



Emergency Shelter Operational Plan

BICS Vendor Code (for counties outside of NYC):

Submission Date:

Type of Plan Submission: Initial Certification Re-Certification Plan Amendment

Section 1 - General Information

Existing Shelter New Shelter

Facility Information

Facility Name: a.k.a.

Address:

City: State: NY Zip: County:

Borough: (If Applicable) Community District: (If Applicable)

Number of proposed Units: Number of Families currently in Residence:

Family Shelter Mixed Population (Family and Adult or Adult Family Shelter) *

*Submit separate 18 NYCRR Part 900 & 18 NYCRR Part 491 operational plans if certification is being sought for a facility serving a mixed population for both Families and Adults.

Standard Shelter Cluster Site (NYC) Emergency Housing Apartments - EHAP (ROS)

Operational Plan Primary Contact Person:

Phone: Fax: Email:

Individual(s) designated to be a contact person at this facility:

Name: Title: Phone: Email:

Specialties (check all that apply)

- | | | |
|------------------------|------------------|-------------------|
| Domestic Violence | Pregnant women | Employment |
| Private Units | Young Parents | Education/GED/ESL |
| Reception / Assessment | Veteran Families | Substance Abuse |
| Overnight Respite | Childcare | Mental Health |
| Other | | |

District Information

Local Department of Social Services (LDSS):

Name of LDSS Contact:

Phone: Fax: Email:

Program Operator Information (if other than LDSS)

Name of Program Operator/Organization:

Address:

City: State: Zip:

Phone: Fax: Email:

Physical Plant Management

Name of Property Management Organization (if any):

Address:

City: State: Zip:

Phone: Fax: Email:

Tax Exempt Number:

Provider Responsibilities: (e.g. facility operations only, maintenance)

Individual(s) designated to be a physical plant contact person at the sponsoring organization:

Name: Title: Phone: Email:

Name of individual(s) designated to be a physical plant contact person at this facility:

Name: Title: Phone: Email:

Other program(s) currently or previously operated by sponsor at this facility:

Physical Plant and Land Owner Information

Name of Property Owner or Organization:

Address:

City: State: Zip:

Phone: Fax: Email:

Total years owned facility: Date Lease Expires:

If facility is leased, state the material terms of the lease:

Land Owner's Name (if different):

Address:

City: State: Zip:

Phone: Fax: Email:

Total years owned land: Date Lease Expires:

If land is leased, state the material terms of the lease:

Building Services

Along with the operational plan, please include copies of all:

- contracts for services provided in the building (trash removal, snow removal, security, etc.);
- copies of leases for the physical plant and/or land.

Section 2 Programmatic Services

Community Profile

Describe the facility's specific location including cross streets.

Identify the nearest available means of public transportation and their distance to the facility.

Identify local restaurants and stores that can be easily accessed by the residents.

Identify local parks or recreation areas that are easily accessible to the residents.

Identify local community services resources including, medical, mental, health or employment centers, etc. that will be/are available to community residents.

Admission and Assessment

Describe how clients are referred to the facility by the local social service district.

How are referrals for clients who are not appropriate to be housed at the facility handled?

During what hours are referrals accepted and are they accepted on weekends and holidays?

Describe any restrictions on age, family size or composition and explain why these restrictions are necessary.

Describe the facility's admission and intake policies and procedures including timeframes.

Income and Public Benefits

Describe the procedures for assisting residents in applying for public benefits, including the provision of transportation.

Resident Rules, Obligations and Rights

Describe the procedure for informing residents about facility rules and their obligations and for providing residents with a copy of such rules and obligations upon admission to the facility.

Describe the procedure for informing residents about their rights and for providing residents with a copy of such rights upon admission to the facility

Identify the locations where resident rights and facility rules/obligations will be posted to be easily accessible to residents and visitors.

Resident Grievances

Describe the procedure for receiving and documenting resident grievances or complaints.

Describe the safeguards in place for residents to submit grievances anonymously or on behalf of another resident without fear of reprisal.

Resident Funds and Valuables Not applicable

Does the provider maintain personal fund or savings accounts for the residents? Yes No
If yes, how are the funds secured?

If yes, how does the provider ensure that funds are not comingled with facility operating funds?

If yes, what type of recordkeeping system is in place to ensure accuracy of the funds?

If yes, what is the provider's policy for unclaimed funds should a resident AWOL or be involuntarily discharged from the facility?

Does the facility provide storage of personal property including valuables belonging to the resident? Yes No
If yes, how are the belongings secured?

If yes, how does the provider ensure that belongings are not comingled with facility property?

If yes, what type of inventory system is in place to ensure accuracy of the property stored?

If yes, what is the provider's policy for unclaimed property should a resident AWOL or be involuntarily discharged from the facility?

What hours of access will the resident have to their personal funds or property?

Access by Legal Representative and Counsel

Describe the policies/arrangements for providing residents with onsite access to their legal representative or counsel?

Independent Living Plan

Describe the activities, including the staff involved, for preparing families for independent living.

How often are Service Plans/Independent Living Plans reviewed and revised?

Describe how case records will be maintained including documentation for the provision of direct resident services and service referrals.

Describe the process for meeting with the family to set or review individual goals for the Independent Living Plan.

Health Services

Describe how the provider will ensure access and referrals to health services for all residents.

Is there an established relationship with a fully accredited medical institution or clinic for referral of medical emergencies?

Describe the system for maintaining and securing an individual or family's health information and records.

Describe all arrangements for the securing of all medications including narcotics and those requiring refrigeration.

Describe all arrangements and transportation for medical services or referrals.

School Attendance, Childcare and Recreation

Identify the names and addresses of the schools assigned in the district where the facility is located.

Describe procedures for facilitating daily school attendance including ensuring the provision of transportation.

Describe the procedure for monitoring and tracking daily school departure and attendance.

Describe the procedure for requesting after-school and/or support educational services for children.

Does the facility have a school district liaison? Yes No

Identify the names and addresses of any child care centers that the facility may refer to.

Describe the procedures for ensuring that child care services are in place.

Does the facility provide onsite child care? Yes (see below) No, not applicable

If yes, is the child care licensed by another State agency? Yes No

What are the days and hours of operation?

of infant slots

of infant rooms

Staff/infant ratio

of toddler slots

of toddler rooms

Staff/toddler ratio

of pre-school slots

of pre-school rooms

Staff/preschooler ratio

Are there any restrictions to use the child care program?

Can any non-resident children attend the on-site child care program? Yes No
Does the provider allow babysitting among the families at the facility? Yes No
If yes, describe any parameters established for babysitting.

Does the facility provide recreation or afterschool services on-site? Yes (see below) No, not applicable
of 5 to16-year-old slots # of rooms Staff/child ratio
What are the days and hours of operation?

Are there any restrictions to use the recreation or afterschool program?

What child care/recreation services are in place for snow days, half-days, holidays or vacations?

If applicable, is the recreation or afterschool program licensed by another State agency? Yes No

Preparation for Permanent Housing

Describe the activities and programs aimed at assisting shelter residents with finding permanent housing.

Describe any tenancy preparation services provided by the provider to prepare residents for permanent housing?

Describe any services designed to train residents, secure jobs or upgrade employment.

Describe how the facility staff works with the social service district employment staff.

Describe any aftercare services that might be provided.

Provision of Support Services

Describe the facilities procedures for providing residents with services, including but not limited to the areas set forth below.

Supportive social and mental health services

Substance abuse services

Employment assessments, services and job training programs

Educational/vocational programs

Any other social rehabilitation services provided

Transportation between the shelter and any other site used by the social service district or provider for intake or admission

Does the provider submit claims to Medicaid and/or any other health insurance company in order to receive payment for services provided? Yes No
If yes, please explain.

Information and Referral Services

Provide a short description of local community agencies to which residents will be referred by your facility when needed.

Describe your facility's procedure for ensuring resident's access to these community agencies/resources.

Involuntary Transfer and Discharge

Describe the procedure for advising residents of the conduct for which temporary housing may be discontinued.

Describe the procedure for notifying the local social service district of acts which may be grounds for the discontinuation of temporary housing assistance.

Describe the type of behaviors that will be considered grounds for involuntary transfer or discharge.

Describe the local social services district's criteria that will be used to trigger the involuntary transfer or discharge procedure.

Describe the procedures detailing the providers responsibilities in relation to the district's requirements for discontinuing temporary housing assistance.

Describe the local social service district's procedure for conducting pre-discharge hearings requested by a resident.

Describe the local social service district's procedure for informing residents of the decision to the pre-discharge hearing.

Describe the local social service district's procedure for informing residents that temporary housing assistance may be discontinued.

Describe the procedure of informing residents of their right to request a State Fair Hearing.

Describe the local social service district's procedure for discharge.

Voluntary Transfer

Describe the local social service district's procedure to determine if a resident has a medical, physical or other special need which cannot be adequately served.

Describe how the facility will document resident requests for transfer to another temporary housing placement.

Describe the local social service district's procedure of evaluating requests for transfer.

Food Service/Provision of Food

Who will responsible for meal preparation for/at the facility?

If residents cook, what access do they have to refrigeration and cooking appliances?

If staff cook or meals are vender contracted, how will the provider ensure that healthy well-balanced meals are served daily?

If staff cook or meals are vender contracted, how will the provider ensure that religious or medical dietary restrictions are met?

If staff cook or meals are vender contracted, approximately how many meals will be served daily?

If staff cook, how will the provider ensure proper handling and food storage?

If meals are contracted, how will the provider ensure that the meals are stored and served at the proper temperature?

If congregate dining is utilized, what are the scheduled meal times?

If congregate dining is utilized, can the facility accommodate all residents at one seating? Yes No

If no, how will the facility accommodate seating for meals?

Does the facility maintain an emergency food supply that includes formula, milk, baby food and juice for infants? Yes No

Are there stores and restaurants in the area where residents can utilize their SNAP benefits or restaurant allowance?

General Program Supervision

Describe the procedures for monitoring, notifying, reporting and maintaining all incidents to the State Central Register for Child Abuse and Maltreatment.

Describe the visit policy, hours/days and areas of the facility available for visitors

Describe any restrictions placed on resident's access to the facility and how restrictions vary by time of day.

Other Shelter Programs

Are there any other programs operating in the same building? If yes, please explain.

If yes, is the program licensed, permitted and/or certified? If yes, by what agency?

Facility Staffing and Volunteers

Describe the procedure used to conduct SCR, SEL and Criminal Background checks on all staff hired after July 19, 2017 who have regular and substantial contact with children at the facility.

Describe the orientation new staff and volunteers will receive for all emergency procedures including fire drills and evacuations.

Describe the orientation new staff and volunteers will receive for training for surveillance of the grounds, facility and resident activities.

Describe the orientation new staff and volunteers will receive on recognizing signs of child abuse and maltreatment.

Describe the orientation new staff and volunteers will receive regarding the requirement as mandated reporters.

Describe the orientation new staff and volunteers will receive on identifying emergency medical, physical or mental health needs.

How will the provider ensure that at least one staff per shift always has First Aid training?

Will the operator have any staff trained in the administration of naloxone?

Describe the orientation new staff and volunteers will receive for documenting and reporting serious incidents to OTDA.

Required Document List – Programmatic

Please attach copies of all Documents listed below that are applicable for this application.

1. Lease/Deed or Mortgage
2. Certificate of Incorporation
3. Immediate Needs Intake form
4. Comprehensive Assessment form
5. Facility Rules and Obligations
6. Facility Leave and Absentee policy
7. Resident Rights
8. Facility Grievance/Complaint form
9. Independent Living Plan (ILP)/Service Plan
10. Bi-weekly ILP review form
11. Preliminary Health Screen
12. Memorandum of Understanding or linkages with health and service providers
13. School attendance tracking form
14. Daycare or recreation tracking form
15. Licenses for any on-site certified Daycare or Recreation programs
16. Licenses for any other certified programs housed on-site with the shelter
17. Housing service forms
18. Client referral form
19. Food Handling Certificate
20. Past 2 weeks menus
21. Contracts and selection menus for food provision arrangements for meals prepared off-site
22. Pre-discharge hearings, involuntary transfers or discharge forms
23. Voluntary discharge or transfer forms
24. Daily Census form
25. Daily Admission form
26. Daily Discharge form
27. Sign-in/Sign-out form
28. Staff schedule to include staff's first and last name, title and date of hire
29. Job duties and qualifications for all budgeted staffing positions
30. Facility administrator's resume and qualifications
31. Written statement of duties, responsibilities and tasks that will be delegated to facility staff
32. List of all staff and volunteer trainings for orientation and on-going or annual updates
33. Background checks as outlined in 18 NYCRR § 901 for all direct care staff hired after July 19, 2017
34. First Aid certificates for all staff, volunteers and security staff utilized to supervise the facility
35. Materials used to provide staff and volunteers information on recognizing signs of child abuse and maltreatment
36. Origination's policies and procedures manual to include the notification of staff of their responsibilities as a mandated reporter
37. Any or policies, procedures or forms relevant to the operation of the shelter

Section 3 – Physical Environment, Fire Safety, and Security Measures

Total number of buildings including administrative buildings.

If more than 1 building is utilized, does each building have a different address? Yes No
If yes, what are the addresses?

Type of building construction for each building. (wood, brick, concrete, etc.)

Total # of units in each building?

What floors/wings will be used for homeless families?

Describe any unique building features and material equipment located therein.

What, if any, renovations or capital projects have recently been completed or are being planned?

Is this building currently receiving HHAP or Shelter Grant funding? Yes No

Describe any conditions which must be addressed to ensure resident safety.

If any system or area is not functioning or have been taken offline, please explain.

Describe the land upon which the facility is located.

Are there laundry facilities on site for the residents to utilize? Yes No

If no, how will this service be provided?

Does this facility have a commercial kitchen? Yes No

Has a lead or asbestos abatement been completed at this facility? Yes No If yes, when?

Does the social service district increase capacity at this facility during snow emergencies and inclement weather? Yes No

If yes, how does the provider plan to ensure adequate space, services and safety for the increased capacity?

Building Code Compliance

Does the facility currently have any building code violations that the provider is aware of?

Space Analysis

The capacity of a shelter is limited to the capacity approved by the department at the time of certification, or subsequently at the request of the operator. Approvals of capacity will be based upon the department's determination of whether the shelter can operate at the requested capacity in compliance with department regulations and applicable local codes concerning, but not limited to: the physical plant; environmental standards; the proposed program of services and staffing ratios within the shelter.

Sleeping Areas

Private Units Bedroom only with Communal Common Areas

Private Units contain: Kitchen Kitchenette Microwave and Refrigerator Refrigerator Only
 Microwave Only Dining Area w/table Private Bathroom Separate Sleeping Areas

Handicap Accessible Yes No # of handicap accessible units

Is there adequate sleeping space (50-sq feet per person)? Yes No

Is there a crib provided for every child under the age of 2-years old? Yes No

Communal Bathrooms

of Communal Bathrooms

of Staff Bathrooms

of Toilets

of Sinks

of Showers

of Bathtubs

ADL Compliant: # of Toilets

of Sinks

of Showers

of Bathtubs

Communal Kitchens

Commercial Kitchen

Residential Kitchen

of Refrigerators

of Freezers

of Stoves

of Microwaves

Fire Suppression System Yes No Date last professionally cleaned:

Communal Dining Areas

Is there adequate space per person? Yes No # of Tables # of Chairs

12-sq feet per person up to 50 people | 10-sq feet per person for 50+ people

Can all residents eat at the same time? Yes No If no, how many can eat at one time?

Recreation

of Recreation areas Does it share space with any other services? Yes No

If yes, please describe the area and the other services that share that area (e.g. dining, classroom, etc.).

Fire Safety and Security Measures/Disaster Plan

Please attach the facility's plan to provide adequate fire safety and security and the emergency disaster plan for the facility to ensure the physical safety of residents and staff in accordance with 18 NYCRR § 352.38. This plan should be submitted in the OTDA provided format and attached to the operational plan. (ADM Attachment C)

Please describe the facility's procedures for handling and documenting incidents that impact the safety and well-being of residents or that impact the safe operation of the facility. At a minimum, the manner of handling the following potential situations should be addressed:

Procedures for Handling and Documenting Incidents

Actions to be taken if a resident is found to have a mental or physical condition that makes placement inappropriate or causes danger to him / herself or others;

Actions to be taken if a resident's behavior is likely to interfere with the health, safety, welfare or care of other residents.

Actions to be taken if a resident is in need of a level of medical, mental health, nursing care or other assistance that cannot reasonably be provided by the facility or with the assistance of other community resources;

Actions to be taken if a resident has a generalized systemic communicable disease or a readily communicable local infection which cannot be properly isolated and quarantined in the facility;

Actions to be taken if a resident is deemed inappropriate and must be referred to appropriate medical services, child welfare agency, adult protective or law enforcement agency or similar entity;

Actions to be taken if there is an environmental or physical plant issue that can cause immediate harm to residents of the building;

Actions to be taken if an emergency shelter employee is accused of inappropriate behavior;

Describe the facility's process for notification of incidents to the social services districts, OTDA and other relevant officials when necessary as per regulation 18 NYCRR § 352.38(c).

Required Document List – Environmental

Please attach copies of all Documents listed below that are applicable for this application.

1. Food Service Permit
2. Maintenance Contracts
3. Pest Control Contracts
4. Snow removal Contracts
5. Garbage Removal Contracts
6. Certificate of Occupancy/Letter of Use
7. DOB Elevator Installation Approval (New installations only)
8. Fire Alarm System Inspection
9. Sprinkler System Inspection
10. Fire Suppression System Inspection
11. Evidence of compliance with NYS Sanitary Code Part 14 (commercial kitchens)
12. Fire Extinguisher Inspection
13. New Fire Escape installation approvals
14. Fire Escape Inspection
15. Licenses, permits and certifications for security or fire brigade staff
16. Elevator Inspection
17. Generator Inspection
18. Compactor/Incinerator Inspection
19. HVAC System Servicing
20. Boiler Inspection
21. Residential Furnace Servicing
22. Backflow Prevention Inspection
23. Water Treatment Permit
24. Detailed Floor Plans or Architectural Drawings
25. Safety and Security Plan
26. Evacuation Floor Plans
27. Disaster and Evacuation Plan
28. Any other plans, contracts or inspections for systems associated to the safety and security of this facility

Section 4 – Waivers

Upon written request by the operator, the department may waive non-statutory requirements of 18 NYCRR 491 of this Title and permit an operator to establish another method of achieving the intended outcome of the waived regulation.

Does the provider or local district have any non-statutory requirements that they would like to request a waiver for?

Yes No If yes, attach a Waiver Form for **each** non-statutory requirement.

Section 5 – Financial Information

The operational plan for each shelter must include on forms and in the manner prescribed by the office a financial statement for the facility's most recently completed fiscal year, if any. In addition, the operational plan must contain a proposed one-year budget, including estimated income and expenditures. Such budget must set forth the costs reasonable and necessary to operate and maintain the facility consistent with each of the requirements of the operational plan and this Part.

Required Document List – Financial

Please attach copies of all Documents listed below that are applicable for this application.

1. Submit the budget for this facility on the Line Item Budget (Excel Format) that was supplied with this operational plan as ADM Attachment J. OTDA will not accept a budget in any other format.
2. Submit a copy of the facility's most recent fiscal audit or certified public accountant prepared financial statement or report.

Provider:

I hereby certify that the above operational plan was prepared under my direction and that to the best of my knowledge and belief, the information set forth in this operational plan and all accompanying documentation are true and correct.

Name:

Title:

Date:

Local District:

I hereby certify that the above operational plan was reviewed by this social service department and that to the best of our knowledge and belief, the information set forth in this operational plan and all accompanying documentation are true and correct.

DSS Reviewer:

Title:

Date: