****

**Division of Shelter Oversight and Compliance**

Emergency Shelter Operational Plan

BICS Vendor Code (for counties outside of NYC only):       Submission Date:

**Type of Facility:** [ ] Single Adults [ ]  Families with Children [ ]  Adult Families [ ]  Multiple Populations

**Section 1 – General Information** **[ ]  Existing Shelter** **[ ]  New Shelter**

|  |
| --- |
| 1. **Facility Information – *if facility has multiple addresses please attach a list of all addresses and include information in sections F & G for all addresses***
 |
| Facility Name:       | a.k.a.       |
| Street Address:        |
| City:        | State: New York | Zip Code:       |
| County:       | Borough: (If Applicable)       | Community District: (If Applicable)       |
| Number of Units/Beds:       | Number of Families / Individuals Currently in Residence:       |
| Primary Facility Contact Person:       |
| Telephone:       | Fax:       | E-mail:       |
| Individual(s) designated to be a contact person at this facility:Name Title Telephone # Email Address |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| 1. **Specialties** (check all that apply)
 |
| [ ] Domestic Violence [ ] Congregate [ ] Reception / Assessment [ ] Overnight  | [ ] Adults w/o children [ ] Pregnant women[ ] Young Parents[ ] Adults without children under 18 | [ ] Employment[ ] Education/GED/ESL [ ] Substance Abuse / Mental Health[ ] Ex-offenders |
| [ ] Other       |
| 1. **District Information**
 |
| Local Department of Social Services (LDSS):       |
| Name of LDSS Contact:       |
| Telephone:       | Fax:       |
| E-mail:       |
| 1. **Program Operator Information (if other than LDSS)**
 |
| Name of Program Operator/Organization:       |
| Street Address:       |
| City:       | State:       | Zip:       |
| Telephone:      | Fax:       | E-mail:       |
| Tax Exempt Number:       | Date Approved:       |
| Provider Responsibilities (e.g. facility operations only, casework, minor repairs, trash/snow removal, etc.):       |
| Individual(s) designated to be a contact person at the sponsoring organization: Name Title Telephone # Email Address |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| Other program(s) currently or previously operated by sponsor at this facility:       |
| 1. **Program Operator Board of Directors (you may attach a BOD profile in lieu of the following)**
 |
|  |
| Member’s Name:       |
| Position: President/Chair | Term of Office:       | Occupation:       |
| Address:       |
| Telephone:       | Fax:       | E-mail:       |
| Member’s Name:       |
| Position: Vice President/Chair | Term of Office:       | Occupation:       |
| Address:       |
| Telephone:       | Fax:       | E-mail:       |
| Member’s Name:       |
| Position: Treasurer | Term of Office:       | Occupation:       |
| Address:       |
| Telephone:       | Fax:       | E-mail:       |
| Member’s Name:       |
| Position: Secretary  | Term of Office:       | Occupation:       |
| Address:       |
| Telephone:       | Fax:       | E-mail:       |
| 1. **Physical Plant Management**
 |
| Name of Property Management Organization (if any):       |
| Street Address:       |
| City:       | State:       | Zip:       |
| Telephone:      | Fax:       | E-mail:       |
| Tax Exempt Number:       |
| Provider Responsibilities (e.g. facility operations only, casework):       |
| Individual(s) designated to be a physical plant contact person at the sponsoring organization: Name Title Telephone # Email Address |
|       |       |       |       |
|       |       |       |       |
| Name of individual(s) designated to be a physical plant contact person at this facility: Name Title Telephone # Email Address |
|       |       |       |       |
|       |       |       |       |
| Other program(s) currently or previously operated by sponsor at this facility:       |
| 1. **Physical Plant and Land Owner Information**
 |
| Name of Property Owner or Organization:       |
| Street Address:       |
| City:       | State:       | Zip:       |
| Telephone:       | Fax:       | E-mail:       |
| Total Years Owned Physical Plant:       | Date Lease Expires:       |
| If facility is leased, state the material terms of the lease:       |
| Land Owner’s Name (if different):       |
| Street Address:       |
| City:       | State:       | Zip:       |
| Telephone:       | Fax:       | E-mail:       |
| Total Years Owned Land:       | Date Lease Expires:       |
| If land is leased, state the material terms of the lease:       |
| 1. **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 – Community Profile**

|  |
| --- |
| 1. **Community Information**
 |
| * 1. Describe the facility’s specific location including cross streets, if applicable.

      |
| 2.2 Identify the nearest bus and/or subway stops and/or other available means of public transportation and their distances from the facility, if applicable.       |
| 2.3 If meals are not provided on-site, identify local restaurants and stores that can be easily accessed by the residents.        |
| * 1. Identify local parks or recreation areas that are easily accessible to the residents.

       |
| 2.5 Identify local community services resources including, medical, mental, health or employment centers, etc. that will be/are available to community residents.       |
| * 1. Submit the names and addresses of schools assigned to your facility by the school district in which the facility is located.

      |
| 2.7 Submit the names and address of day care centers that the facility will use, if applicable.      |

**Section 3 – Physical Plant**

|  |
| --- |
| 1. **Physical Plant**
 |
| 3.1 Total number of buildings?       |
| 3.2 Type of building construction? (wood, brick, concrete, etc.)       |
| 3.3 Total units in all buildings?       |
| 3.4 What floors/wings will be used for homeless families?       |
| 3.5 Describe any unique building features and material equipment located therein.       |
| 3.6 What, if any, renovations have recently been completed or are being planned?      |
| 3.7 Describe any conditions which must be addressed to ensure resident safety.      |
| 3.8 Describe the land upon which the facility is located.        |
| 3.9 Submit a copy of architectural or detailed floor plans with room dimensions for review.  |
| 1. **Building Features Checklist:** For each of the building features listed below, indicate if the feature is present. Please submit a current copy of inspection if required.
 |
|  |
| **3.9 Building Features Checklist** | **Present** | **System** | **Copy of Inspection Required** |
|  | **Yes** | **No** |  |
| Sprinkler system-complete/partial | [ ]  | [ ]  | [ ]  Wet [ ]  Dry | Yes |
| Fire alarm system | [ ]  | [ ]  | [ ]  Local [ ]  Supervised | Yes |
| Smoke detections system | [ ]  | [ ]  |  | Yes |
| Smoke detectors | [ ]  | [ ]  | [ ]  Hard Wired [ ]  Battery Operated |  |
| Carbon monoxide detectors | [ ]  | [ ]  | [ ]  Hard Wired [ ]  Battery Operated |  |
| Fire extinguishers: Type A.B.C. | [ ]  | [ ]  |  | Yes |
| Emergency lighting | [ ]  | [ ]  | [ ]  Hard Wired [ ]  Battery Operated |  |
| Exit signage | [ ]  | [ ]  |  |  |
| Evacuation floor plans | [ ]  | [ ]  |  |  |
| Public hydrants | [ ]  | [ ]  |  |  |
| Standpipe system | [ ]  | [ ]  |  |  |
| Fire escapes | [ ]  | [ ]  |  |  |
| Interior enclosed stairwells | [ ]  | [ ]  |  |  |
| Window guards or gates | [ ]  | [ ]  |  |  |
| Generator | [ ]  | [ ]  |  | Yes |
| Elevator(s) | [ ]  | [ ]  |  | Yes |
| Incinerator | [ ]  | [ ]  |  | Yes |
| Heating system | [ ]  | [ ]  | [ ]  Radiant [ ]  Forced Air [ ]  Electric | Yes |
| Air conditioning system | [ ]  | [ ]  | [ ]  Central Air [ ]  Individual AC Units | Yes |
| Panic hardware (push-bar) on exit doors | [ ]  | [ ]  |  |  |
| Skylights | [ ]  | [ ]  |  |  |
| **Building Features Checklist** | **Present** |  | **Copy of Inspection Required** |
|  | **Yes** | **No** |  |
| Screens in all operable windows | [ ]  | [ ]  |  |  |
| Window coverings | [ ]  | [ ]  |  |  |
| Water System | [ ]  | [ ]  | [ ]  Public [ ]  Well |  |
| Sanitary Drainage | [ ]  | [ ]  | [ ]  Sewer [ ]  Septic |  |
| Security alarms | [ ]  | [ ]  | [ ]  Internal [ ]  Supervised | Yes |
| T.V. security monitor system | [ ]  | [ ]  | [ ]  Records [ ]  Playback | Yes |
| Security Cameras | [ ]  | [ ]  | [ ]  Interior [ ]  Exterior  |  |
| Security Entrance | [ ]  | [ ]  |  |  |
| 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 [ ]  Shared Units [ ]  Open Dorms |  |
| # of open dorm settings       | # of private or shared unit settings       |  |
| Total # of shelter beds        | # of Code Blue or overflow beds       |  |
| Handicap Accessible | **Yes [ ]**  | **No [ ]**  | # of handicap accessible sleeping areas        |  |
|  |
| Bathrooms | [ ]  Private [ ]  Communal [ ]  Staff Bathroom(s) |  |
| Showers  | [ ]  Private [ ]  Communal **(see below)** |  |
| # of toilets        | # of sinks        | # of showers        | # of bathtubs       |  |
| ADL Compliant:  | # of toilets       | # of sinks       | # of showers       | # of bathtubs       |  |
|  |
| Kitchens | [ ]  Private [ ]  Commercial Kitchen [ ]  Communal **(see below)** |  |
| # of refrigerators       | # of stoves       | # of microwaves       |  |
| Fire Suppression System | [ ]  Yes [ ]  No  | Yes |
|  |
| Dining Areas | [ ]  In unit [ ]  Communal **(see below)** |  |
| # of tables       | # of chairs       |  |
|  |
| 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, childcare).      |
| If any feature/area is not functioning or have been taken offline, please explain. |
| Describe any plans for removal, installation, repair, replacement or renovations of any items/areas above:       |
| 1. **Code Compliance**
 |
| 3.10 Submit a copy of the Certificate of Occupancy or Letter of Use  |
| 3.11 Submit a copy of your Safety and Security Plan (18 NYCRR § 352.38)  |
| 3.12 Does the facility currently have any building code violations that the provider is aware of?        |

**Section 4 – Required Plans**

|  |
| --- |
| 1. **School Attendance and Childcare** **[ ]  Not Applicable**
 |
| 4.1 Describe procedures and arrangements for facilitating daily school attendance by school-age children  including any necessary daily school transportation:      |
| 4.2 Does the facility monitor and track daily departure and attendance for school? If so, please explain how:        |
| 4.3 Describe the procedure for ensuring that childcare services are in place to enable a parent or caretaker to seek employment, permanent housing, attend a job, training or school.       |
| 4.4a Does the facility provide Part 900 childcare or licensed childcare?        **If certified, submit a copy of the license or certificate.** |
| # of infant slots:       | # of toddler slots:       | # of pre-school slots:       |
|  # of Rooms:       Infant       Toddler       Pre-School | Staff/child ratios:        Infant       Toddler       Pre-School |
|  b. Days and hours of operation:       |
|  c. Are there any restrictions to use the child care program?  |
|  d. Are non-resident children attending the on-site child care program?       |
| If child care is provided off site, the day-care center or family day care home must be in compliance with all applicable State and local requirements concerning licensing and operations. |
| 4.5a Does the facility provide recreation services on site?       |
|  # of recreation slots for ages 5-16:       | # of Rooms:       | # Staff/child ratios:        |
|  b. Days and hours of operation:       |
|  c. Are there any restrictions to use the recreation program?        |
|  d. What childcare/recreation services are in place for school snow days, half days, holidays and vacations?       |
| e. If on-site after school/recreation program is licensed, state the licensing agency and date that the license will expire.       |
| If school age children attend an off-site recreation program, the program must be in compliance with State and local requirements concerning licensing and operations.  |
| 4.6 Does the provider allow babysitting at the facility?       |
| 4.6a Please describe any parameters set around babysitting.         |
| 1. **Health Services**
 |
| 4.7 Please describing how the provider will ensure access to health services for all residents, including a letter or other written evidence of an arrangement with a fully accredited medical institution or clinic for referral of individual resident or families for initial examinations, emergency treatment and/or follow-up treatment.        |
| 4.8 Describe the system for maintaining an individual or family’s health and health records, such as:a. any special needs or conditions and prescribed regimes to be followed,     b. the names and phone numbers of medical doctors to contact should an emergency arise.     c. procedures for handling and documenting individual emergencies, including arranging for medical care or other emergency services      |
| 4.9 Describe arrangements for the safekeeping of medications; especially controlled substances, medical supplies and for refrigerating medications (for facilities with residential units that lack refrigerators).      |
| 4.10 Describe arrangements for medical services or referrals. Include procedures for transportation to and from medical facilities.        |
| 1. **Staff and Volunteer Training**
 |
| 4.11 Please attach all written statements of staff duties, responsibilities and tasks that will be delegated to facility staff. |
| 4.12 Provide copies of staff and volunteer training schedules for the current year. |
| 4.13 Briefly describe procedures on how new staff and volunteers will receive orientation, training on emergency procedures, including arrangements for emergency medical care      |
| 4.14 Describe the facility fire and safety training; procedures for evacuation; and evacuation drills for staff, volunteers and residents.       |
| 4.15 Does the facility have any staff members trained in the administration of naloxone or other overdose prohibiting drugs?       If so, please attach certifications and training information. If no, please indicate if the facility would be interested in obtaining training at no cost to the facility.       |
| 1. **Fire Safety Measures and Security/Disaster Plan GIS 16TA/DC061** [**http://otda.ny.gov/policy/gis/2016/16DC061.pdf**](http://otda.ny.gov/policy/gis/2016/16DC061.pdf)

[**http://otda.ny.gov/policy/gis/2016/16DC061-Attachment-A.docx**](http://otda.ny.gov/policy/gis/2016/16DC061-Attachment-A.docx)[**http://otda.ny.gov/policy/gis/2016/16DC061-Attachment-B.docx**](http://otda.ny.gov/policy/gis/2016/16DC061-Attachment-B.docx) |
| 4.16 Please attach the facility’s plan to provide security and the emergency and disaster plan for the facility and 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. |
| 4.17 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:* 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;

       |
| 4.18 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).       |

**Section 5 – Procedures**

|  |
| --- |
| 1. **Referral & Admission**
 |
| 5.1 Describe any criteria that the local district will use to identify appropriate referrals to this facility.       |
| 5.2 What are the facility’s hours of operation?      During what hours are referrals accepted?      Are referrals accepted on weekends and holidays?       |
| 5.3 Describe any restrictions on age, family size or composition and explain why these restrictions are necessary.       |
| 5.4 Describe the facility’s admissions/intake policies and procedures including timeframes.       |
| 5.5 Please attach copies of admissions forms and procedures as follows: |
| a. A copy of the facility’s rules to include the facility leave and absence policy provided to each individual or family upon admission.  |
| b. A copy of the facility’s intake and assessment form.d. A copy of the facility’s form or procedures that are used to inform residents of fire safety and evacuation. |
| 1. **Resident Rules and Obligations**
 |
| 5.6 Please attach a complete set of resident rules. Rules must, at a minimum, address the following:* Must clearly set forth the individual or families’ obligations to comply and the sanctions for non-compliance and, where practical, the rules should describe how the sanctions for non-compliance will be implemented.
* Must inform residents of the obligations upon which their continued residence in the shelter depends.
* Must conform to all requirements and procedures set forth for admission, transfer and discharge, as outlined in this facility operational plan.
* Must conform to the requirement that all individuals and family members receive a preliminary health examination at or before the time of intake.
* Must include all Resident Rights as per regulations 18 NYCRR § 900.9(c)(1-12) for family shelters or 18 NYCRR § 491. 7(d)(1-15) for adult shelters.
 |
| 5.7 Describe locations where rules/obligations will be posted so as to be accessible to residents and visitors and procedures for informing residents about facility rules and for providing residents such rules upon admission to facility.       |
| 5.8 Please attach a copy of the residents’ rules document that will be distributed to residents at admission and displayed in public locations within the facility. |
| 5.9 Please attach a copy of the facility’s leave and absence policy. |
| 1. **Involuntary Transfer or Discharge**
 |
| 5.10 If applicable, detail the procedures for advising residents of the conduct or activities for which temporary housing assistance may be discontinued as provided in 18 NYCRR 352.35 as well as procedures responsibilities in relation to the social services district’s requirements for discontinuing temporary housing and notification to the social services district of acts which may be grounds for the discontinuance of temporary housing assistance. |
| 5.11 Describe the type of behavior that will be considered grounds for transfer or discharge including the local district’s criteria that will be used to trigger the involuntary transfer or discharge procedures.      |
| 5.12 Describe the procedures detailing the facility’s responsibilities in relation to the social services district’s requirements for discontinuing temporary housing assistance, including the notification to the social services district of acts which may be grounds for the discontinuance of temporary housing assistance.        |
| 5.13 Describe the local district’s procedure for conducting pre-discharge hearings requested by residents including the timeframe, location, and the title of person(s) who will conduct the pre-discharge hearing.       |
| 5.14 Describe the local district’s procedure for informing residents of the decision to the pre-discharge hearing, including the timeframe and method of delivery of the decision.        |
| 5.15 Describe the local district’s procedure for informing residents that temporary housing assistance may be discontinued. Residents must be informed in writing using the OTDA-4002 or other approved form of the reason and timeframe of the action. Residents must also be informed of their right to request a State Fair Hearing only after receiving an adverse pre-discharge hearing decision.       |
| 5.16 If required, describe the local district’s procedure for discharge. If the family is not discontinued pursuant to 18 NYCRR § 352.35, the following must occur prior to discharge: (1) the family’s need for preventive and protective services must be evaluated, (2) law enforcement agencies must be involved if criminal activity has occurred, and (3) arrangements must be made for minor children consistent with the needs of the family. If the family is being transferred to another temporary housing placement, the appropriateness of the placement must be determined prior to discharge.        |
| 1. **Voluntary Transfers**
 |
| 5.17 Describe the local district’s procedure used to determine that a resident has a medical, physical or other special need which cannot be adequately served in the facility and necessitates transfer to an another appropriate temporary housing placement.        |
| 5.18 Describe how the facility will document resident requests for transfer to another temporary housing placement. Documentation must include the reasons for the request.      |
| 5.19 Describe the local district’s procedure of evaluating requests for transfer.      |
| 1. **Access by Legal Representative and Counsel**
 |
| 5.20 Describe policies/arrangements for ensuring access by legal representatives and legal counsel to residents of the facility. Policies/arrangements must include provisions for the following:1. A designated area where legal counsel and representatives can meet with their clients;

     1. Restrictions on visitation hours;

     1. Requirements for prior notice; and

      1. Restrictions on access to private family areas.

      |
| 1. **Income and Public Benefits**
 |
| 5.21 Describe specific procedures for assisting residents in making application for public benefits (i.e., public assistance, medical assistance, the Supplemental Nutritional Assistance Program (“SNAP”), supplemental security income, title XX, child welfare and/or unemployment benefits).      |
| 1. **Resident Grievances**
 |
| 5.22 Describe your procedure for receiving and documenting resident grievances/complaints: a. Identify the person(s) to whom complaints should be addressed.      |
| b. Describe how complaints will be evaluated and how the complainant will be informed of the results of the review.      |
| 1. Describe how complaints and their resolution will be maintained on file for review by OTDA.

      |
| 1. **Facility Policy and Procedure Manual**
 |
| 5.23 Please attach a copy of the facility’s policies and procedures manual, if applicable, or copies of any procedures and policies relevant to the operation of the emergency shelter.  |

 **Section 6 – Resident Services**

|  |
| --- |
| **A. Assessment Services / Independent Living Planning** |
| 6.1 Describe the social services district’s or facility’s assessment process including the titles of staff responsible for developing initial assessments, service plans and bi-weekly ILP reviews and revisions.       |
| 6.2 Please include all assessment forms including the following: |
| a. intake and assessment;  |
| b. service plans (SP/ILP) and bi-weekly review form; c. any other assessment forms used by the facility.  |
| **B. Preparation for Permanent Housing** |
| 6.3 Describe the facility’s housing location activities and programs aimed at assisting shelter residents with finding permanent housing, including the facility’s relationship with public housing agencies, realtors and other housing organizations. If such services are provided onsite, please include the program plan; if services are provided off-site, please provide copies of the MOUs or linkage agreements establishing a relationship between the emergency shelter and the service provider.      |
| 6.4 Describe any tenancy preparation services provided by your facility to prepare residents for permanent housing? If such services are provided onsite, please include the program plan; if services are provided off-site, please provide copies of the MOUs or linkage agreements establishing a relationship between the emergency shelter and the service provider.      |
| 6.5 Describe services designed to train residents, secure jobs or upgrade employment of residents. If such services are provided onsite, please include the program plan; if services are provided off-site, please provide copies of the MOUs or linkage agreements establishing a relationship between the emergency shelter and the service provider.      |
| 6.6 If applicable, describe how facility staff works with local social services employment staff.      |
| 6.7Include copies of all facility housing service forms. Housing services are those activities that help clients locate or obtain permanent housing, monitor client effort to obtain housing or determine if housing options are appropriate to the needs of the client. |
| **C. Provision of Support Services** |
| 6.8 Please describe the facility’s procedures for providing shelter residents with services, including but not limited to the areas set forth below. If services are provided onsite, please include the program plan; if services are provided off-site please provide copies of the MOUs or linkage agreements establishing a relationship between the emergency shelter and the service provider. |
|  a. Necessary medical referrals:       |
|  b. Assistance with obtaining permanent housing:       |
|  c. Supportive social, psychiatric and mental health services:       |
|  d. Substance abuse services:       |
|  e. Employment assessments, services and job training programs:       |
| f.Education/vocational programs:      |
| g. If applicable, day-care and/or after-school and/or educational services for children:       |
| h. If applicable, describe the policies and procedures for providing needed care, services and support of  children and families, in applicable shelters:       |
|  i. Additional services provided:       |
| 6.9 Does the facility provide any services for which it submits claims to Medicaid and/or other health insurance companies in order to receive payment for those services? If so, please explain:       |
| 6.10 Does the facility have a linkage with a NYS Medicaid Health Home organization that can provide additional supports to qualified residents? If so, please describe that relationship.      If not, is the facility interested in learning more about the NYS Medicaid Health Homes program, or receiving training with respect to the assistance that Health Homes can provide families and individuals experiencing homelessness?       |
| **D. Information and Referral Services**  |
| 6.11 Provide a short description of local community agencies to which residents will be referred by your facility when needed:       |
| 6.12 Describe your facility’s procedure for ensuring resident’s access to these community agencies/resources:       |
| 6.13 Please attach a copy of your facility’s client referral forms.  |

**Section 7 – Supervision**

|  |
| --- |
| **A. General Program Supervision**  |
| 7.1 Describe procedures for monitoring, notifying and reporting incidents to the State Central Register of Child Abuse and Maltreatment regarding a resident under age 18.      |
| 7.2 Include copies of the following supervision documents (if applicable): * 1. daily census form;
	2. daily admissions form, including the length of stay in previous housing;
	3. daily discharge form.
 |
| **B. Facility Security –** As previously stated, submit a copy of your Safety and Security Plan (18 NYCRR § 352.38) Review the new security regulations listed under 18 NYCRR § 352.38(a)(b) &(c) before submission for compliance.  |
| 7.3 Describe how the facility is secured on a 24-hour basis. Include a description of any restrictions that are placed on resident access and how restrictions vary by time of day.       |
| 7.4 Describe facility policies concerning visiting hours/days and identify areas of the facility available for visitors. Indicate whether visitors will be allowed in residential units.       |
|  **C. Facility Staffing**  |
| 7.5 Please include a job duties description and qualifications for each position.  |
| 7.6 Please include a copy of the most recent facility staffing schedule. |

**Section 8 – Food and Nutrition**

|  |
| --- |
| 1. **Food Service/Provision of Food**
 |
| 8.1 Approximate number of meals served per day whether contracted or prepared by the facility. (Do not include meals prepared by residents in their units or occasional meals supplied by the facility for holiday celebrations or other events.) Breakfast:       Lunch:       Dinner:       |
| 8.2 If resident units do not have cooking facilities and residents are without access to an on-site kitchen, please identify local food stores, restaurants and community food agencies that provide food or meals that families and individuals with restaurant allowances or SNAP benefits may utilize.      |
| 8.3 If not contained in resident units, identify the location of any refrigeration and/or cooking equipment available to residents.       |
| 8.4 Describe the manner in which religious or medically prescribed dietary needs of adults or children are provided.       |
| 8.5 If the facility hires food preparers who cook meals using ingredients stored on-site, please attach the  following:1. A copy of the food preparer’s food handling certificate (if applicable).
2. Evidence of compliance with the Sanitary Code Part 14 of Title 10 of NY Code of Rules and Regulations.
3. A copy of the past two week’s menus.
4. Provide the number of refrigerators, stoves and microwaves as well as a description of the dining area and the number of chairs, tables and seating.
 |
| 8.6 If meals are prepared off-site, provide a copy of contract or other written documentation of food provision arrangements.  |

**Section 9 – Co-location of Programs**

|  |
| --- |
| 1. **Non-Shelter Programs**
 |
| * 1. Are there any programs or services other than those described in this plan that are provided to residents or non- residents in the same building or on the same premises? Yes [ ]  No [ ]

If yes, please describe the programs/services:        |
| * 1. If yes, please describe the procedures and environmental safeguards designed to ensure the well-being and safety of residents if the shelter facility is located in the same building or on the same premises where another program is or will be operated; such procedures must indicate the circumstances under which common staff or joint services will be utilized; and procedures for safeguarding the confidentiality of medical records concerning residents of the shelter.

       |
| 1. **Other Shelter Programs**
 |
| * 1. Are there any other shelter programs operating in the same building? If so, please explain:

       |
| * 1. If yes, is the program licensed and/or permitted and/or certified? If so, by what agency? Please attach a copy of the licenses and/or permits and/or certifications.

      |

 **Section 10 – Additional Financial Documentation**

|  |
| --- |
| 1. **Financial Documentation**
 |
| 10.1 Please attach a copy of facility’s most recent audited or certified public accountant prepared financial statement/report. |
| 10.2 Please also provide:* the financial resources and anticipated sources of future revenue for the facility;
* a financial statement for the shelter’s most recently completed fiscal year, if any.
 |

**Section 11 – Waivers**

|  |
| --- |
| 11.1 Upon written request by the operator, the department may waive non-statutory requirements of Parts 900,  485, 486 and 491 of this Title, and may permit an operator to establish another method of achieving the  intended outcome of the waived regulation.  |
| 11.2 An operator must request and receive written approval prior to instituting any alternative methods.  Applications for approval must be submitted to the appropriate regional office of the department and must  include: (i) the specific regulation for which a waiver is sought; (ii) the reasons the waiver is desirable or necessary; and (iii) a description of what will be done to achieve or maintain the intended outcome of the  regulation and to protect the health and safety of the residents. |
| 11.3 The department may require that the operator adopt additional methods or procedures to protect resident  health and safety and shall grant written approval only upon determination that the proposed waiver will  not adversely affect the health and safety of residents. All waiver requests approved by the Department pursuant to this section will remain in effect only for so  long as the department determines appropriate. At least every six months the department will review  whether the waiver should be continued.  |

**Attachment A – List of attached documents**

Please place a checkmark next to each document that is attached to this Operational Plan. You may add additional documents to this list, as needed.

|  |
| --- |
| List of additional facility addresses and building information |[ ]
| Board of Directors Profile |[ ]
| Contracts for building services (such as trash removal, snow removal, security, etc.) |[ ]
| Building and grounds leases |[ ]
| Architectural or detailed floor plans  |[ ]
| Certificate of Occupancy for building  |[ ]
| Documents demonstrating compliance with applicable building codes |[ ]
| Required Plans |[ ]
| School attendance |[ ]
| Child-care services |[ ]
| Health-related forms |[ ]
| Statements of staff duties |[ ]
| Staff and volunteer training documents |[ ]
| Staff and volunteer orientation documents |[ ]
| Naloxone administration certifications |[ ]
| 18 NYCRR § 352.38 Safety & Security Plan |[ ]
| Incident report form **(if opting to use a different form)** |[ ]
| Admission forms |[ ]
| Facility rules |[ ]
| Intake and assessment forms |[ ]
| Resident grievance forms |[ ]
| Facility policy and procedures manual |[ ]
| Independent Living Plan forms |[ ]
| Housing forms |[ ]
| Referral forms |[ ]
| Memorandum of understanding/linkage agreement with a NYS Medicaid Health Home organization |[ ]
| Any other Memorandum of Understanding/linkage agreements with service providers |[ ]
| Daily census forms |[ ]
| Daily admissions forms |[ ]
| Daily discharge forms |[ ]
| Job duties description |[ ]
| Staffing schedule |[ ]
| Food preparer’s/food handler’s certificate |[ ]
| Evidence of compliance with Sanitary Code |[ ]
| Recent menus |[ ]
| Relevant contract for food provision |[ ]
| License/permit/certificate for additional operations in building |[ ]
| Discharge policies |[ ]
| Prepared financial statement |[ ]
| Any Waiver requests | [ ]  |
| **Additional Documents:** |
|  |[ ]
|  |[ ]
|  |[ ]
|  |[ ]
|  |[ ]
|  |[ ]
|  |[ ]
|  |[ ]
|  |[ ]
|  |[ ]
|  |[ ]
|  |[ ]
|  |[ ]