutrition and sanitary food safety handling and safe food storage practices. The shelter makes a reasonable effort to meet medically and culturally appropriate dietary needs of residents. If food is prepared for clients protocol are in place to train staff in safe food practices. There are provisions to ensure food practices are safe. The shelter can produce a food service license if required.

Standard E28: In shelters serving children and youth, the children and youth have access to public education and receive assistance exercising their rights as protected by federal and state laws regarding requirements for enrollment in school. Heads of households are advised of their rights as they relate to the public education system.

Guideline E28: Shelter staff can describe measures taken to ensure that clients' rights are not violated in relation to public education. There is a process for advising heads of households of their rights as they relate to the public education system. This information is posted in an area where clients have access to it.

Standard E30: There is reasonable access to a public or private telephone for use by shelter clients.

Guideline E30: Pay phones or other phones in good working order are available for client use within the shelter. In shelters with individual apartment units, staff can describe the process for ensuring clients have access to telephones.

Standard E31: Shelter clients may use the shelter as a legal residence for the purpose of voter registration.

Guideline E31: Shelter staff encourages clients to become registered voters and information is available to clients regarding their voting rights. Information can be disseminated as part of the intake process. Voter registration forms should be available on site for clients to use.

Standard E32: The shelter has a written, posted policy for consent or non-consent to searches and clients are verbally informed of the policy.

Guideline E32: The program has a written search policy that is posted in the shelter so that clients have access to it. Informing clients of this policy is a routine part of intake.

Standard E33: The delivery of any service cannot be denied because a client is unable to pay for the service.

Guideline E33: If the program charges a program fee or rent, clients with zero income are not barred from receiving services for their inability to pay.

Standard E34: There is an up-to-date attendance list, which includes, at least, the name of each person residing in the shelter and dates that they stayed.

Guideline E34: The shelter can produce the attendance list and describe how it is maintained and updated.

Standard E35: Shelter programs identify and provide individualized service and housing planning assistance to clients who have experienced multiple shelter stays, long-term homelessness, are disabled, and/or have other special needs.

Guideline E35: Shelter staff can describe the criteria and process used to identify and provide assistance to clients in need of individualized service and housing planning assistance, including clients who have experienced multiple shelter stays, long-term homelessness, are disabled, and/or have other special needs.

Standard E36: All shelter clients are assessed in person within 7 days of admission using a strengths-based process for identifying needed services and desired outcomes. Arrangements are made for specialized assessments by appropriate agencies, as needed. Client assessments completed by shelter staff include at least the following:

- **Available support systems**
- **Mental health history**
- **Substance abuse history**
- **Housing and homelessness history (including prior shelter utilization via HMIS, if applicable)**
- **Physical health history**
- **Educational attainment**
- **Employment history**
- **Criminal history**
- **Credit history**
- **Benefit eligibility and receipt**

Guideline E36: Shelters staff can describe assessment procedures. Assessments tools are used to gather client information as identified in the standard. There is evidence that clients are assessed within 7 days of admission and are referred for specialized assessments, as needed (e.g. health and medical, substance abuse, mental health, legal, educational, employment, etc.). Implementation of the procedure is regularly monitored by shelter management staff.

Standard E37: Shelter staff develops case plans with clients based on the client assessment, within 15 days of admission. Case plans are signed by both the shelter staff and client and include the following:

- **Service, income and housing goals and specific steps to achieve each goal**
- **Client, shelter staff or community agency role or responsibility related to each step**
- **Timeframes for completion of each step**
- **Services and supports to be provided and by whom**
- **Desired outcomes**

Case plans are updated with the client as needed and take into account client progress and changing or emerging needs.

Guideline E37: Shelters staff can describe case planning procedures and content. Case planning tools are used and there is evidence that client case plans address service, income and housing needs and are signed by shelter staff and clients. There is evidence that case plans are updated as circumstances or client needs change. Implementation of the procedure is regularly monitored by shelter management staff.

Standard E38: Shelter staff assist clients in achieving service, income and housing goals by advocating on their behalf, helping clients access needed services/supports in the community, teaching problem solving skills, and modeling productive behaviors.

Guideline E38: Shelters staff can describe a service delivery model where individualized assistance is provided to clients to achieve service, income and housing goals. There is evidence that shelter staff provide individualized assistance as identified in the standard. Implementation of the procedure is regularly monitored by shelter management staff.

Standard E39: Client progress toward achieving service, income and housing goals included in client case plans have documented review.

Guideline E39: Shelters staff can describe the process for monitoring client progress. There is documented evidence that monitoring of client achievement of case plan goals occurs. For short term stay shelters (30 days or less), case plans shall be monitored weekly. For extended stay shelters (31 days or more), case plans shall be monitored monthly. Implementation of the procedure is regularly monitored by shelter management staff.

Standard E40: Shelters staff maintain up-to-date case notes to record client or service provider contacts and client progress. Case notes are concise, factual, relevant and legible. Case notes must be recorded and placed into clients file within five business days of contact.

Guideline E40: Shelters staff can describe the process for maintaining case notes. There is evidence that up to date case notes are maintained for each client and signed by the shelter staff member completing the note. There is evidence that case notes are concise, factual, relevant and legible. Implementation of the procedure is regularly monitored by shelter management staff.

Standard E41: A qualified shelter supervisor provides case supervision for shelter staff providing individualized services at least monthly. A qualified shelter supervisor is available to provide case consultation during normal business hours and on an emergency basis during evenings and weekends.

Guideline E41: Shelter staff can describe the case consultation process, frequency and availability of supervisory support. There is evidence that qualified shelter supervisors provide at least

monthly case review and are available for case consultation.

Standard E42: Shelters maintain a single, current case record for each client household. Clients receiving individualized assistance have case records that, in addition to basic case record documentation, include the following:

- **Client assessment**
- **Case plan**
- **Signed consent forms for the release and exchange of information with service/housing providers identified in the case plan**
- **Routine case notes and documentation of ongoing services**
- **Documentation of routine supervisory review**
- **Aftercare plan, as appropriate**
- **Final disposition or summary**

Guideline E42: There is evidence that client case records include the information contained in the standard.

Supportive Housing Only

Standard E43: The agency has a written resident admissions policy/residential selection plan with clearly delineated criteria that are not intended to unfairly discriminate against clients. The agency must adhere to fair housing regulations. The policy has a sufficient level of detail regarding applicant eligibility.

Guideline E43: The program has a written admissions policy/residential selection plan that complies with fair housing regulations. When screening on the basis of criminal history, the program considers convictions and guilty pleas, not just arrests (except in the case of an open warrant). When reviewing applicant history, the program considers recent positive changes in the applicant's life.

Standard E44: The admissions policy/residential selection plan and procedure are distributed or otherwise made known.

Guideline E44: Staff can explain admission criteria and how it is disseminated to potential applicants for housing. The admissions policy includes the bases for which an applicant would be considered ineligible for admission. The admissions criteria are included in promotional materials and are distributed with applications.

Standard E45: During the admissions process, applicants have the same rights as tenants.

Guideline E45: The agency gives applicants a copy of the clients' right document, information about appealing and admission decision with application materials. Applicants are afforded the same rights as tenants under standards E6, E7 and E8.

Standard E46: The agency has a reasonable procedure for maintaining and updating the waiting list.

Guideline E46: The agency has written guidelines that identify the frequency of contact with applicants, a procedure for removing someone from the waiting list, procedure for determining when an applicant is added to the waiting list (e.g. when the application is received, when all paperwork is received, etc.).

Standard E47: The agency has documentation of how tenant rent is calculated. Tenant rent is recalculated at least annually.

Guideline E47: Residents are expected to pay rent for their units. However, the tenant portion of rent and utilities should not exceed 30% of the monthly adjusted gross income per HUD standards, or $50 for projects with approved minimum rents. The income of each tenant must be recorded and verified at the time of admission into housing. Income verification should be conducted at least annually for each tenant and proper income documentation

obtained and maintained in the tenant file. Appropriate adjustments to the tenant portion of the rent should be made when new income information has been verified. The agency can show documentation of tenant rent calculations, including how frequently rent is recalculated. Tenant files contain appropriate income verification documentation.

Standard E48: Terminations from the program are consistent with applicable Landlord-Tenant law.

Guideline E48: The agency has documentation for each termination that demonstrates that it followed a process that is in compliance with applicable laws.

Standard E49: The program has an up-to-date tenant list, which includes, at least, the name of each person residing in the program, move in date and address.

Guideline E49: The program can produce the tenant list and describe how it is maintained and updated.

F. Data Collection and HMIS

Standard F1: The agency does not share HMIS data with any unauthorized entity.

Guideline F1: The agency has a policy that precludes unauthorized data sharing. The policy and Release of Information is available for review.

Standard F2: The agency collects, enters and extracts only HMIS data that are relevant to the delivery of homeless services.

Guideline F2: The agency has a policy regarding data collection, entry and extraction that specifies appropriate use of data. The policy is available for review.

Standard F3: The agency accurately enters all the required HMIS data by the 15th working day of the month following the end of the preceding quarter.

Guideline F3: The agency has a Quality Assurance plan in place and a monthly verification that data was entered accurately and by the 15th working day of the month following the end of the preceding quarter. The program can provide verification that the Systems Administrator implements the plan on a quarterly basis. A file review confirms that this has been completed.

Standard F4: The agency has completed a "ShelterLink User Policy, Responsibility Statement & Code of Ethics" agreement for each authorized system user and has provided a copy to The Planning Council.

Guideline F4: User agreements are up-to-date and on file at the agency and The Planning Council for each user. Agency user agreements are available for review and match the ShelterLink user list.

Standard F5: The agency limits access to information provided by the HMIS database to its own employees specifically for verifying eligibility for service, entering data for services provided, tracking client services, monitoring data quality, and evaluating programs.

Guideline F5: The agency has a policy regarding access to the HMIS database that is available for review. The policy should prohibit employees from using HMIS data in an unethical or unprofessional manner.

Standard F6: All staff entering/viewing HMIS data in the ServicePoint HMIS system must be appropriately trained and have an individual user license with a unique user name and password.

Guideline F6: The ShelterLink Systems Administrator can describe training provided to staff and the process for ensuring that each user has a license with a unique name and password. Relevant documentation or tracking system is available for review.

Standard F7: **As staff members no longer require access to the HMIS, their HMIS user accounts are immediately inactivated or changed to accommodate their change in status. The agency must contact the ShelterLink Systems Administrator to make these changes.**

Guideline F7: The agency has a written procedure for handling HMIS account activation and deactivation as a user's status changes. The written procedure is available for review.

Standard F8: **Technical assistance requests and training issues should be limited to contact with the ShelterLink Systems Administrator.**

Guideline F8: The ShelterLink Systems Administrator can describe how technical assistance requests are handled internally and how technical assistance and training needs are communicated to ShelterLink.

Standard F9: **Signed "ShelterLink HMIS Client Release of Information" forms from clients are kept on file.**

Guideline F9: The agency has a Quality Assurance Plan in place and monthly process that verifies that consent was obtained. Relevant documentation is available for review.

Standard F10: **Service Items and/or Worksheets added to the HMIS database have entry and exit dates that accurately reflect the paper files or intake packets.**

Guideline F10: The agency has a Quality Assurance Plan in place and a process for verifying that entry and exit dates in the files match the HMIS. The agency can produce actual files that contain information that matches the data entered into the HMIS.

Standard F11: The agency has a written policy that requires that staff inform clients of the purpose for data collection and explain client rights concerning the collection and use of their private information,

Guideline F11: Signs informing clients of the "purpose for data collection" and the agency privacy policy are posted and easily viewable in each area where intakes are completed. Intake staff can explain how they inform clients of these rights.

Standard F12: **Agency computers used for accessing the HMIS are located in a secure location where access is restricted to authorized staff and employ screen and software security and access restriction measures.**

Guideline F12: The agency has a written security procedures that includes the use of the following: for each work station -- locking screen savers, virus protection with auto-update, individual or network firewalls, software password recording features disabled; for digital data files and storage disks: encryption and password protections.

G. Evaluation

Standard G1: **The agency has a clearly defined evaluation process.**

Guideline G1: The agency can clearly articulate the evaluation process and produce a written plan. The plan provides for periodic evaluation of the program that is comprehensive and examines trends. While on-going program evaluation is encouraged, the purpose of this standard is to ensure that programs periodically engage in a broad assessment of how well it is meeting the needs of clients from a service design perspective. The evaluation should result in confirmation that services meets the needs of clients or in changes being made to better meet the changing needs of homeless persons.

Standard G2: **Programs are regularly evaluated to measure effectiveness in meeting the needs of the population served.**

Guideline G2: The program or administrative staff can describe how often the program is evaluated and what evaluation method is used. Written reports, evaluation instruments and other relevant documentation are available for review

Standard G3: Program policies and procedures are evaluated regularly to measure effectiveness and recommendations for improvements are duly considered.

Guideline G3: Staff can state how often policies and procedures are evaluated and evaluation method used. Written reports and other relevant documentation are available for review. Staff can describe the process for considering and incorporating recommendations for improvements and give an example.

Standard G4: Client evaluation and feedback are collected, analyzed and used. Clients are encouraged to complete exit surveys, and summary reports are available for review on an annual basis. At a minimum the exit survey should contain questions regarding the following topics:

- **Voluntary participation in religious activities, if any;**
- **Access to housing options;**
- **Access to employment assistance;**
- **Treatment (treated with dignity and respect);**
- **Access to any other personal development activities;**
- **Any major obstacles to obtaining housing/goals.**

Guideline G4: Staff can describe the methods used for collecting client feedback and how feedback is analyzed and used to determine programming changes. Copies of surveys and other evaluation tools are available for review. Staff can give examples of how client feedback has been used in recent months. Copies of summary reports are available for review.

Standard G5: The changing needs of the population served are routinely assessed. The information gathered is used to determine program direction and updates.

Guideline G5: Staff can describe how the program staff assess and stay abreast of the needs of the population. Staff can give examples of how programming has been modified based on new information about trends in homelessness.

H. Consumer Involvement

Standard H1: Clients are involved in decision-making processes, including planning for services.

Guideline H1: Staff can describe how clients are involved in decision making and service planning. Documentation, such as written meeting notes or summaries of surveys or focus groups are available for review. A list of dates and type of client participation from the past 12 months is available for review.

<u>Supportive Housing and Shelter Only</u>

Standard H2: Clients participate in a residents' council.

Guideline H2: Program staff assists with convening a residents' council, or regular meeting of tenants of a particular project (single structure or scattered sites). Clients are encouraged to participate in the council and can deal with a variety of topics from facility concerns, program concerns and other relevant topics. Notes are kept from each council meeting and are available for review.

I. Community Relations

Standard I1: **The Agency works to have positive relationships with peer agencies, service providers, funders and the general public.**

Guideline I1: Staff can describe efforts in this area as it relates to each of the groups listed.

Standard I2: **The Agency assures that neighborhood safety, security, codes of conduct, and property management standards are established, monitored and complied with by the Agency.**

Guideline I2: Program and administrative staff is aware of the neighborhood expectations regarding code of conduct, property management, etc. Staff can describe how the program ensures that the facility, and residents if applicable, upholds neighborhood standards. One example is participation in the neighborhood block watch.

Standard I3: **The Agency promotes communication, respect and trust among neighbors, clients and staff of facilities and apartments.**

Guideline I3: The agency has a process for initiating communication with neighbors. Staff can describe the process, including action steps taken to implement the process. The agency has a written communication plan that has been adopted by the Board or administration. The plan is available for review and staff can describe how it is implemented.

Supportive Housing (excluding Scattered Site) and Shelter Only

Standard I4: **The Agency has a process for communicating with community representatives in the neighborhood where it is located.**

Guideline I4: The agency has a procedure for ensuring communication with community representatives and can produce letters, meeting minutes, and other written materials for review.

J. Facility Standards – Supportive Housing and Shelter Programs Only

Supportive Housing and Shelter

Standard J1: **The proper number of beds or apartment units is provided according to the contract.**

Guideline J1: The facility has at least the number of beds or units as stated in the contract.

Standard J2: **Restroom facilities for clients include at least one shower/bath, wash basin and toilet per unit in non-congregate facilities. In congregate facilities restrooms should have an adequate number of showers and toilets for the number of clients housed in the facility. There is warm and cold running water. Facilities are clean and in good working order.**

Guideline J2: The facility has clean restrooms that are in good working order. Restrooms can be dormitory style or individual, depending on the type of housing provided.

Standard J3: **The general appearance of the building is well maintained. Facilities are in good repair. Windows and doors operate properly and are not broken. The facility is in a fit and habitable condition.**

Guideline J3: The facility is kept in decent, safe and sanitary repair. Windows, doors and other structures work properly and are not in disrepair. If the program has scattered sites, the apartment buildings chosen are in a decent, habitable condition.

Standard J4: **The facility has heating units for winter and the ability to create airflow in hot weather. Furnaces are kept clean and in good operating condition. Filters are changed routinely as evidenced by a building maintenance log. Fans and air conditioning, if available, are in good operating condition.**

Guideline J4: Heating units should be adequate for the size of the building. If air conditioning is unavailable, then fans should be used to create adequate airflow during the summer.

The facility has a log that documents the furnace and air conditioner maintenance schedule, which includes changing the filter. Scattered site programs should ensure that the buildings and landlords providing housing meet this standard.

Standard J5: **The facility must be kept in a safe and sanitary condition and apartment units shall meet HUD's Housing Quality Standards. There is a written housekeeping and maintenance plan and evidence that it is being implemented.**

Guideline J5: The condition of the facility is safe and sanitary. The facility has a housekeeping and maintenance plan to ensure the upkeep of the facility. Evidence that the plan is being implemented can consist of initials when chores or routine maintenance tasks are completed, as well as the environment being clean and safe. Scattered site programs should ensure that the buildings it uses meet this standard.

Standard J6: **The area is free of debris, clutter, unsanitary items and there are no obvious safety risks.**

Guideline J6: Trash and other health or safety risks are not cluttering up the interior or exterior of the facility. Scattered site programs should ensure that the buildings it uses meet this standard.

Standard J7: **There is evidence of adequate provision of pest control.**

Guideline J7: The facility has a pest control schedule, contracts for pest control with an outside agency or provisions in the lease that the landlord provides pest control services. Scattered site programs should ensure that these services are being provided as needed in accordance with the lease agreement between the resident and the landlord.

Standard J8: **Garbage is regularly removed as needed so as to avoid health risks and maintain a clean facility. Where appropriate, there are lease agreements specifying a landlord's responsibility for trash removal and extermination.**

Guideline J8: Trash receptacles, both indoors and outdoors, are not overflowing. The facility has trash removal service or provisions in the lease if it is the landlord's responsibility.

Standard J9: **There is adequate natural or artificial illumination to permit normal indoor activities, including reading small print where posted.**

Guideline J9: The facility has lighting that is bright enough to permit reading or other similar activities indoors.

Standard J10: **The agency has the following policies posted:**

- **Admissions Policy**
- **Weapons Policy**
- **Controlled Substances Policy**
- **Unacceptable Behavior**
- **Client's Rights and Responsibilities**
- **Client Grievance Policy and Procedure**
- **Food Service License (if applicable)**

Guideline J10: The purpose of the postings is to ensure that residents have access to vital information regarding the program rules and expectations, as well as to provide evidence that the facility is operating within the bounds of appropriate permits and licensure. Postings are updated periodically, are located in a widely accessible area and are legible. Scattered Sites programs should have these postings available at the administrative offices.

Shelter Only

Standard J11: **A bed, crib, or cot with clean and appropriate linens and bedding is provided for each client except in extenuating overflow situations.**

Guideline J11: There are clean linens available and a process for ensuring that linens are regularly laundered.

Standard J12: There is a place for clients who work 3rd shift to sleep during the day when they are not at work.

Guideline J12: A dark, quiet place that is suitable for sleeping and free from disturbance from other shelter residents should be provided to those clients who work 3rd shift. The sleeping space should be available for inspection.

Standard J13: In congregate facilities there are secure designated spaces available for storing client's personal belongings (such as clothing and toiletries) during the time they are residing at the shelter. Reasonable access by the residents must be provided.

Guideline J13: The facility provides lockers, storage trunks or makes other accommodations that allow residents to store their belongings. Residents have access to their belongings as needed.

Standard J14: In non-congregate facilities clients have 24-hour access to their belongings or the space where their belongings are stored.

Guideline J14: Access to clients' belongings and storage space should not be denied in non-congregate facilities where there is little danger of theft because personal belongings are not stored in a congregate space. Shelter staff can describe the process by which clients have access to their belongings.

Standard J15: In facilities providing services to children, the following special precautions are followed:

- **There are childproof electrical outlets.**
- **Floors above ground have precautions in place to prevent children from falling out windows.**
- **Doors open from inside without a key.**
- **There are precautions in place to protect children from burns (from stoves or other heating units).**
- **There are precautions in place to protect children from injury from fans.**

Guideline J15: The facility has taken measures to childproof electrical outlets and windows. Children are not able to lock themselves in any rooms. The facility restricts access to areas or equipment that could be harmful to children, such as stove, fans, etc.

Standard J16: In facilities serving children, there is space for children to nap.

Guideline J16: Shelters that serve children must permit 24-hour access to the family's unit to provide an area where children can nap without disturbance from other shelter residents.

Standard J17: The agency shall provide evidence that it has consulted with the Norfolk Department of Public Health or other appropriate entities on sanitation, communicable diseases, hazardous material storage and use, and food handling.

Guideline J17: The agency has letters, certifications or other written evidence that it has consulted with the appropriate certifying agencies regarding the above referenced topics. Appropriate agencies include the NDPH, OSHA, the Foodbank, etc.

K. Safety Standards – Supportive Housing and Shelter programs only

Supportive Housing (Excluding Scattered Sites) and Shelter

Standard K1: Exits, steps and walkways are clear of debris, ice and snow and other hazards. There is a process in place and utilized to maintain clear walkways. All steps have handrails as required by applicable codes. Steps have treads or similar accommodation to prevent slipping.

Guideline K1: All steps and stairways have handles and treads. All walkways are kept in safe conditions regardless of the season. The facility has a plan for ensuring that debris is regularly removed from walkways, particularly in the winter. All steps and stairways have handles and treads. Scattered Site providers will request landlords that ensure that all walkways are kept in safe conditions regardless of the season. The program provides advocacy on behalf of clients regarding these issues, as needed.

Standard K2: There is a fire safety plan. In congregate shelters or single structure buildings, there are records of an annual fire inspection, a posted evacuation plan in symbols capable of being understood regardless of the language of all residents, an adequate fire detection system, regular fire drills, and adequate fire extinguishers. The program has documentation that employees are trained in fire safety procedures, including the use of fire extinguishers. In multiple units with common entrances, there is record of an annual fire inspection.

Guideline K2: The program has a fire safety plan available for review. The program has written evidence that it receives a fire inspection each year and can produce the most current inspection report. Evacuation routes are posted and easily understood. Congregate shelters and single structure buildings have a fire detection system and fire extinguishers and independent units have working smoke detectors. Documentation of employee fire safety training is maintained and available for review.

Other Disaster Planning- Hurricane, Flooding, and Evacuation Procedures

Single Building Supportive Housing and Shelter Only (i.e. SRO, transitional housing)

Standard K3: The facility has either:

- **Determined whether or not there is asbestos on the premises.**
- **If there is asbestos, taken measures that comply with OSHA standards.**
- **Obtained and maintain written evidence that such building materials are being managed in accordance with OSHA standards.**

Guideline K3: Facilities need only determine if there is asbestos on the premises if it suspects it could be a problem or if it undertakes renovation activities. Once a determination and/or abatement measures have been taken, the paperwork should be maintained on file for review as needed.

Standard K5: Hallways, stairwells and exits are well lit, and there are back-up batteries for exit lights. There are exit signs with symbols capable of being understood regardless of the language of all shelter residents. Exits are clearly marked and not blocked.

Guideline K5: The lighting in these areas is bright enough to prevent accidents due to inability to see the area. Exit lights have a system of battery back-up in the event of a power failure. Signs clearly mark exits and are universal so that anyone can understand them regardless of whether the client is illiterate or not proficient in the English language. All exits are available and passable in case of an emergency.

Standard K6: A First Aid kit is complete and accessible to staff and residents and is stocked with sufficient supplies to handle multiple occurrences.

Guideline K6: A well stocked first aid kit is kept in a common area where both staff and residents can gain quick access in case of an emergency. The kit is stocked with common supplies to deal with minor accidents.

Standard K7: The program has written plans for identification, treatment and control of medical and health conditions (contagious diseases, body infestations) which implements Universal Precautions Procedures as required by OSHA standards. There is evidence that TB protocol is used.

Guideline K7: The program has a written plan for dealing with infections, diseases and other health conditions that is available for review. There is a procedure regarding universal precautions that meets OSHA standards. The procedure contains plans for preventing the spread of infectious disease.

Standard K8: The facility and its staff shall not release, spill, store, or generate any hazardous or toxic substances in, on, or under the facility, except for ordinary and necessary quantities of cleaning materials which should be handled and stored in a safe and lawful manner according to OSHA standards. Spill kits and Material Safety Data Sheets (MSDS) are available and used as appropriate.

Guideline K8: Cleaning supplies and other toxic chemicals are kept in areas not accessible to residents without staff assistance. The facility has spill kits or other appropriate protocol for dealing with toxic substances, such as drain opener, oven cleaner, bleach, etc.

Standard K9: If the program provides food storage for a food pantry, there is evidence that adequate provisions have been made for sanitary handling and safe storage of foods.

Guideline K9: There is a written policy regarding the storage of food and evidence that it has been followed.

Shelter Only

Standard K10: In facilities housing children, testing for lead has been done and necessary remediation has taken place in accordance with applicable law.

Guideline K10: Written evidence of lead testing and remediation (if applicable), such as reports or other correspondence, is maintained in the files. Facilities built after 1972 are exempt from this standard.

Standard K11: There is evidence that Norfolk Department of Health inspections are current and that adequate provisions have been made for sanitary handling, preparation and safe storage of foods.

Guideline K11: Written documentation of the inspection is kept on file and available for review upon request. If the facility is not required to have a food license, the appropriate agency is consulted at least biannually.

Supportive Housing and Shelter Only

Standard K12: There is evidence that radon testing has been done and necessary corrections made in buildings where clients have access to the basement.

Guideline K12: If clients do not have access to the basement then the facility is exempt from this standard. Otherwise, written evidence of testing results and remediation activities, such as reports or other correspondence, is maintained in the file.

All Providers

Standard K13: The agency must have a written disaster evacuation plan.

Guideline K13: The disaster evacuation plan is available for review and all employees and consumers are made aware of the plan. There is evidence that this plan is reviewed and updated as needed or at least once every three years.

L. Security Plan – Supportive Housing and Shelter Only

Supportive Housing and Shelter

Standard L1: Staff is equipped with keys; in independent units, the clients lock up and staff is equipped with keys for accessibility—there are no interior or exterior only locks.

Guideline L1: Residents are not able to lock staff out of the unit, nor are staff able to lock residents in. Staff has a plan and procedure that does not violate landlord-tenant law for entering units, as appropriate, in case of emergency.

Standard L2: Windows in the apartment units can be secured.

Guideline L2: Windows can be locked to prevent break-ins.

Standard L3: Phones are readily accessible for 911/emergency calls.

Guideline L3: Residents and staff have access to telephones in case of emergencies.

Standard L4: Facilities without 24-hour, 7-day a week staffing make provisions to have on-call staff available in case of emergencies, as well as when only one staff person is scheduled on a shift.

Guideline L4: Single site supportive housing and shelters without 24-hour, 7-day a week staff and scattered site supportive housing provide consumers with alternate emergency numbers if no staff is available 24/7. Clients and residents are informed of how to get in touch with staff or the appropriate agency in the event of an emergency. Information is posted in units or distributed to clients upon move-in or when contact information changes. If on-call staff is available, there is a schedule available for review that shows which staff is on-call to take emergency calls. The on-call staff is able to be available on-site quickly in the case of emergencies.

Emergency Shelter Only

Standard L5: In congregate facilities, staff members are responsible for monitoring the entry, and from inside they can see who wants access to the building.

Guideline L5: There is a mechanism, such as security cameras, for allowing staff to see who is requesting access to the building.