



ANDREW M. CUOMO
Governor

Office of Temporary and Disability Assistance

MICHAEL P. HEIN
Commissioner

BARBARA C. GUINN
Executive Deputy Commissioner

September 8, 2020

Mr. Robert Mainello
Office of the State Comptroller
110 State Street, 11th Floor
Albany, NY 12236

Re: Oversight of Homeless Shelters, 2018-S-52

Dear Mr. Mainello:

The New York State Office of Temporary and Disability Assistance (OTDA) respectfully submits this response to the Office of the State Comptroller's (OSC) final report regarding Oversight of Homeless Shelters (Report 2018-S-52 (March 2020) (hereinafter the "Report")). The purpose of this letter is to update OSC as to the efforts undertaken by OTDA to implement the recommendations made by OSC. This response will be sent separately to the Governor, the State Comptroller, and the leaders of the Legislature and fiscal committees as required. This letter shall constitute compliance with Section 170 of the Executive Law.

As a preliminary matter, and as OSC is aware, at the same time the Report was issued the State of New York began combatting the COVID-19 pandemic. The first case of COVID-19 in New York was confirmed on March 1, 2020, and on March 7, 2020, Governor Andrew M. Cuomo issued Executive Order 202 declaring a State disaster emergency that continues to this day.

Since the onset of the pandemic, OTDA has worked diligently to ensure that homeless New Yorkers receive the help and protection they need during this unprecedented health crisis. Among other things, OTDA's Division of Shelter Oversight and Compliance (DSOC) immediately partnered with the New York State Department of Health (DOH) to provide guidance regarding COVID-19 to facilities providing housing to individuals experiencing homelessness, supportive housing providers, and organizations making referrals to such facilities. See <https://otda.ny.gov/COVID-19/COVID-19-Housing-Providers-Referrals.pdf>. DSOC also maintained close communication with local social services districts (districts) to help ensure they could obtain necessary supplies such as appropriate masks and cleaning supplies. While DSOC temporarily suspended the inspections of occupied shelters in an effort to curtail the further spread of the virus amongst shelter staff, shelter residents, and DSOC staff, it continued to perform precertification inspections of proposed shelter facilities where districts looked to increase capacity, the need for which became particularly acute as a result of the ongoing COVID-19 pandemic. DSOC resumed annual inspections of shelters outside of New York City over the week of June 29, 2020, and of shelters within New York City over the week of July 13, 2020.

In response to the specific recommendations in OSC's report, OTDA responds as follows:

Recommendation 1

Improve policies and procedures for using inspection checklists, monitoring shelter violations, and ensuring shelter inspections.

OTDA has implemented this recommendation. OTDA has revised its 2020 Inspection Protocols to require that suitable precautions be taken in light of the ongoing COVID-19 pandemic, and to emphasize, among other things, that the use of facility-appropriate checklists by shelter inspectors is required. A completed checklist for each facility is maintained by DSOC until the next annual inspection of that facility is completed. A copy of the June 24, 2020 Memorandum setting forth the 2020 Inspection Protocols is attached as Exhibit A.

As OTDA previously noted in its January 30, 2020 Response to OSC's Draft Report, to the extent that an inspection reveals violations at a shelter facility, shelter operators and districts must remediate those violations within 30 days unless correction necessarily would take longer, in which case the district must submit a Corrective Action Plan (CAP) acceptable to OTDA. See 18 NYCRR § 491.22(f); 18 NYCRR § 900.22(f). The facility must comply with the approved CAP, which sets deadlines by which the repairs must be completed. With DSOC's resumption of 2020 annual shelter inspections it will be paying special attention to facilities with large numbers or patterns of previously cited violations. When necessary, DSOC inspectors will be re-visiting these facilities, before CAPs are closed, to confirm that the required corrections have been made. OTDA also will continue to conduct security inspections as needed based on serious incident reports it receives pursuant to 18 NYCRR §§ 352.38, 491.16, 900.16.

As to ensuring shelter inspections happen, DSOC has ensured that all shelter inspections are completed timely in the past. DSOC has resumed its 2020 annual inspections and will continue to conduct inspections so long as they can be undertaken without unnecessarily jeopardizing the health and safety of shelter residents, shelter staff, and DSOC's inspectors. DSOC anticipates that all required annual inspections of shelters within the State will be completed by December 2020.

Recommendation 2

Refine inspection checklists to better document regulatory requirements.

OTDA has implemented this recommendation. DSOC Shelter Inspection Checklists have been revised to reflect OTDA's new shelter regulations, which were adopted and went into effect on January 1, 2020. See 18 NYCRR, Parts 491 and 900. Copies of DSOC's revised inspection checklists are attached as Exhibit B.

Recommendation 3

Take steps to ensure shelter violations are corrected, which may include partially or fully withholding reimbursements for homeless services or reconsidering provider eligibility in the homeless shelter system in accordance with applicable regulations.

OTDA has implemented this recommendation. DSOC has consistently taken steps to ensure that shelter violations are corrected and has required Corrective Action Plans for improvements that require a longer-term solution. It strongly believes that the most effective approach to ensure that violations are remediated is to work interactively with districts and shelter operators, rather than to deprive districts and shelters of funding that would be used to pay for necessary repairs.

However, OTDA's newly adopted regulations do authorize OTDA to revoke, suspend, or limit a shelter's operating certificate if the shelter operator fails to comply with OTDA's regulations. See 18 NYCRR §§ 491.4, 900.4. Therefore, DSOC could limit a facility from accepting new admissions pending remediation of a shelter deficiency. OTDA's newly adopted shelter regulations also allow OTDA to withhold up to 100 percent of the reimbursement for expenditures made by a district related to the provision of temporary housing assistance (THA) if violations at any shelter within the district are not corrected on a timely basis. See 18 NYCRR §§ 491.25, 900.25. OTDA certainly will exercise its discretion to take appropriate action where districts or shelter operators fail to address shelter violations in a timely fashion, and it may become appropriate to revoke a shelter's operating certificate or to deny reimbursement to a district.

Recommendation 4

Add hotels/motels to the homeless shelter inventory upon initial resident referral.

OTDA has implemented this recommendation. OTDA requires that where a commercial hotel/motel is used by a district for the first time to provide THA to persons or families experiencing homelessness, the hotel/motel must be inspected within five business days of making the placement. See OTDA General Information System (GIS) 16 TA/DC049 (<https://otda.ny.gov/policy/gis/2017/17DC036-Attachment-1.pdf>). On receipt of an initial inspection report from a district, DSOC adds the hotel to its Shelter Management System (SMS). If OTDA learns by other means that a hotel/motel is being used to place THA recipients, the hotel/motel likewise is added to SMS. OTDA is in the process of preparing new regulations relating to the use of hotels/motels to place THA recipients. OTDA's new hotel/motel regulations, once adopted, will explicitly require districts to notify DSOC in writing whenever they place homeless persons or families in any hotel/motel that previously has not been used to house THA recipients. DSOC then will add these hotels /motels to SMS.

Recommendation 5

Continue to evaluate and develop SMS to ensure it is being used to its full potential in assisting the Office in monitoring risk at homeless shelters.

OTDA is implementing this recommendation, including the augmentation to include operational plans in SMS. Again, as DSOC undertakes its 2020 annual shelter inspections, it will be paying special attention to facilities with large numbers or patterns of previously cited violations. Where necessary, DSOC inspectors will be re-visiting these facilities before CAPs are closed to confirm that required corrections have been made. Additionally, OTDA will conduct security inspections based on serious incident reports. OTDA also will continue to work with districts to provide guidance on addressing ongoing concerns with the hotels/motels used for THA placements, including when to discontinue use due to unaddressed health and safety issues.

Recommendation 6

Review required plans to help homeless individuals and families secure permanent housing.

OTDA has implemented this recommendation. DSOC inspectors consider, and will continue to consider, the timeliness of needs assessments and independent living plans (ILP) during the course of their annual shelter inspections. DSOC will take remedial action where appropriate. As previously noted in OTDA's January 30, 2020 response to the Draft Report, OTDA's new shelter regulations require that with respect to homeless individuals and homeless adult families, assessments begin within one business day of admission and be completed as soon thereafter as

possible. See 18 NYCRR § 491.9. ILPs for homeless families with children must be developed within ten days of admission to shelter. See 18 NYCRR § 900.9.

Recommendation 7

Ensure facilities are aware of the Grant Program, which could help them make needed health and safety improvements.

OTDA is implementing this recommendation. Attached as Exhibit C is a Shelter Repair Fact Sheet, and Guidance on the Submission of Concept Papers by shelter operators interested in pursuing funding from the Homeless Housing Assistance Corporation (HHAC) for the purpose of undertaking facility improvements critical to the health and safety of shelter residents and/or assist the shelter with any current non-compliance issue(s). DSOC inspectors are distributing these materials to the operators of all shelters they visit to inspect.

Recommendation 8

Improve transparency and cooperation to maintain good governance.

OTDA has implemented this recommendation. OTDA takes seriously its responsibility to cooperate with OSC, and all oversight entities, to ensure the highest quality audit work, which includes responding in a timely and thorough fashion to requests for information and supporting documentation. OTDA will continue to operate transparently.

If you have questions regarding this response, please do not hesitate to contact Annah Geiger, OTDA Director of Internal Audit, at 518-473-6035.

Sincerely,



Michael P. Hein
Commissioner

EXHIBIT A



Office of Temporary and Disability Assistance

ANDREW M. CUOMO
Governor

MICHAEL P. HEIN
Commissioner

BARBARA C. GUINN
Executive Deputy Commissioner

Memorandum

To: DSOC Staff
From: Cheryl Contento, Deputy Commissioner
Subject: 2020 Inspection Protocols
Date: June 24, 2020

We will soon begin our annual inspection of homeless shelters. This year, because of the COVID-19 Pandemic, there will be some changes in place that all staff need to adhere to. Below you will find a list of the new requirements for 2020:

- Staff must complete the OTDA Daily Health Screening tool every day they are in the field or in the office.
- During an inspection, all staff must use the proper PPE in order to remain in compliance with guidance received from the Department of Health (this includes outreach oversight).
 - All inspectors will be provided with surgical masks, latex gloves, and hand sanitizer. A surgical mask and gloves must be worn for the duration of an inspection. The only mask staff are allowed to wear during inspections are the surgical masks provided by OTDA.
- All staff must complete the required OTDA training “New York State COVID-19 Response: Return to Work Training” before starting inspections or returning to the office and review the attached flyer on how to properly wear a surgical mask.
- Where possible, staff should maintain social distancing with clients and shelter staff.

Inspections will be scheduled this year to minimize the time staff will have to spend waiting for shelter staff to provide required paperwork.

- One week prior to the inspection, the inspector will notify the LDSS and shelter of the inspection. The inspector should inquire if there has been a positive COVID case within the past 14 days. If there has been a positive case the inspector should find out the date of the positive test.
- Staff will conduct the entrance conference via telephone and share the list of documents and files that must be provided and ready for review when DSOC inspectors arrive. Where possible, these documents should be emailed to DSOC staff.
- If shelter staff is unable to complete the entrance conference at the time of the initial call, please work with the shelter to schedule a new time/date. However, this should still be held no later than 3 days prior to inspection.
 - Additionally, inspection staff should make shelter staff aware that all emailed documents must be sent before the end of the shelter inspection. Any documentation we do not receive will be considered a violation.
- One day prior to the inspection, the inspector will contact the shelter for a second time, as well as the local Department of Health, to confirm that there have been no positive cases within the past 14 days. Only shelters that have not had a positive case within the past 14 days can be inspected. Again, if there has been a positive case the inspector should find out the date of the positive test.

- On-site inspection is expected to occur no later than 7 days from notification.
- There will be two new questions that relate to the Governor's Executive Order on facemasks. Shelter staff are required to wear masks and are required to have masks available for residents. If a shelter is not in compliance with the Executive Order, a Priority Correction must be issued, and your supervisor must be notified.
- As a reminder, staff must bring their OTDA issued iPhone with them on the inspection. Please make sure your device is fully charge before leaving to conduct the inspection.

There are also changes to how we will be conducting unit and dormitory inspections.

- In family and adult family shelters (this includes cluster sites and EHAPs), all unoccupied units will be inspected. A minimum of 20% of units must be inspected. If less than 20% of units are unoccupied, then DSOC may request that the family move to a common space while the inspection is being conducted, or else a second visit to the shelter must be conducted.
- In adult shelters that have single or double occupancy rooms, all unoccupied rooms will be inspected. If less than 20% of units are unoccupied, then DSOC staff may request that the resident(s) move to the common space while the inspection is being conducted, or else a second visit to the shelter must be conducted.
- Dormitories in congregate adult shelters will need to be inspected. If there are residents present and social distancing is not possible, shelter staff will be asked if residents can move to a common area during inspection.

Uncertified facilities will also be handled differently this year:

- The new regulations require uncertified facilities to be in compliance with Part 491 and Part 900. There will be only be violations issued, not recommendations, as there has been in the past.

As was the case in 2019, all shelter inspections will be scheduled, entered, and tracked in the Shelter Management System (SMS). The corrective action plans (CAPs) will also be entered and tracked in SMS. It is your responsibility to check SMS daily when you are not in the field to see if new inspections have been scheduled or if CAPs have been submitted for review by the districts.

All inspectors must complete the appropriate checklist for the facility they are inspecting. These checklists are found on the Share Drive under [\\otda-smb\otda_shared\TA\CSS\BSS\CHECKLISTS, FORMS, APPLICATIONS & TEMPLATES\02 - Inspection Tools Shelters](#). Copies of the checklist must be kept until the next annual inspections are done. If you have any questions about the checklist, please speak to your supervisor. If not completed previously, all shelters must have their Pre-Certification Environmental Checklist completed concurrently with its annual inspection report.

Program and Physical Plant inspections must be conducted within two weeks of each other and in most circumstances, should occur at the same time. Reports should be completed, submitted for supervisor review, and transferred to the districts and shelters within two weeks from when the inspection is completed. The ROS District Staff and DSOC County Assignment List can be found on the Share Drive under [\\otda-smb\otda_shared\TA\CSS\BSS\Office Administration](#). County and shelter assignments are made solely at the discretion of management.

Prior to conducting an inspection, inspectors should review the 2019 inspection and CAP, the safety and security plan, incident reports, and the operational plan (if available) for that facility, special attention should be paid to high-level violations, and any violation where the CAP indicated a long-term resolution, such as a capital project. If there are previously cited violations, the previously cited violation box must be checked on the inspection report. Also, inspectors should verify whether the facility is certified or uncertified, as we anticipate that some uncertified shelters will become certified in 2020.

No Priority violations may be cited without prior supervisory approval. If an inspector believes a Priority Violation is necessary, they should immediately contact their supervisor and remain at the facility until a resolution is determined. **Priority violations should only be used when clients have to be moved**

due to unsafe conditions. If the violation does not have to be fixed immediately, then it is not a priority violation.

As a reminder, please make sure to arrive at the inspection at the designated start time, so that your co-workers are not waiting for you. Inspections must **begin** no later than 9:00 am and end no later than 5:00 pm. Any exceptions to these hours must have supervisory approval. If you cannot gain access to the facility or there is no staff available to accompany you, you will need to contact your supervisor for further instruction. If your inspection is complete and the workday is not over, you should also contact your supervisor to see if you should return to the office or begin another inspection. It is critical that supervisors always know where their staff are, and inspectors in the field are expected to be reasonably available to respond to email and telephone calls throughout the workday. All inspections should be listed on the inspector's Outlook calendar and the office shared calendar, specifying the shelter and anticipated time of inspection. Finally, please remember to complete and submit all travel vouchers within 30 days of the date of travel.

Once an inspection is complete, if a facility is found to have no environmental violations and/or no building/unit violations, a follow-up inspection may be conducted by a supervisor or designee. Additional follow-up or quality assurance inspections may be conducted at the discretion of the Deputy Commissioner of DSOC.

Following receipt of a CAP from the district, inspectors are expected to review and respond to each submission within thirty days of the submission. If follow-up from the District is required, inspectors should indicate in SMS which CAP responses were acceptable and which require further information. Inspectors should not wait until all responses are satisfactory before updating SMS. All CAPs must be submitted to the unit supervisor for review before being closed or sent back to the District for more information.

For ROS, SMS is also where complaints and incidents are recorded. As part of the daily review of SMS, inspectors are expected to appropriately respond to all assigned incidents and complaints, seeking supervisory feedback and approval as necessary, and update SMS on the resolution of those items. Additionally, District hotel/motel inspections must be reviewed within ten business days of their assignment in SMS. Annual LDSS inspections and security plans must also be reviewed and recorded in the appropriate spreadsheet within 10 business days of assignment to an inspector. Staff in NYC will receive assignments from their supervisor for complaints or incidents that need to be investigated.

Also, inspection reports are the property of OTDA and not the individual inspector. Reports are reviewed at many levels before being issued to ensure consistency in our violations. Due to the volume of reports that are issued, you may not be notified of changes that have been made to the report. If at any time you have a question as to why something was changed, please consult with your supervisor.

A copy of this memo can be found on the Share Drive under \\otda-smb\otda_shared\TA\CSS\BSS\6.INSPECTIONS\2020.

Thank you.

EXHIBIT B



NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
Division of Shelter Oversight & Compliance
ADULT SHELTER PROGRAM INSPECTION: REQUIRED DOCUMENTATION LIST

SHELTER: PROVIDER: COUNTY: CAPACITY: Beds
DATE(s) OF INSPECTION: INSPECTOR(s):

Items for review and/or inquiry:

Received

Concerns

- 1. Bed Roster (Signatures from previous evening)
2. Sample of Case Records (10% of population, minimum 10 records)
3. Current 24-Hr Shelter Staff Schedule (All Employees)
4. List of all Staff Trainings in the last 12 months
5. Basic First Aid Certificates for staff (24/7)
6. NYS DOS Security Licenses (All employees that hold these, see 352.38 Security measures)
7. Incident Report (3 months)
8. Security Logs (3 months)
9. Grievance Policy/ Resident complaints (Previous 3 months)
10. Resident Rules and Rights (Are they posted in the facility?)
11. Medical Services Contract or Memorandum of Understanding,
12. Menus (2 Weeks)
13. Food Vendor Contract (where applicable)
14. Food Handlers Certificate where staff prepares food
15. List of current Community Services and Linkages/Referrals
16. Leisure & Program Activities Schedule (3 months)
17. Current Administrative Staff Contact List
18. Resume of Approved Director (Only required if current director in position for less than 1 year)
19. Current Year Housing Placement Data
20. Resident Savings Policy & Ledger, if applicable
- Is there a recordkeeping system in place?
- Is there a receipt log with staff/resident signatures?
- Is the ledger current with staff/resident signature?

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
Division of Shelter Oversight & Compliance
ADULT / ADULT FAMILY SHELTER PROGRAM INSPECTION: REQUIRED DOCUMENTATION LIST

SHELTER: _____ **PROVIDER:** _____ **COUNTY:** _____ **CAPACITY:** _____ **Beds**
DATE(s) OF INSPECTION: _____ **INSPECTOR(s):** _____

Items for review and/or inquiry:

Received

Concerns

- | | | |
|---|---|---|
| 1. Daily Census/Master List/Bed Roster | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 2. Sample of 10% of Case Records (or at least 10 files) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 3. Current 24-Hr Shelter Staff Schedule (All Employees) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 4. List of all Staff Trainings in the last 12 months | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 5. Basic First Aid Certificates for staff (24/7) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 6. NYS DOS Security Licenses Part 352.38 (where applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 7. Incident Reports (Prev. 3 months) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 8. Grievance Policy/ Resident complaints (Previous 3 months) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 9. Resident Rights & Rules (Are they posted in the facility?) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 10. Emergency Contact information (if not in case file) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 11. Sign-in / Sign-out & Security Logs | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 12. Menus (2 weeks) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 13. Food Vendor Contract (where applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 14. Food Handlers Certificate where staff prepares food | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 15. List of current Community Services and Linkages | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 16. Recreation & Leisure Activities (3 months) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 17. Current Administrative Staff Contact List (phone & email) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 18. Chronological Admission Registry (last 3 months) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 19. Chronological Discharge Registry (last 3 months) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 20. Director's Resume (if in position less than 1-year) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 21. Current Year Housing Placement Data | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| 22. Resident Savings Policy & Ledger, if applicable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| • Is there a recordkeeping system in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| • Is there a receipt log with staff/resident signatures? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| • Is the ledger current with staff/resident signature? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |



SHELTER: _____ PROVIDER: _____ COUNTY: _____ CAPACITY: _____ (Beds)

DATE(s) OF INSPECTION: _____ INSPECTOR(S): _____

Regulation Section	Question	Regulation Text	Notes
352.38 Security Measures	352.38(a) Has the local district submitted a Safety and Security Plan for this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Has the operator taken measures to control access to the emergency shelter/units?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Is there surveillance of the grounds and facility to prevent theft and resident harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are security rounds conducted and logged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Does the facility maintain a sign-in/sign-out log of all residents and visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are the screening procedures that were outlined in the submitted security plan being adhered to in the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Is there adequate screening and checks to ensure that items are not being brought or used within the facility that present a fire safety risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Is there adequate screening and checks to ensure that items are not being brought or used within the facility that present a safety risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are there environmental or physical hazards within the facility? If so, are the hazards maintained safely by the operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are all hazardous materials maintained safely at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Is there an adequate amount of trained staff on site to ensure safety at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
352.38(a) Have staff been trained in basic first aid and fire safety measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited		

<p>352.38(a) If the operator relies on a security system to monitor the facility, is it adequate to the needs of the building?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) If the operator relies on contracted security guards, do all the security guards have a current security license?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Have staff been trained to recognize and respond to mental health and/or domestic violence issues?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Has the operator taken fire safety measures for conducting and supervising facility evacuations and periodic evacuation drills?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Are all fire protection systems in proper working order and routinely serviced as required?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Does the operator have procedures for handling and documenting emergencies?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Are the staff aware of the emergency procedures and able to access emergency records and resident emergency contact information?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Is community emergency information posted in the facility?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(b) Is the operator documenting all serious incidents as outlined on Part 352.38 regarding Incident Reports?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(b) Is the operator emailing or telephoning both the social services district and the OTDA office to report the serious incident within one business day?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(b) Has the local district submitted a copy of the OTDA-prescribed incident report to the OTDA office within three business days?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(b) Do incident reports contain all required information pertinent to the incident including a resolution?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	352.38(c) Does the operator maintain a chronological record of all serious incident's reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(c) For an injury, has the operator included a written statement of the resident's version of events unless the resident objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(e) Has the local district and/or operator implemented all additional security measures as directed by the OTDA office?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(e) If third-party review of the fire safety and security plan at the facility is required by OTDA, have all the recommendations been implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.3 Operational Plans	491.3(c) Has the local district submitted a Security Plan, as part of the Operational Plan? Did it contain all the necessary information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.3(c) Has the local district submitted, as part of the Operational Plan, a disaster and emergency plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.3(c) Does the facility currently have a waiver(s) on file? Should the waiver be continued?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.6 Compliance with State and local laws, regulations, and codes	491.6(a)(b) Is the facility operated in accordance with all applicable State and local laws, regulations and codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.7 General Provisions	491.7(a) Was full access granted to all areas of the facility, grounds and all out buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.7(b) Has the operator continued to run the facility to the standards that were agreed upon and approved at the time of certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.7(c) Is the facility operated in accordance with the provisions of the Operating Plan and all other applicable State or local laws, regulations and codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.7(d) Does the operator maintain statistical, financial or any other records or reports required by OTDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	491.7(e) Is the facility able to operate safely and adequately at its current capacity and staffing levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.7(f) Has the operator admitted anyone under the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.10 Excess capacity admissions	491.10(a) Is the operator admitting or retaining a number of persons in excess of the capacity specified in the operational plan approved by OTDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.10(b)(c) Has the operator been granted permission to provide short-term emergency shelter to a number of persons in excess of the certified capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.10(d) Has the district informed OTDA of all emergency increase capacity approvals by the next business day?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.14 Resident services	491.14(f) Has the operator provided all mandated supervision services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(f) Is always there at least 1 scheduled staff on each shift certified in basic first aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(f) Has all staff been trained in the means of evacuating the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(f) Has a staff member on each shift been designated as responsible for the conduct and supervision of an evacuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(f) Has the operator employed a sufficient number of staffs in order to monitor and supervise residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.17 Food service	491.17(d) If meals are prepared on-site, has the operator made all necessary provisions to ensure proper food storage and preparation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.17(d) Is the operator in compliance with applicable county or local health and fire regulations, codes and ordinances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.17(d) If serving 40 or more residents, has the operator complied with New York Sanitary Code (10NYCRR, Part 14)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	491.17(d) Does the operator keep a record of inspections conducted by the State or local authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.17(e) If meals are prepared off-site, has the operator established that the meal operator complies with Part 14 of the New York Sanitary Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.17(f) If meals are purchased from a vendor, does the vendor comply with Part 14 of the New York State Sanitary Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.18 Environmental standards	491.18(a) Is facility maintained in a good state of repair and sanitation and in conformance with applicable State and local laws, regulations and ordinances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.18(a) Does the operator conduct regular documented building and unit inspections to ensure a good state of repair and sanitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.18(b) Does the facility meet all State and local fire safety regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.18(c) Do the electrical systems meet all State and local regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.18(d) Does the facility operate according to appropriate safety procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.18(e) Do furnishings and equipment meet relevant regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.18(f) Does the facility maintain adequate housekeeping?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.18(g) Does the facility provide adequate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.18(h) Does the facility meet all dining, recreation and social rehabilitation space requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.18(h) Do the facility bathrooms meet regulatory requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.18(h) Does the facility contain appropriate sleeping areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.18(h) Are cleaning supplies stored separately from sleeping areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited		

	491.18(i) Does the facility contain appropriate kitchen and dining areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.18(j) Has the operator notified the local DSS and OTDA immediately in the case of conditions that threaten the health and safety of residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.19 Records and reports	491.19(a) Has the operator collected and maintained such information, records or reports deemed necessary by OTDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.19(b) Was full access granted to information and records deemed necessary by OTDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.19(h) Does the operator maintain facility records according to regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

Overall Comments



SHELTER: _____ **PROVIDER:** _____ **COUNTY:** _____ **CAPACITY:** _____ (Beds)
DATE(s) OF INSPECTION: _____ **INSPECTOR(S):** _____

Area	Question	In Compliance	Notes
Private Kitchens	Kitchen Appliances (Refrigerator, stove, sink): Are they clean? Do they work? Any Leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Cabinets: Hardware, wood rot, missing doors or drawers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is there adequate room and equipment to prep meals safely, including appropriate lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Signs of mold or mildew?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is there appropriate ventilation? Is it clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is garbage maintained and kept in a covered container?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are there GFCI outlets w/in 36" of a water source? Do they work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
Private Bathrooms	Bathroom appliances (Toilet, Sink, tub/shower): Good working condition? Hot/cold water? Leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Signs of mold or mildew?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Appropriate ventilation? Is it clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Missing tiles or grout?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Do all toilets and showers have privacy partitions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are there GFCI outlets? Do they work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is the bathroom clean and sanitary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are the bathroom cabinets in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is there any damage or conditions in the bathroom that need to be fixed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

Private Bedrooms/Small Dorms	Adequate space (80 sq. feet) per adult	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Adequate space (60 sq. feet) per adult for adult family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	It there at least 3-feet between beds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	If partitions are used, do they afford individual privacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Does the sleeping area open directly into an exit corridor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are lockable storage lockers provided for any resident who does not have a private unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	If provided, are lockers large enough to accommodate winter clothing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
Furniture & Equipment	Beds and mattresses in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are single mattresses at least 30-inches wide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are double mattresses at least 54-inches wide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Adequate linens that are in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are linens changed at least weekly or as needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Chairs, tables, dressers, lockers in good shape?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are residents given all required supplies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are fans provided to help maintain room reasonable temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Do lights have adequate shade?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Do residents have access to a telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is there room in the unit for required postings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Do the residents have access to laundry facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is medication able to be kept in a safe place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
Housekeeping & Maintenance	Is the Unit Clean? Floors, Ceilings, Walls	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	Is the unit well-lit and clear of egress obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Doors and windows functioning properly; is hardware intact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Screens or blinds? Are they in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is sleeping space cluttered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are there signs of hoarding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Personal belonging stored separately from that of the facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Appropriate room for storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Garbage maintained appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Floors: Trip hazard? Missing tiles or sections of floor covering?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Adequate lighting with shades when required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Heating system functioning correctly? Too hot/cold?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are the radiators leaking into the floor? Floor warped or rotted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is there hot steam coming from the radiator pressure release valve?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is there any damage to the dorm/unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	If they provider air conditioning, is it working properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are the units being inspected regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
Vermin	Are there signs of Vermin or other infestations? Roaches, bedbugs, flies, mice/rats.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are there holes in the ceilings, walls, doors or cabinets caused by vermin?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
Smoke and Fire Protection	Are there working smoke detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are there working CO detectors outside all sleeping areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	If they have sprinkler-heads. Are they clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is there adequate space for egress? Unit door and fire escape (If applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	Are evacuation maps posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is there evidence of candles or smoking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are there any space heaters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	If required, is there access to a fire escape?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	If provided, is the fire extinguisher in good working condition? Is it inspected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Do all the fire safety devices work properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is the provider ensuring that there are no hot plates or unauthorized cooking appliances in the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are there any extension cords, or power strips being used improperly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are the units being inspected for prohibited fire hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
Safety Procedures	Are there window guards or security gates where required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Do all window guards and security gates open properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Can lockers be locked to protect the resident's belongings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Do all doors lock on private units if a locker is not provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are night lights used to illuminate all hallways and staircases leading out of the units?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are all hallways and staircases leading out of the units free from obstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
Supervision Services	Is the operator conducting security rounds to ensure that unauthorized guests are not in the units?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

Overall Comments or Concerns:



SHELTER: _____ **PROVIDER:** _____ **COUNTY:** _____

CAPACITY: _____ (Beds) **NUMBER OF DORMS:** _____ **DATE FACILITY OPENED:** _____

DATE(S) OF INSPECTION: _____ **INSPECTOR(S):** _____

Regulation Section	Question	In Compliance	Notes
352.38 Security Measures	352.38(a) Has the local district submitted a Safety and Security Plan for this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Has the operator taken measures to control access to the emergency shelter/unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Is there surveillance of the grounds and facility to prevent theft and resident harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are security rounds conducted and logged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Does the facility maintain a sign-in/sign-out log of all residents and visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are the screening procedures that were outlined in the submitted security plan being adhered to in the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Is there adequate screening and checks to ensure that items are not being brought or used within the facility that present a fire safety risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Is there adequate screening and checks to ensure that items are not being brought or used within the facility that present a safety risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are there environmental or physical hazards within the facility? If so, are the hazards maintained safely by the operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are all hazardous materials maintained safely at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Is there an adequate amount of trained staff on site to ensure safety at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Have staff been trained in basic first	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	aid and fire safety measures, when applicable?		
	352.38(a) If the operator relies on a security system to monitor the facility, is it adequate to the needs of the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) If the operator relies on contracted security guards, do all the security guards have a current security license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Have staff been trained to recognize and respond to mental health and/or domestic violence issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Has the operator taken fire safety measures for conducting and supervising facility evacuations and periodic evacuation drills?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are all fire protection systems in proper working order and routinely serviced as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Does the operator have procedures for handling and documenting emergencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are the staff aware of the emergency procedures and able to access emergency records and resident emergency contact information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Is community emergency information posted in the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(b) Is the operator documenting all serious incidents as outlined on Part 352.38 regarding Incident Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(b) Is the operator emailing or telephoning both the social services district and the OTDA office to report the serious incident within one business day?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(b) Has the local district submitted a copy of the OTDA-prescribed incident report to the OTDA office within three business days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(b) Do incident reports contain all required information pertinent to the incident including a resolution?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(c) Does the operator maintain a chronological record of serious incidents reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	352.38(c) For an injury, has the operator included a written statement of the resident's version of events unless the resident objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(c) Has the local district and/or operator implemented all additional security measures as directed by the OTDA office?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(c) If third-party review of the fire safety and security plan at the facility is required by OTDA, have all the recommendations been implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
352.8 Annual Budget	352.8(b) Has the local district submitted the annual budget for this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.3 Operational Plans	491.3(a) Has the local district submitted an operational plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.3(c) Has the local district submitted a Security Plan, as part of the Operational Plan? Did it contain all the necessary information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.3(c) Has the local district submitted, as part of the Operational Plan, a disaster and emergency plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.3(c) Does the facility currently have a waiver(s) on file? Should the waiver be continued?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.4 Operating Certificate	491.4(a) Does the facility have an operating certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.4(d) Is the Operating Certificate posted in a publicly accessible area within the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.6 Compliance with State and local laws, regulations, and codes	491.6(a)(b) Is the facility operated in accordance with all applicable State and local laws, regulations and codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.7 General Provisions	491.7(a) Did the operator allow full access to the residents, grounds, buildings, books or papers related to the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.7(b) Does the shelter operator provide a 24-hour-a-day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.7(c) Is the facility operated in accordance with the provisions of the Operating Plan and all other applicable State or local laws, regulations and codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	491.7(d) Does the operator maintain statistical, financial and any other records and reports as required by OTDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.7(e) Is the facility operating at the approved capacity, set forth by OTDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.7(f) Has the operator admitted anyone under the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.8 Shelter staff and staff qualifications	491.8(a) Has the operator provided a sufficient number of qualified staffs to render services mandated by statute or regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.8(b) Has the operator developed written personnel policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.8(c) Does the operator maintain a current, written staffing schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.8(d) Does the operator maintain appropriate personnel records?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.8(e) Has the operator designated a Facility Administrator? Is he/she qualified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.8(g) Have all volunteers been placed in assignments compatible with their skill level?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.9 Referrals and assessments	491.9(a) Was the resident properly referred to the shelter by the local district?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited
491.9(b) Has DSS or its designee assessed the resident's housing and housing related, public assistance and care needs by the end of the next business day?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.9(b) Has the operator or district documented the ILP, all direct services and referrals to other entities?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.9(b) Has the resident participated in the completion of the assessment? If not, Is there documentation as to why?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.9(c) Has the local district housed any residents who are deemed not medically qualified to be referred to a shelter?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.9(c) Have all residents had a preliminary health assessment completed at the time of admission to ascertain general health?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	491.9(d) Has the local district made appropriate accommodations for those who cannot be referred to an adult, small capacity or adult family shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.10 Excess capacity admissions	491.10(a) Is the operator admitting or retaining a number of persons in excess of the capacity specified in the operational plan approved by OTDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.10(b)(c) Has the operator been granted permission to provide short-term emergency shelter to a number of persons in excess of the certified capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.10(d) Did the district inform OTDA of any approved excess capacity, no later than the next business day?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.11 Facility charges	491.11(a)(b) Is the local district making all attempts to collect mandated shelter payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.12 Resident rights and obligations	491.12(a) Has the operator adopted resident rules which govern the day-to-day life and activities in the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.12(a) Have the rules been posted in an accessible location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.12(b) Has each resident been provided a copy of the facility rules in setting forth their rights and responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.12(b) Has the resident been advised in writing of the consequences of failing to comply with the rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.12(c) Does the facility ensure that all Resident Rights are enforced as per Part 491.12(c)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.12(c) Is there a grievance policy in place and is it being adhered to? Are grievances followed up on in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.12(c) Can grievances be submitted on behalf of another resident or anonymously?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.12(c) Are grievances readily maintained in either the case file or other file type that allows for review as necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.12(d) Do the rules inform residents of the obligations for which their continued residence depends?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	491.12(d) Is the local district ensuring that the residents are complying with the mandates outlined in Part 352 to receive Temporary Housing Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.13 Resident funds and valuables	491.13(a) Does the operator issue a signed receipt noting the date, amount of or description of property and nature of transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.13(b) Does the operator comply with State regulations as they pertain to resident fund accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.13(c) Does the operator comply with State regulations as they pertain to resident valuables?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.14 Resident Services	491.14(a) Has the resident been provided, at a minimum, room, board, health services, social rehabilitation services, supervision and information/referrals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(b) Has the operator established procedures and assigned staff sufficient to carry out the required resident services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(b) Has the operator provided information and access to necessary health services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(b) Does the operator provide residents with a means to safely refrigerate and/or secure prescription medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(b) Is the facility able to properly isolate and quarantine residents to allow them to remain in the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(b) Does the facility transfer residents with medical conditions which cannot be properly isolated and quarantined?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(e) Does the operator provide, either directly or through cooperative agreement, social rehabilitation services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(f) Does the operator provide all regulatory defined supervision services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(f) Has at least one staff member per shift completed an in person, basic first aid training course?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(f) Has all staff been trained in the means of rapidly evacuating the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

		<input type="checkbox"/> Previously Cited	
	491.14(f) Has a staff member on each shift been designated as responsible for the conduct and supervision of an evacuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(f) Has the operator taken appropriate steps when a resident has developed a medical condition requiring immediate or continued services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(f) Has the operator taken appropriate steps when a resident exhibits behavior constituting a danger to themselves or others?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(f) Has the operator employed a sufficient number of staffs in order to monitor and supervise residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(g) Does the operator indicate having knowledge of community resources which can assist each resident to maintain or improve his/her level of functioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.14(g) Does the operator provide sufficient information and referral services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.15 Involuntary discharge and transfer	491.15(a) Does the operator follow the appropriate procedures for requesting an involuntary discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.15(a) Has the operator followed all pre-discharge hearing procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.15(a) Does the operator follow all Fair Hearing procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.15(b) Does the operator follow the appropriate steps for an involuntary transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.15(c) Has operator returned all monies and property to the resident at time of discharge or transfer or no more than 72 hours after leaving facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.15(d) Has the operator returned all monies and property to the resident, their representative or agency after transfer or discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.15(d) Are monies, property or items of value after discharge or transfer been stored by the operator for no less than ten (10) business days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	491.15(f) Does the local district maintain a written record of all discharges and involuntary transfers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
Section 491.16 Serious incidents and incident reporting	491.16(a)(b)(c)(d) Has the operator documented and properly communicated all serious incidents as defined in Part 352.38 and 491.16?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.17 Food service	491.17(a) Has the operator made provisions that ensure residents can conveniently obtain well balanced meals daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.17(c) Does the operator, at a minimum, provide the opportunity for residents to obtain breakfast and evening meals at regularly scheduled times?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.17(c) Does the operator schedule meals at a time that ensures that no more than 15 hours elapses between them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.17(d) If meals are prepared on-site, are menus overseen by a staff, consulting dietician or volunteer with sufficient knowledge in nutrition or dietetics?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.17(d) If meals are prepared on-site, has the operator planned menus at least 10 days in advance? Are the menus maintained for at least two weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.17(d) If meals are prepared on-site, has the operator made all necessary provisions to ensure proper food storage and preparation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.17(d) Is the operator in compliance with applicable county or local health and fire regulations, codes and ordinances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.17(d) If serving 40 or more residents, has the operator complied with New York Sanitary Code (10NYCRR, Part 14)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.17(d) If the kitchen is inspected by the State or local health authorities, are copies of the inspections kept on site for review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.17(e) If meals are prepared off-site, is the facility that prepared the meal in compliance with Part 14 of the NYS Sanitary Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.17(e)(f)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	Do all meals that are prepared on or off-site, meet the nutritional needs of the residents?		
	491.17(f) If meals are purchased from a vendor, does the vendor comply with Part 14 of the NYS Sanitary Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.17(g) Does the operator accommodate for special medically-prescribed or nutritional needs of the resident? Religious dietary restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.19 Records and reports	491.19(a) Has the operator collected and maintained such information, records or reports deemed necessary by OTDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.19(b) Was full access to information and records deemed necessary by OTDA granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.19(a)(b) Has the district and provider maintained access to the Shelter Management System (SMS) ensuring all regulatory documentation can be submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.19(c) Is the operator using all required OTDA prescribed forms when applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.19(f) Is the operator able to ensure that all resident information, including HIV related information, is confidentially maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.19(g) Are case files maintained in a neat and orderly manner that ensure privacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.19(g) Does the operator collect and maintain resident identification and next of kin information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.19(g) Does the operator maintain records of any accounts or personal belongings held in custody for the resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.19(h) Does the operator maintain facility records according to regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.19(h) Is all required information, records and reports maintained at the facility for review at the time of inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	491.19(i) Is the operator using only the forms agreed upon at the time of certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
491.23 Investigations,	491.23(a)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

immediate emergency measures and enforcement powers.	Has the district and operator fully cooperated in all investigations undertaken by OTDA?		
491.24 Reimbursement.	491.24(a) Has the local district submitted the annual budget for this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

Program Dorm Inspections

Building #	Floor/Dorm #	In Compliance	Notes:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Overall Comments or Concerns:



SHELTER: _____ PROVIDER: _____ COUNTY: _____

MAX CAPACITY: # of UNITS _____ # of BEDS _____ CURRENT CAPACITY: # of BEDS filled at the time of Inspection: _____

District Contact Staff: _____ Facility Contact Staff: _____

DATE(S) OF INSPECTION: _____ INSPECTOR(S): _____

Part 900.6(a)(b): Is the facility operated in compliance with all State and local laws, regulations and codes?		Comments or Concerns
Has the provider supplied personal protective equipment (face masks) for both its residents and staff? (about a 90-day supply)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are staff utilizing face masks when unable to maintain at least 6-feet of social distancing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The items below are questions and suggestions for the providers and shelter staff. They DO NOT fall under the Executive Order. They are NOT violations.		
What safeguards can they implement to reduce the spread of COVID-19?		
<ul style="list-style-type: none"> Increased cleaning and disinfection of high-density and high-touch areas of the facility on a regular schedule. Suggestions: Common areas, staff offices, agency vehicles, etc. 		
<ul style="list-style-type: none"> Can they provide hand sanitizer? (Recommendation is at least 60% ethanol or 70% isopropanol alcohol) 		
<ul style="list-style-type: none"> Can they provide daily health screenings? Suggestions: Daily temperature checks, maintaining a forehead or no touch thermometer on site, questions to see if anyone is experiencing signs or symptoms of COVID-19. 		
<ul style="list-style-type: none"> Is the facility able to isolate a resident if required? If no, how are they isolated? 		
<ul style="list-style-type: none"> Have all staff and residents been educated on COVID-19? Signs and symptoms, social distancing, hand washing, cleaning and disinfecting, isolation, adequately using PPE, when to get tested, when to self-quarantine, who to notify, etc.) 		
<ul style="list-style-type: none"> Any other implemented safeguards? 		



SHELTER: _____ PROVIDER: _____ COUNTY: _____

MAX CAPACITY: # of UNITS _____ # of DORMS SPACES _____ # of BEDS _____ CURRENT CAPACITY: # of **BEDS** filled at the time of Inspection: _____

District Contact Staff: _____ Facility Contact Staff: _____

DATE(S) OF INSPECTION: _____ INSPECTOR(S): _____

Part 491.6(a)(b): Is the facility operated in compliance with all applicable State and local laws, regulations and codes?	Comments or Concerns
Has the provider supplied personal protective equipment (face masks) for both its residents and staff? (about a 90-day supply)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are staff utilizing face masks when unable to maintain at least 6-feet of social distancing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The items below are questions and suggestions for the providers and shelter staff. They DO NOT fall under the Executive Order. They are NOT violations.	
What safeguards can they implement to reduce the spread of COVID-19?	
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<ul style="list-style-type: none"> Can they provide hand sanitizer? (Recommendation is at least 60% ethanol or 70% isopropanol alcohol) 	
<ul style="list-style-type: none"> Can they provide daily health screenings? Suggestions: Daily temperature checks, maintaining a forehead or no touch thermometer on site, questions to see if anyone is experiencing signs or symptoms of COVID-19. 	
<ul style="list-style-type: none"> Is the facility able to isolate a resident if required? If no, how are they isolated? 	
<ul style="list-style-type: none"> Have all staff and residents been educated on COVID-19? (Signs and symptoms, social distancing, hand washing, cleaning and disinfecting, isolation, adequately using PPE, when to get tested, when to self-quarantine, who to notify, etc.) 	
<ul style="list-style-type: none"> Any other implemented safeguards? 	



NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
Division of Shelter Oversight & Compliance
FAMILY SHELTER PROGRAM INSPECTION: REQUIRED DOCUMENTATION LIST

SHELTER: PROVIDER: COUNTY: CAPACITY: Units
DATE(s) OF INSPECTION: INSPECTOR(s):

Items for review and/or inquiry:

Received

Concerns

- 1. Master List of Current Families
2. Sample of Case Records (10% of population, minimum 10 records)
3. Current 24-Hr Shelter Staff Schedule (All Employees)
4. List of all Staff Trainings in the last 12 months
5. Basic First Aid Certificates for staff (24/7)
6. Access to Emergency Infant food and diapers
7. SCR, SEL & Background/Fingerprints (DCJS) for Childcare & Recreational staff
8. Current list of school aged children and name of school
9. NYS DOS Security Licenses (All employees that hold these, see 352.38 Security measures)
10. Incident Reports (3 months)
11. Security Logs (3 months)
12. Resident Grievances/Complaints (Previous 3 months)
13. Involuntary Discharges (3 previous occurrences & copies of supporting documentation)
14. Resident Rights & Rules - (Are they posted in the facility?)
15. Medical Services Contract or Memorandum of Understanding
16. Sign In/Sign out Log (Previous month)
17. Menus (2 weeks, where applicable)
18. Food Vendor Contract (where applicable)
19. Current Administrative Staff Contact List
20. List of Current Community Services and Linkages/Referrals
21. Child Care & Recreation Attendance List and Activities Schedule (3 months; include number of slots, ages served, & days/hours served during school and non-school days)



NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
Division of Shelter Oversight & Compliance
FAMILY SHELTER PROGRAM INSPECTION: REQUIRED DOCUMENTATION LIST

- 22. If referred to Off-site Childcare/Recreation programs, provide list
23. of children and name of program
24. Leisure & Program Activities Schedule (Previous 3 months)
25. Current Administrative Staff Contact List (Emails addresses & phone numbers)
26. Chronological Admission Registry (Previous 3 months)
27. Chronological Discharge Registry (Previous 3 months)
28. Current Year's Housing Placement Data (Include resident's name, date of discharge, & placement address)
29. Resident Savings Policy & Ledger, if applicable
- Is there a recordkeeping system in place?
- Is there a receipt log with staff/resident signatures?
- Is the ledger current with staff/resident signature?



FAMILY SHELTER PROGRAM INSPECTION: REQUIRED DOCUMENTATION LIST

SHELTER: PROVIDER: COUNTY: CAPACITY: (Units)

DATE(s) OF INSPECTION: INSPECTOR(S):

Items for review and/or inquiry:

Received

Concerns

- 1. Daily Census/Master List
2. Sample of 10% of Case Records (or at least 10 files)
3. Current 24-Hour Staffing Schedule (All Employees)
4. List of all Staff Trainings in the last 12 months
5. Basic First Aid Certificates for staff (24/7)
6. NYS DOS Security Licenses Part 352.38 (where applicable)
7. SEL / Background / Fingerprints
8. Daily School Attendance Log (3 months)
9. Incident Report & Security Logs (Previous 3 months)
10. Resident Complaints / Grievances (Previous 3 months)
11. Resident Rights & Rules (Are they posted in the facility?)
12. Emergency Contact information if not kept in case file
13. Sign In / Sign Out & Security (Communication) Logs
14. Menus for 2 weeks (where applicable)
15. Food Vendor Contract (where applicable)
16. Food Handlers Certificate (where applicable)
17. Child Care Attendance List and Activities Schedule (3 months)
18. Recreation Attendance List and Activities Schedule (3 months)
19. Chronological Admission Registry (last 3 months)
20. Chronological Discharge Registry (last 3 months)
21. Current Year Housing Placement Data
22. List of families in shelter for 12 months or longer
23. Current Administrative Staff Contact List (phone & email)



SHELTER: _____ PROVIDER: _____ COUNTY: _____ CAPACITY: _____ (Units)

DATE(S) OF INSPECTION: _____ INSPECTOR(S): _____

<i>Regulation Section</i>	Question	In Compliance	Notes
352.38 Security Measures	352.38(a) Has the local district submitted a Safety and Security Plan for this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Has the operator taken measures to control access to the emergency shelter/unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Is there surveillance of the grounds and facility to prevent theft and resident harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are security rounds conducted and logged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Does the facility maintain a sign-in/sign-out log of all residents and visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are the screening procedures that were outlined in the submitted security plan being adhered to in the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Is there adequate screening and checks to ensure that items are not being brought or used within the facility that present a fire safety risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Is there adequate screening and checks to ensure that items are not being brought or used within the facility that present a safety risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are there environmental or physical hazards within the facility? If so, are the hazards maintained safely by the operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are all hazardous materials maintained safely at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Is there an adequate amount of trained staff on site to ensure safety at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
352.38(a) Have staff been trained in basic first aid and fire safety measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited		

<p>352.38(a) If the operator relies on a security system to monitor the facility, is it adequate to the needs of the building?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) If the operator relies on contracted security guards, do all the security guards have a current security license?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Have staff been trained to recognize and respond to mental health and/or domestic violence issues?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Has the operator taken fire safety measures for conducting and supervising facility evacuations and periodic evacuation drills?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Are all fire protection systems in proper working order and routinely serviced as required?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Does the operator have procedures for handling and documenting emergencies?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Are the staff aware of the emergency procedures and able to access emergency records and resident emergency contact information?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Is community emergency information posted in the facility?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(b) Is the operator documenting all serious incidents as outlined on Part 352.38 regarding Incident Reports?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(b) Is the operator emailing or telephoning both the social services district and the OTDA office to report the serious incident within one business day?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(b) Has the local district submitted a copy of the OTDA-prescribed incident report to the OTDA office within three business days?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(b) Do incident reports contain all required information pertinent to the incident including a resolution?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(c) Does the operator maintain a chronological record of serious incidents reports?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(c) For an injury, has the operator included a written statement of the resident's version of events unless the resident objects?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	352.38(e) Has the local district and/or operator implemented all additional security measures as directed by the OTDA office?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(e) If third-party review of the fire safety and security plan at the facility is required by OTDA, have all the recommendations been implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.3 Operational Plan	900.3(c) Has the local district submitted a Security Plan, as part of the Operational Plan? Did it contain all the necessary information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.3(c) Has the local district submitted, as part of the Operational Plan, a disaster and emergency plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.3(d) Does the facility currently have a waiver(s) on file? Should the waiver be continued?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.6 Compliance with State and local laws, regulations, and codes.	900.6(a)(b) Is the facility in compliance with all State and local laws, regulations and codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.7 General provisions.	900.7(a) Was full access granted to all areas of the facility, grounds and all out buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.7(b) Has the operator continued to run the facility to the standards that were agreed upon and approved at the time of certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.7(c) Is the facility operated in accordance with the provisions of the Operating Plan and all other applicable State or local laws, regulations and codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.7(d) Does the operator maintain statistical, financial or any other records or reports required by OTDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.7(e) Is the facility able to operate safely and adequately at its current capacity and staffing levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.10 Excess capacity admissions	900.10(a) Is the operator admitting or retaining a number of persons in excess of the capacity specified in the operational plan approved by OTDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.10(b)(c) Has the operator been granted permission to provide short-term emergency shelter to a number of persons in excess of the certified capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	900.10(d) Has the district informed OTDA of all emergency increase capacity approvals by the next business day?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.14 Resident services.	900.14(f) Has the operator provided all mandated supervision services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(f) Is always there at least 1 scheduled staff on each shift certified in basic first aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(f) Has all staff been trained in the means of evacuating the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(f) Has a staff member on each shift been designated as responsible for the conduct and supervision of an evacuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.17 Food service.	900.17(c) If meals are prepared on-site, has the operator made all necessary provisions to ensure proper food storage and preparation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.17(c) Is the operator in compliance with applicable county or local health and fire regulations, codes and ordinances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.17(c) If serving 40 or more residents, has the operator complied with New York Sanitary Code (10NYCRR, Part 14)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.17(c) Does the operator keep a record of inspections conducted by the State or local authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.17(d) If meals are prepared off-site, has the operator established that the meal operator complies with Part 14 of the New York Sanitary Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.17(e) If meals are purchased from a vendor, does the vendor comply with Part 14 of the New York State Sanitary Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.17(f) In facilities without contracted vender meals, is refrigeration and cooking equipment available for all families?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.18 Environmental standards	900.18(a) Is facility maintained in a good state of repair and sanitation and in conformance with applicable State and local laws, regulations and ordinances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.18(a) Does the operator conduct regular documented building and unit inspections to ensure a good state of repair and sanitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	900.18(b) Does the facility meet all State and local fire safety regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.18(c) Do the electrical systems meet all State and local regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.18(d) Does the facility operate according to appropriate safety procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.18(e) Do the facility bathrooms meet all regulatory requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.18(f) Does the facility provide adequate sleeping areas according to State code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.18(g) Does the facility contain appropriate dining and recreation areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.18(h) Do furnishings and equipment meet relevant regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.18(i) Do private kitchens or food preparation areas within the private units comply with all state and local codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.18(j) Does the facility maintain adequate housekeeping?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.18(k) Does the facility provide adequate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.18(l) Has the operator notified the local DSS and OTDA immediately in the case of conditions that threaten the health and safety of residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.19 Records and reports.	900.19(a) Has the operator maintained current copies of all other State and local maintenance inspections on site for review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.19(b) Was full access granted to information and records deemed necessary by OTDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.19(h) Does the operator maintain facility records according to regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

Other Areas of Concerns:

Area	Concern

Overall Comments or Concerns:



SHELTER: _____ PROVIDER: _____ COUNTY: _____

MAX. CAPACITY: _____ (Units) UTILIZED CAPACITY AT INSPECTION: _____ DATE FACILITY OPENED: _____

DATE(S) OF INSPECTION: _____ INSPECTOR(S): _____

Regulation Section	Question	In Compliance	Notes
352.38 Security Measures	352.38(a) Has the local district submitted a Safety and Security Plan for this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Has the operator taken measures to control access to the emergency shelter/unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Is there surveillance of the grounds and facility to prevent theft and resident harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are security rounds conducted and logged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Does the facility maintain a sign-in/sign-out log of all residents and visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are the screening procedures that were outlined in the submitted security plan being adhered to in the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Is there adequate screening and checks to ensure that items are not being brought or used within the facility that present a fire safety risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Is there adequate screening and checks to ensure that items are not being brought or used within the facility that present a safety risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are there environmental or physical hazards within the facility? If so, are the hazards maintained safely by the operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(a) Are all hazardous materials maintained safely at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
352.38(a) Is there an adequate amount of trained staff on site to ensure safety at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited		

<p>352.38(a) Have staff been trained in basic first aid and fire safety measures, when applicable?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) If the operator relies on a security system to monitor the facility, is it adequate to the needs of the building?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) If the operator relies on contracted security guards, do all the security guards have a current security license?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Have staff been trained to recognize and respond to mental health and/or domestic violence issues?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Has the operator taken fire safety measures for conducting and supervising facility evacuations and periodic evacuation drills?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Are all fire protection systems in proper working order and routinely serviced as required?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Does the operator have procedures for handling and documenting emergencies?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Are the staff aware of the emergency procedures and able to access emergency records and resident emergency contact information?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(a) Is community emergency information posted in the facility?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(b) Is the operator documenting all serious incidents as outlined on Part 352.38 regarding Incident Reports?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(b) Is the operator emailing or telephoning both the social services district and the OTDA office to report the serious incident within one business day?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
<p>352.38(b) Has the local district submitted a copy of the OTDA-prescribed incident report to the OTDA office within three business days?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	352.38(b) Do incident reports contain all required information pertinent to the incident including a resolution?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(c) Does the operator maintain a chronological record of serious incidents reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(c) For an injury, has the operator included a written statement of the resident's version of events, unless resident objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(e) Has the local district and/or operator implemented all additional security measures as directed by the OTDA office?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	352.38(e) If third-party review of the fire safety and security plan at the facility is required by OTDA, have all the recommendations been implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
352.8 Annual Budget	352.8(b) Has the local district submitted the annual budget for this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
901-1 & 901-2 Mandated Reporting, SCR, SEL and Criminal background check	901-1.1 & 901-2 Is the operator following all Mandated Reporting regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	901-1.1 & 901-2 Have staff been informed and trained on their requirements as mandated reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	901-1.1 & 901-2 Has the operator obtained an SCR, SEL and Criminal background check for persons who have regular and substantial contact with children at the shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	901-1.1 & 901-2 Has the operator maintained a list of all staff SCR, SEL and Criminal Background Checks that are available for review at the time of inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.3 Operational Plan	900.3(a) Has the local district submitted an Operational Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.3(c) Has the local district submitted a Security Plan, as part of the Operational Plan? Did it contain all the necessary information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.3(c) Has the local district submitted, as part of the Operational Plan, a disaster and emergency plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	900.3(d) Does the facility currently have a waiver(s) on file? Should the waiver be continued?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.4 Operating Certificates	900.4(a)(b)(c) Does the facility have an operating certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.4(d) Is the Operating Certificate posted in a publicly accessible area within the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.6 Compliance with State and local laws, regulations, and codes	900.6(a)(b) Is the facility operated in accordance with all applicable State and local laws, regulations and codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.7 General Provisions	900.7(a) Did the operator allow full access to the residents, grounds, buildings, books or papers related to the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.7(b) Does the shelter operator provide a 24-hour-a-day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.7(c) Is the facility operated in accordance with the provisions of the Operating Plan and all applicable State or local laws, regulations and codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.7(d) Does the operator maintain all statistical, financial and any other records and reports as required by OTDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.7(e) Is the facility operating at the approved capacity, set forth by OTDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.8 Shelter Staff and staff qualifications	900.8(a) Has the operator provided a sufficient number of qualified staffs to render services mandated by statute or regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.8(b) Has the operator developed written personnel policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.8(c) Does the operator maintain a current, written staffing schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.8(d) Does the operator maintain appropriate personnel records?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.8(e) Has the operator designated a Facility Administrator? Is he/she qualified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.8(g)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	Have all volunteers been placed in assignments compatible with their skill level?		
	900.8(h)(i) Is the operator in compliance with the provisions in subpart 901-1 and 901-2?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.8(i) Have staff been informed and trained on their requirements as mandated reporters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.9 Referrals, assessments and independent living plans	900.9(a) Was the family properly referred to the shelter by the local district?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.9(b) Has DSS or its designee assessed the family's housing and housing related, public assistance and care needs by the end of the next business day?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.9(d) Has the family participated in the completion of the assessment? If not, is there documentation as to why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.9(e) Has the family had a preliminary health assessment completed within 24 hours of admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.9(e) If transferred from another shelter, has all medical information been transferred within 72 hours of admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.9(e) Has the family been referred to a medical office for all medical needs when requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.9(f) Has the local district housed any families who are deemed not medically qualified to be referred to a shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.9(g) Has the local district made appropriate accommodations for those who cannot be referred to a family shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.9(h) Was an Independent Living Plan (ILP) developed within ten (10) days of admission? Was it developed with the cooperation of each family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.9(h) Has the ILP been reviewed and revised, as necessary, at least once every two weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.9(h) Has the operator or district documented the ILP, all direct services and referrals to other entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

900.10 Excess capacity admissions.	900.10(a) Is the operator admitting or retaining a number of persons in excess of the capacity specified in the operational plan approved by OTDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.10(b)(c) Has the operator been granted permission to provide short-term emergency shelter to a number of persons in excess of the certified capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.10(d) Did the district inform OTDA of any approved excess capacity no later than the next business day?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.11 Facility charges	900.11(a)(b) Is the local district making all attempts to collect mandated shelter payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.12 Resident rights and obligations	900.12(a) Has the operator adopted resident rules which govern the day-to-day life and activities in the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.12(a) Have the rules been posted in an accessible location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.12(b) Has each family been provided a copy of the facility rules setting forth their rights and responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.12(b) Has the family been advised in writing of the consequences of failing to comply with the rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.12(c) Does the facility ensure that all Resident Rights are enforced as per Part 900.12(c)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.12(c) Is there a grievance policy in place and is it being adhered to? Are grievances followed up on in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.12(c) Can grievances be submitted on behalf of another resident or anonymously?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.12(c) Are grievances readily maintained in either the case file or other file type that allows for review as necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.12(d) Do the rules inform the families of the obligations upon which their continued residence in the shelter depends?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.12(d) Is the local district ensuring that the residents are complying with the mandates	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	outlined in Part 352 to receive Temporary Housing Assistance?		
900.13 Resident Funds and Valuables	900.13(a) Does the operator issue a signed receipt noting the date, amount of or description of property and nature of transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.13(b) Does the operator comply with State regulations as they pertain to resident fund accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.13(c) Does the operator comply with State regulations as they pertain to resident valuables?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.14 Resident Services	900.14(a) Has the family been provided, at a minimum, a room, 3 meals, health services, housing support, child care, recreation and information/referrals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(b) Has the operator established procedures and assigned staff sufficient to carry out the required resident services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(d) Has the operator provided information and access to necessary health services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(d) Does the operator provide family members with a means to safely refrigerate and/or secure prescription medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(d) Is the facility able to properly isolate and quarantine families to allow them to remain in the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(d) Does the facility transfer family members with medical conditions which cannot be properly isolated and quarantined?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(d) Does the operator provide adequate prenatal care services for pregnant women?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(e) Does the operator provide, either directly or through cooperative agreement, social rehabilitation services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(f) Does the operator provide all regulatory defined supervision services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(f) Does at least one person per shift have basic first aid certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	900.14(f) Have staff been trained in the means of rapidly evacuating the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(f) Has at least one staff member per shift been designated as responsible for the conduct and supervision of any evacuations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(f) Has the operator taken appropriate actions if a resident has developed a medical condition requiring immediate or continual medical services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(f) Has the operator taken appropriate actions if a resident exhibits behavior which constitutes a danger to themselves or others?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(g) Is the operator adequately preparing residents for permanent housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(g) Is the operator ensuring that case management visits the family in their unit to assess any assistance required with daily living skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(h) Have appropriate recreational services been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(i) Has the operator provided adequate information and referral services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.14(j) Has supervised care of all children been provided, whether its on-site or off-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.15 Involuntary Discharge and transfer	900.15(a) Does the facility follow the appropriate procedures for requesting an involuntary discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.15(a) Has the operator followed all pre-discharge hearing procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.15(a) Does the operator follow all Fair Hearing procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.15(b) (c) Does the operator abide by all involuntary discharge and transfer procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.15(e) (f) Has operator returned all monies and property to the family at time of discharge or transfer or no more than 72 hours after leaving facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.15(h)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

	Has the local district maintained a written record of all discharges and involuntary transfers?	<input type="checkbox"/> Previously Cited	
900.16 Serious incidents and incident reporting	900.16 (a)(b)(c)(d) Has the operator documented and properly communicated all serious incidents as defined in Part 352.38 and 900.16?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.17 Food Service	900.17(a) Has the operator made provisions that ensure residents can conveniently obtain three well balanced meals daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.17(c) If meals are prepared on-site, are menus overseen by a staff, consulting dietician or volunteer with sufficient knowledge in nutrition or dietetics?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.17(c) If meals are prepared on-site, has the operator planned menus at least 10 days in advance? Are the menus maintained for at least two weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.17(c) If meals are prepared on-site, has the operator made all necessary provisions to ensure proper food storage and preparation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.17(c) Is the operator in compliance with applicable county or local health and fire regulations, codes and ordinances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.17(c) If serving 40 or more residents, has the operator complied with New York Sanitary Code (10NYCRR, Part 14)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.17(c) If the kitchen is inspected by the State or local health authorities, are copies of the inspections kept on site for review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.17(d) If meals are prepared off-site, is the contracted vendor in compliance with Part 14 of the NYS Sanitary Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.17(e) Do all meals that are prepared on or off-site, meet the nutritional needs of the residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.17(e) If meals are purchased from a vendor, does the vendor comply with Part 14 of the NYS Sanitary Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.17(f) Does the operator provide adequate refrigeration and cooking equipment to	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited		

	accommodate feeding infants and storage of medication?		
	900.17(f) Does the operator provide or arrange access to emergency formula, milk, baby food and juices for infants on a 24-hour basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.17(g) Does the operator accommodate for special medically prescribed or nutritional needs of the family or any religious dietary restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.18 Environmental standards.	900.18(h) Has the family been provided with crib safety information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.18(h) Are disposable diapers made available to the family if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.19 Records and reports.	900.19(a) Has the operator collected and maintained such information, records or reports deemed necessary by OTDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.19(b) Was full access to information and records deemed necessary by OTDA granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.19(a)(b) Has the district and provider maintained access to the Shelter Management System (SMS) ensuring all regulatory documentation can be submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.19(c) Is the operator using all required OTDA prescribed forms when applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.19(f) Is the operator able to ensure that all family information, including HIV related information, is confidentially maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.19(g) Are case files maintained in a neat and orderly manner that ensure privacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.19(g) Does the operator collect and maintain resident identification and next of kin information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.19(g) Does the operator maintain records of any accounts or personal belongings held in custody for the resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.19(h) Does the operator maintain facility records according to regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	900.19(h)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

	Is all required information, records and reports maintained at the facility for review at the time of inspection?	<input type="checkbox"/> Previously Cited	
	900.19(i) Is the operator using only the forms agreed upon at the time of certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.23 Investigations, immediate emergency measures and enforcement powers.	900.23(a) Has the district and operator fully cooperated in all investigations undertaken by OTDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
900.24 Reimbursement.	900.24(a) Has the local district submitted the annual budget for this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

Program Unit Inspections

Building #	Floor/Unit #	In Compliance	Notes:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Overall Comments or Concerns:



SHELTER: _____ PROVIDER: _____ COUNTY: _____ CAPACITY: _____ (Units)

DATE(s) OF INSPECTION: _____ INSPECTOR(S): _____

Area	Question	In Compliance	Notes
Private kitchens	Kitchen Appliances (Refrigerator, stove, sink): Are they Clean? Do they work? Any Leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Cabinets: Hardware, wood rot, missing doors or drawers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is there adequate room and equipment to prep meals safely, including appropriate lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is there room for appropriate food storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Signs of mold or mildew?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Appropriate ventilation? Is it clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is garbage maintained and kept in a covered container?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are there GFCI outlets w/in 36" of a water source? Do they work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
Private bathrooms	Bathroom appliances (Toilet, Sink, tub/shower): Good working condition? Hot/cold water? Leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is the hot water maintained at a maximum temperature of 120 degrees Fahrenheit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Signs of mold or mildew?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Appropriate ventilation? Is it clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Missing tiles or grout?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are there GFCI outlets w/in 36" of a water source? Do they work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
Private Bedrooms	Adequate space for the furniture and beds (50 sq. feet) per person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
Furniture and Equipment	Each family member has their own bed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Beds and mattresses in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are single mattresses at least 30-inches wide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	Are double mattresses at least 54-inches wide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Adequate linens that are in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are linens changed at least weekly or as needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are residents given adequate linens & pillows?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are residents given all required supplies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Cribs meet safety standards and a crib safety sign is posted above it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is there space for all required posting in the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Kitchen and bathroom cabinets are in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Chairs, tables and dressers all in good shape?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Do lights have adequate shade?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Do the residents have access to laundry facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is medication able to be stored in a safe place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
Housekeeping & Maintenance	Is the Unit Clean? Floors, Ceilings, Walls	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is the unit well-lit and clear of egress obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Doors and windows functioning properly; is hardware intact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Screens or blinds? Are they in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is sleeping space cluttered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are there signs of hoarding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Personal belonging stored separately from that of the facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Appropriate room for storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Garbage maintained appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Floors: Trip hazard? Missing tiles or sections of floor covering?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

	Adequate lighting with shades when required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Heating system functioning correctly? Too hot/cold?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are the radiators leaking into the floor? Floor warped or rotted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is there hot steam coming from the radiator pressure release valve?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is there any damage to the dorm/unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	If they provide air conditioning, is it working properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are the units being inspected regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
Vermin	Are there signs of Vermin or other infestations? Roaches, bedbugs, flies, mice/rats.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are there holes in the ceilings, walls, doors or cabinets caused by vermin?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
Smoke & Fire Protection	Are there working smoke detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are there working CO detectors outside all sleeping areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	If they have sprinkler-heads. Are they clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is there adequate space for egress? Unit door and fire escape (If applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are evacuation maps posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is there evidence of candles or smoking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are there any space heaters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	If required, is there access to a fire escape?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	If provided, is the fire extinguisher in good working condition? Is it inspected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Do all the fire safety devices work properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Is the provider ensuring that there are no hot plates or unauthorized cooking appliances in the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are there any extension cords, or power strips being used improperly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are the units being inspected for prohibited fire hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

Safety Procedures	Are there window guards or security gates where required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Do all window guards and security gates open properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Do all doors lock on private units?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are night lights used to illuminate all hallways and staircases leading out of the units?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
	Are all hallways and staircases leading out of the units free from obstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	
Supervision Services	Is the operator conducting security rounds to ensure that unauthorized guests are not in the units?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Cited	

Overall Comments or Concerns:

EXHIBIT C



Office of Temporary and Disability Assistance

ANDREW M. CUOMO
Governor

MICHAEL P. HEIN
Commissioner

BARBARA C. GUINN
Executive Deputy Commissioner

HHAP Existing Emergency Shelter Repair Applications

In support of the Governor's initiative to improve shelter conditions, up to \$1,000,000 of the HHAP annual appropriation has been made available for applications that request funds for existing emergency shelter repairs. Eligible applicants are not for profit owners or operators of existing emergency shelters outside of New York City. Funding is limited to proposals that will undertake facility improvements critical to the health and safety of shelter residents and/or assist the shelter with any current non-compliance issue(s), which the shelter does not otherwise have the means to remedy. Repair costs of up to \$100,000 per facility may be requested and no project may be awarded more than \$100,000 under this category. There are no mortgages associated with this funding and contract terms can be as little as two years in length.

Typical eligible costs:

- Roof repair or replacement
- Window replacement
- Exterior building repairs
- Fire and Security systems – installation or upgrade
- HVAC repair or replacement
- Plumbing & Electric
- Flooring repair or replacement that addresses health & safety (e.g. bed bugs, trip hazards, cracked tiles)
- Wall repairs (patching)
- Elevator repair
- Other: Health & Safety – shelter issues that may place residents in danger
- Other: Compliance concerns - must be documented by some government entity (e.g. NYS OTDA Division of Shelter Oversight & Compliance, local Code & Fire Enforcement, Local Social Service District)

Not eligible costs:

- On-going operating expenses (e.g. staff salaries/ bonuses, insurance)
- Office equipment
- Outside amenities (e.g. fencing, playgrounds, picnic tables, smoking pavilion)

Feasible:

- Furniture – when related to health & safety concerns (e.g. bed bug resistant furniture)
- Appliances
- Sidewalks
- Painting

*It is highly recommended that a Concept Paper be submitted to NYS OTDA Bureau of Housing Support Services before submitting a full application. Emergency Shelter repair funds are separate from HHAP capital funds and may still be available when the capital funding RFP has been suspended. Both the application and Concept Paper Guidelines can be found at:

<http://otda.ny.gov/contracts/2018/HHAP/>.

If you have any other questions, please contact Dana Greenberg (518) 473-2587 or Dave Galdun at 518-486-7072. Emails are Dana.Greenberg@OTDA.ny.gov or David.galdun@otda.ny.gov.

Homeless Housing Assistance Corporation (HHAC)
Concept Paper Submission Guidelines

Organizations interested in pursuing HHAP funding are strongly encouraged to submit a concept paper before submitting an application. A key to the success of any project is in the initial planning. Concept papers can be an extremely important part of the planning process because they enable HHAC to review potential projects and explore ideas without imposing heavy burdens on prospective applicants. Concept papers help HHAC assess whether or not the proposed project is eligible for funding and enable us to offer suggestions prior to the submission of a full proposal.

Tips for Writing the Concept Paper: Be brief, concise and clear. Demonstrate that your agency has a good understanding of the nature of homelessness, has a solid plan for addressing the housing and service needs of a homeless population, and has the capacity to develop and maintain a supportive housing program.

Format and Content

Concept papers should be no longer than five pages, excluding the cover page, budget and attachments (if any). Concept papers should be submitted on 8½" x 11" paper. The type and font size should be large enough to be easily read (no less than 12 pt), margins should be standard size (minimum 1") and multi-color fonts should be avoided. All pages should be numbered, and your organization's name, as well as the concept paper submission date should be included on each page in the header or footer of the document. The completed concept paper as well as attachments can be submitted either via e-mail or hard copy. If submitting by hard copy, an original and two copies are required.

1. The Cover Page

Please use the attached format for the Concept Paper Cover Page.

2. Organizational Introduction

Provide a brief description of your organization, including the year it was founded, its mission, major accomplishments and other information that demonstrates your capacity to carry out the proposed project.

3. The Project Narrative

The Project Narrative should provide someone unfamiliar with the proposed program a good understanding of the project. Please be succinct. Remember that the purpose of the Concept Paper is to convey your agency's vision of the project and to ensure that vision is consistent with HHAP program guidelines. There will be an opportunity to receive feedback and input from HHAP program staff subsequent to submission.

Minimally, the Project Narrative should include the following information:

- Target population (singles, families, including special needs).
- Type of housing (emergency, transitional, permanent).
- A description of the need for this project in the community where it will be located.
- A brief synopsis of the support services to be provided to residents and how such services will be delivered.

- Site location and status (currently owned/leased by your organization, under contract, site as yet unidentified).
- Type of construction (new, substantial or moderate rehabilitation) and proposed construction approach (e.g. general contractor, construction manager).
- A narrative description of the physical layout of the proposed housing program (i.e., a three story building containing ten two-bedroom units, with laundry and meeting rooms in the cellar). Note: preliminary drawings are not required. However, if they have been completed, please reduce to 8 ½ x 11 and attach to the Concept Paper.
- Amount and status of other development funding.
- Anticipated operating income (both for the building and support services) including level of commitment.
- Time-line for development from securing all funding sources through rent up.

4. Development Budget

Please provide a preliminary line item development budget including all anticipated funding sources.

5. Letters of Cooperation or Support

HHAC encourages organizations to work closely with the local department of social services and local municipal officials during the planning stage of their projects. If available, please attach letters of support from the local department of social services and/or from municipal officials. It is not necessary to secure such letters for purposes of submitting this concept paper.

6. Submission of the Concept Paper

The completed concept paper as well as attachments can be submitted either via e-mail or hard copy. If submitting by hard copy, an original and two copies are required. Concept papers should be submitted to:

Dana Greenberg
Bureau of Housing and Support Services
NYS Office of Temporary and Disability Assistance
40 North Pearl Street, 10-C
Albany, New York 12243
Phone: (518) 473-2587
E-mail: dana.greenberg@otda.ny.gov

**New York State
Homeless Housing and Assistance Program
Concept Paper Cover Page**

Organization Name: _____

Not-for-Profit: _____ Yes _____ No

Address: _____

Mailing Address: _____
(If different than above)

Executive Director: _____

Phone Number/Email: _____

Concept Paper Contact: _____

Phone Number/Email: _____

Working Name of Project: _____

Population: _____ Families _____ Singles _____ Families and Singles

Special Needs: _____

Number of Units: _____ HHAP _____ Non-HHAP _____ Total

Total Development Cost: _____

Proposed HHAP Request: _____