

# **Emergency Shelter Operational Plan**

<b>BICS Vendor Code (for countie</b>	s outside of NYC):		Submission	Date:
Type of Plan Submission:	Initial Certification	Re-Certification	Plan Amendn	nent
Section 1 - General Inf Facility Information	formation	Existing Shelte	er New Sh	elter
Facility Name:		a.k.a	а.	
Address:				
City:	State: N	Y Zip:	County:	
Borough: (If Applicable)		Community Distr	<b>ict:</b> (If Applicable)	•
Number of proposed Units:	Number of	Families currently in	Residence:	
Family ShelterMixed I*Submit separate 18 NYCRR Part 90mixed population for both Families and			• •	ught for a facility serving a
Standard Shelter Clus	ster Site (NYC)	Emergency Housing	g Apartments -	EHAP (ROS)
<b>Operational Plan Primary Cont</b>	act Person:			
Phone:	Fax:	Email:		
Individual(s) designated to be a	a contact person at thi	is facility:		
Name:	Title:	Phone:	Emai	1:
Specialties (check all that apply) Domestic Violence Private Units Reception / Assessment Overnight Respite Other	Pregnant women Young Parents Veteran Families Childcare	Employmer Education/0 Substance Mental Heal	GED/ESL Abuse	
District Information				
Local Department of Social Ser	rvices (LDSS):			
Name of LDSS Contact:				
Phone:	Fax:	Email:		
Program Operator Informa Name of Program Operator/Org	,	_DSS)		
Address:				
City:			State:	Zip:
Phone:	Fax:	Email:		

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 spons	soring organization:	
Name:	Title:	Phone:	Email:

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

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:		
Phone:	Fax:	Email:		
Member's Name:				
Position: Vice President/C	Chair Term of Office:	Occupation:		
Phone:	Fax:	Email:		
Member's Name:				
Position: Treasurer	Term of Office:	Occupation:		
Phone:	Fax:	Email:		
Member's Name:				
Position: Secretary	Term of Office:	Occupation:		
Phone:	Fax:	Email:		
Member's Name:				
Position:	Term of Office:	Occupation:		
Phone:	Fax:	Email:		
Member's Name:				
Position:	Term of Office:	Occupation:		
Phone:	Fax:	Email:		
Member's Name:				
Position:	Term of Office:	Occupation:		
Phone:	Fax:	Email:		
Member's Name:				
Position:	Term of Office:	Occupation:		
Phone:	Fax:	Email:		

Physical	Plant	Manag	ement
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Name of Property Managemer	nt Organizatior	n (if any):	
Address:			
City:		State: Zip	):
Phone:	Fax:	Email:	
Tax Exempt Number:			
Provider Responsibilities: (e.g	g. facility operati	ions only, maintenance)	
Individual(s) designated to be	a physical pla	nt contact person at the sponsoring organization:	
Name:	Title:	Phone: Email:	
		ysical plant contact person at this facility:	
Name:	Title:	Phone: Email:	
Other program(s) currently or	previously op	erated by sponsor at this facility:	
	p		
Physical Plant and Land		mation	
Name of Property Owner or O	rganization:		
Address:			
City:		State: Zip	):
Phone:	Fax:	Email:	
Total years owned facility:		Date Lease Expires:	
If facility is leased, state the m	naterial terms of	of the lease:	
Land Oumar's Name (if differe	nt).		
Land Owner's Name (if differe	nt):		
Address:			
City:	_	State: Zip	):
Phone:	Fax:	Email:	
Total years owned land:	orial torms of t	Date Lease Expires:	
If land is leased, state the mat		LIE 16836.	

## **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 lia	ison? Yes	No	
Identify the names and addresses of any	child care centers	that the facility	y 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 applicableIf yes, is the child care licensed by another State agency?YesNoWhat are the days and hours of operation?YesYes

# 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 att Does the provider allow babysitti If yes, describe any paramete			
Does the facility provide recreation o	r 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 o	peration?		
Are there any restrictions to use the second servic what child care/recreation servic		-	cations?
If applicable, is the recreation or a	afterschool program licensed by	another State agency?	Yes No
<b>Preparation for Permanent Hou</b>	ısing		
Describe the activities and programs	aimed at assisting shelter reside	ents with finding perma	nent 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 Yes No order to receive payment for services provided? 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 Yes No and juice for infants?

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.
- Lease/Deed or Mortgage 1.
- 2. Certificate of Incorporation
- Immediate Needs Intake form 3.
- 4. **Comprehensive Assessment form**
- **Facility Rules and Obligations** 5.
- Facility Leave and Absentee policy 6.
- **Resident Rights** 7.
- Facility Grievance/Complaint form 8. 9.
- Independent Living Plan (ILP)/Service Plan
- **Bi-weekly ILP review form** 10.
- **Preliminary Health Screen** 11.
- 12. Memorandum of Understanding or linkages with health and service providers
- 13. School attendance tracking form
- Daycare or recreation tracking form 14.
- 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
- **Daily Admission form** 25.
- Daily Discharge form 26.
- Sign-in/Sign-out form 27.
- Staff schedule to include staff's first and last name, title and date 28. 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 he 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 Yes No inclement weather? 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?

## Fire Safety Compliance- check all that apply

Annunciator Panel/Fire Alarm Systen	n Yes No	Monitored Fire Alarm System	Yes No
Local Supervised	Sprinkler	Name of Company:	
	Smoke Detectors Carbon Monoxide Pull Stations	Address of Company:	
	Fire Dampers	Date of last inspection:	
Sprinkler System Yes No		Monitored Sprinkler System	Yes No
Complete Wet Partial Dry	Units/Dorms	Name of Company:	
Partial Dry Combination	Offices Corridors Stairwells	Address of Company:	
	Basements Common Areas	Date of last inspection:	
Smoke Detectors Yes No		Cardon Monoxide Detectors	Yes No
Hard Wired Battery Operated Supervised	Units/Dorms Offices Corridors Stairwells Basements Common Areas	Hard Wired Battery Operated Supervised	Units/Dorms Offices Corridors Stairwells Basements Common Areas
Fire Extinguishers Yes No		Interior Fire Alarm/Pull Boxes	Yes No
Type: A B C Quantity:	Units/Dorms Offices Corridors Stairwells Basements Common Areas	Local Supervised	Units/Dorms Offices Corridors Stairwells Basements Common Areas
Emergency Lighting Yes No	)	Exit Signage Yes No	
Hard Wired Battery Operated	Units/Dorms Offices Corridors Stairwells Basements Common Areas	Hard Wired Battery Operated	Units/Dorms Offices Corridors Stairwells Basements Common Areas
Evacuation Plans Yes No	Units/Dorms Offices Corridors Stairwells Basements Common Areas	<b>Strobe Lights</b> Yes No Hard Wired Battery Operated	Units/Dorms Offices Corridors Stairwells Basements Common Areas
Voice Communication (Fire & Safety)	Yes No	Other Fire Safety Devices	Yes No
Fire Panel Walkie Ta Hallway Speakers Cell Phon Intercom Other: Bullhorn		Fire Suppression System in Kitchen Fire Escapes Sandpipe System Interior enclosed stairwells Fire Doors	Self-Closing Fire Doors Panic Hardware on Exit Doors Other:

## Safety Monitoring Compliance - check all that apply

Security Cameras       Yes       No         # of cameras:       Monitored       Unmonitored       Storage capacity of at least 2 weeks?       Yes       Ni         Offices       Corridors       Stainwells       Basements       Common Areas       Vindow Corridors       Yes       Ni         Alarm System       Yes       No       Address:       Vindow Iocks       Yes       Ni         Security Monitoring Staff       Yes       No       Address:       Vindow Iocks       Yes       No         Certified       Not Certified       Contracted       Company Name:       Address:       Vindow Iocks       Yes       No         Other Security Features:       Window guards or gates       Window Iocks       Secure Access Control System "Buzzed In"       Yes       No         Monitored or secured basement access       Panic Butors       On-Site Staffing 24/7       Security Rounds       Yes       Yes       No       Yes	Closed Circuit Television Yes No # of monitors: Record	Do Not Record	Storago canacity of at loast 2 wooks2	Yes	No
to Cameras: Monitored Unmonitored Storage capacity of at least 2 weeks? Yes No Offices Corridors Stainwells Basements Common Areas Narm System Yes No Monitored Unmonitored Company Name: Address: Security Monitoring Staff Yes No Certified Not Certified Contracted Company Name: Address: Security Monitoring Staff Yes No Certified Not Certified Contracted Company Name: Address: Secure Access Control System "Buzzed In" Monitored or secured roof access Monitored or secured roof access Monitored or secure basement access Monitored or secure to roof access Monitored or secure to roof access Monitored or secure to access Monitored with a fully thing Mitching System Central Air Individual AC Units HVAC System Moter Sever Septic Energency Generator Yes No Cas Oli Filled More access Mate of last inspection: Mitching Setter More to flast inspection: Mitching Setter More to flast inspection: Mitching Setter Mitching Setter Mitching Setter Mitching Setter Mitching Setter Mitching Setter Mitching Setter Mitching Setter Mitching Setter Mitching Setter Mitc			Storage capacity of at least 2 weeks?	165	INU
Offices       Corridors       Stainwells       Basements       Common Areas         Alarn System       Yes       No         Monitored       Unmonitored       Common Areas         Security Monitoring Staff       Yes       No         Certified       Not Certified       Contracted         Company Name:       Address:         Security Monitoring Staff       Yes         Window quarts or gates       Window locks         Security Features:       Window locks         Window quarts or gates       Window locks         Monitored or secured nearment access       Security Faint Buitons         Monitoring System       Security Faintance         Security Finance       Security Returate         Security Finance       Security Conditions         Stater of Notion Lighting       On-Site Staffing 24/7         Door Locks/Dead Bolts       Metal Detector/Wands         Interior Hallway and Stainwell Lighting       Perimeter Fencing         Stations       Metal Detector/Wands         Boiler       Funace       HVAC System         Cartion:       Secure Access Secure       Secure Septic         Sterior Motion Lighting       Secure Access Control System Secure Septic       Secure Septic         Secur					
Narm System Yes No Monitored Unmonitored Dompany Name: Address: Security Monitoring Staff Yes No Certified Not Certified Contracted Dompany Name: Address: Security Features: Window locks Secure Access Control System "Buzzed In" Monitored or secured basement access Monitored Consolid billing Boiler Furnace HVAC System Radiant Forced Air Electric 	# of cameras: Monitore	d Unmonitored	Storage capacity of at least 2 weeks?	Yes	No
Monitored       Unmonitored         Company Name:       Address:         Security Monitoring Staff       Yes       No         Certified       Not Certified       Contracted         Company Name:       Address:         Security Features:       Address:         Window guards or gates       Window locks         Monitored or secured roof access       Secure Access Control System "Buzzed In"         Monitored or secured basement access       Parile Buttons         T.V. Security Monitoring System       On-Sile Staffing 24/7         Security Entrance       Secure Access Control System "Buzzed In"         Motiored or secured hosement access       Parile Buttons         T.V. Security Monitoring System       On-Sile Staffing 24/7         Security Entrance       Security Rounds         Interior Hallway and Stairwell Lighting       Perimeter Fancing         Obor LockSystem       Radiant         Boiler       Furnace         HVAC System       Radiant         coation:       No         Address       Security Prainage         Security Restreme       Secure Septic         Tenergency Generator       Yes <no< td="">         Gas       Oil Filled         .ocation:       Date of last inspection:&lt;</no<>	Offices Corridors Stairwells	Basements Co	ommon Areas		
Company Name:     Address:       Security Monitoring Staff     Yes     No       Certified     Not Certified     Contracted       Company Name:     Address:         Dher Security Features:     Window locks       Window guards or gates     Window locks       Monitored or secured pasement access     Secure Access Control System "Buzzed In"       Monitored or secured basement access     Panic Buttons       TV. Security Monitoring System     On-Site Staffing 24/7       Security Entrance     Security Rounds       Door LockS/Dead Boits     Metal Detector/Wands       Interior Hallway and Stairwell Lighting     Perimeter Fencing       Door LockSystem     Metal Detector/Wands       Boiler     Furnace       HvAC System     Radiant       Boiler     Furnace       Coration:     NoAC System       Coation:     Sanitary Drainage       Sewer     Septic       Temergency Generator     Yes       Yes     No       Gas     Oil Filled       Location:     Date of last inspection:       Date of last inspection:     Yes	Alarm System Yes No				
Security Monitoring Staff       Yes       No         Certified       Not Certified       Contracted         Company Name:       Address:         Window guards or gates       Window locks         Monitored or secured basement access       Security Features:         Window rescured roof access       Secure Access Control System "Buzzed In"         Security Intrance       Security Rounds         Door Locks/Dead Bolts       Metal Detector/Wands         Interior Hallway and Stainwell Lighting       Perimeter Fencing         Exterior Motion Lighting       Other:         Boiler       Furnace         HVAC System       Radiant         Forced Air       Electric         .coation:       Central Air         Vindowidual AC Units       HVAC System         Central Air       Individual AC Units         HVAC System       Sanitary Drainage         Sewer       Septic         Caration:       Secure Septic         Emergency Generator       Yes         Oate of last inspection:       Date of last inspection:         Date of last inspection:       Screens on all operable windows?         Binds       Screens on all operable windows?	Monitored Unmonitored				
Certified       Not Certified       Contracted         Company Name:       Address:         Description       Address:         Window guards or gates       Window locks         Monitored or secured basement access       Secure Access Control System "Buzzed In"         Parice Buttons       On-Site Staffing 24/7         Security France       On-Site Staffing 24/7         Door Locks/Dead Bolts       Metal Detector/Wands         Boiler       Furnace       HVAC System         Boiler       Furnace       HVAC System         Central Air       Individual AC Units       HVAC System         Cacation:       Sanitary Drainage         Sever Septic       Sever Septic         Energency Generator       Yes <no< td="">         Gas       Oil Filled       Date of last inspection:         Date of last inspection:       Yes No       Bilinds         Date of last inspection:       Yes No       Bilinds</no<>	Company Name:	Ac	dress:		
Certified       Not Certified       Contracted         Company Name:       Address:         Description       Address:         Window guards or gates       Window locks         Monitored or secured basement access       Secure Access Control System "Buzzed In"         Parice Buttons       On-Site Staffing 24/7         Security France       On-Site Staffing 24/7         Door Locks/Dead Bolts       Metal Detector/Wands         Boiler       Furnace       HVAC System         Boiler       Furnace       HVAC System         Central Air       Individual AC Units       HVAC System         Cacation:       Sanitary Drainage         Sever Septic       Sever Septic         Energency Generator       Yes <no< td="">         Gas       Oil Filled       Date of last inspection:         Date of last inspection:       Yes No       Bilinds         Date of last inspection:       Yes No       Bilinds</no<>	Security Monitoring Staff Yes No				
Definition of the security Features:       Window guards or gates       Window locks         Monitored or secured basement access       Secure Access Control System "Buzzed In"         TV. Security Monitoring System       On-Site Staffing 24/7         Security Entrance       Security Rounds         Door Locks/Dead Bolts       Metal Detector/Wands         Interior Halway and Stairwell Lighting       Perimeter Fencing         Dor Locks/Dead Bolts       Metal Detector/Wands         Interior Halway and Stairwell Lighting       Preimeter Fencing         Exterior Motion Lighting       Other:         Boiler       Furnace         HVAC System       Radiant         Gentral Air       Individual AC Units         HVAC System       Sanitary Drainage         Sever       Septic         Emergency Generator       Yes <no< td="">         Gas       Oil Filled         .ocation:       Date Iast serviced:         .ocation:       Date of last inspection:         Date of last inspection:       Yes</no<>		d			
Window guards or gates     Window locks       Monitored or secured toof access     Secure Access Control System "Buzzed In"       Monitored or secured basement access     Panic Buttons       TV. Security Monitoring System     On-Site Staffing 24/7       Security Entrance     Security Rounds       Door Locks/Dead Bolts     Metal Detector/Wands       Interior Hallway and Stairwell Lighting     Perimeter Fencing       Exterior Motion Lighting     Other:	Company Name:	Ac	dress:		
Window guards or gates     Window locks       Monitored or secured toof access     Secure Access Control System "Buzzed In"       Monitored or secured basement access     Panic Buttons       TV. Security Monitoring System     On-Site Staffing 24/7       Security Entrance     Security Rounds       Door Locks/Dead Bolts     Metal Detector/Wands       Interior Hallway and Stairwell Lighting     Perimeter Fencing       Exterior Motion Lighting     Other:					
Monitored or secured roof access     Secure Access Control System "Buzzed In"       Monitored or secured basement access     Panic Buttons       TV. Security Monitoring System     On-Site Staffing 24/7       Security Entrance     Security Rounds       Door Locks/Dead Bolts     Metal Detector/Wands       Interior Hallway and Stairwell Lighting     Perimeter Fencing       Exterior Motion Lighting     Other:   Boiler Furnace HVAC System Radiant Forced Air Electric .cocation:       Air Conditioning System       Central Air     Individual AC Units       HVAC System     Sanitary Drainage       Public     Sewer       Public     Sewer       Public     Sewer       Security     Sever Septic       Emergency Generator     Yes <no< td="">       Gas     Oil Filled       Date last serviced:     Date of last inspection:       Date of last inspection:     Yes</no<>	Other Security Features:				
Monitored or secured basement access     Panic Buttons       T.V. Security Monitoring System     On-Site Staffing 24/7       Security Monitoring System     Security Mounds       Door Locks/Dead Boits     Metal Detector/Wands       Interior Hallway and Stainvell Lighting     Perimeter Fencing       Bilding Features-Other Compliance     Metal Detector/Wands       Heating System     Boiler       Boiler     Furnace       HVAC System     Radiant       Central Air     Individual AC Units       HVAC System     Sanitary Drainage       Central Air     Individual AC Units       Public     Well       Sewer     Septic       Emergency Generator     Yes <no< td="">       Gas     Oil Filled       Location:     Date of last inspection:       Date of last inspection:     Yes<no< td="">       Window coverings     Biinds       Curtains     Biinds</no<></no<>					
Security Entrance       Security Rounds         Door Locks/Dead Bolts       Metal Detector/Wands         Interior Hallway and Stairwell Lighting       Perimeter Fencing         Other:       Other:         Boiler       Furnace         HVAC System       Radiant         Boiler       Furnace         HVAC System       Radiant         Central Air       Individual AC Units         HVAC System       Sanitary Drainage         Central Air       Individual AC Units         Public       Well         Emergency Generator       Yes         Date last serviced:       Date of last inspection:         Date of last inspection:       Sceners on all operable windows?         Window coverings       Blinds         Curtarins       Screens on all operable windows?	Monitored or secured basement access	Pani	c Buttons		
Door Locks/Dead Bolts Interior Hallway and Stairwell Lighting Exterior Motion Lighting     Metal Detector/Wands Perimeter Fencing Other:       Building Features-Other Compliance Heating System Boiler Furnace HVAC System Radiant Forced Air Electric       Boiler Furnace HVAC System Radiant Contraction:       Air Conditioning System Contral Air Individual AC Units HVAC System Public Well       Sanitary Drainage Public Well       Elevator(s) Yes No Gas Oil Filled .ocation:       Elevator(s) Yes No Gas Oil Filled .ocation:       Date Iast serviced:       Date of last inspection:       Screens on all operable windows? Yes No					
Exterior Motion Lighting       Other:         Building Features-Other Compliance         Heating System         Boiler       Furnace         HVAC System       Radiant         Forced Air       Electric         Air Conditioning System       Central Air         Central Air       Individual AC Units         HVAC System       Sanitary Drainage         Public       Well         Sewer       Septic         Emergency Generator       Yes         Date of last inspection:       Date of last inspection:         Date of last inspection:       Screens on all operable windows?         Mindow coverings       Blinds         Blinds       Curtains	Door Locks/Dead Bolts	Meta	al Detector/Wands		
Suilding Features-Other Compliance Heating System       Boiler       Furnace       HVAC System       Radiant       Forced Air       Electric         Boiler       Furnace       HVAC System       Radiant       Forced Air       Electric         Air Conditioning System Central Air       Individual AC Units       HVAC System         Central Air       Individual AC Units       HVAC System         Cocation:       Sanitary Drainage         Public       Well       Sewer         Emergency Generator       Yes <no< td="">         Gas       Oil Filled         Location:       Location:         Date of last inspection:       Screens on all operable windows?         Window coverings Blinds Curtains</no<>					
Heating System       Boiler       Furnace       HVAC System       Radiant       Forced Air       Electric         Location:       Air Conditioning System       Individual AC Units       HVAC System       Electric       Individual AC Units       HVAC System         Central Air       Individual AC Units       HVAC System       Sanitary Drainage       Sever       Sever <t< th=""><th>5 5</th><th></th><th></th><th></th><th></th></t<>	5 5				
Boiler       Furnace       HVAC System       Radiant       Forced Air       Electric         Air Conditioning System       Central Air       Individual AC Units       HVAC System         Central Air       Individual AC Units       HVAC System         Cocation:       Sanitary Drainage         Public       Well       Sanitary Drainage         Public       Well       Sewer         Emergency Generator       Yes         Cocation:       Location:         Location:       Date of last inspection:         Date of last inspection:       Screens on all operable windows?         Window coverings       Blinds         Blinds       Curtains	-	ce			
Location:         Air Conditioning System         Central Air       Individual AC Units         HVAC System         Location:         Water System         Public       Well         Emergency Generator       Yes         Gas       Oil Filled         Location:       Location:         Date last serviced:       Date of last inspection:         Date of last inspection:       Screens on all operable windows?         Window coverings Blinds Curtains	Heating System				
Air Conditioning System       HVAC System         Central Air       Individual AC Units       HVAC System         Location:       Sanitary Drainage         Public       Well       Sewer         Emergency Generator       Yes       No         Gas       Oil Filled       How many:         Location:       Location:       Date of last inspection:         Date of last inspection:       Screens on all operable windows?       Window coverings         Blinds Curtains       Blinds Curtains       Blinds Curtains	<b>, , ,</b>	Radiant	Forced Air Electric		
Central Air       Individual AC Units       HVAC System         Location:       Sanitary Drainage         Public       Well       Sewer         Emergency Generator       Yes       No         Gas       Oil Filled       How many:         Location:       Location:       Date of last inspection:         Date of last inspection:       Screens on all operable windows?       Window coverings         Blinds       Curtains       Blinds	Location:				
Location:       Sanitary Drainage Sewer Septic         Public       Well         Emergency Generator       Yes         Gas       Oil Filled         Location:       Location:         Date last serviced:       Date of last inspection:         Mater System       Sanitary Drainage Sewer         Sewer       Septic         Elevator(s)       Yes         No       How many:         Location:       Date of last inspection:         Date of last inspection:       Screens on all operable windows?         Pies       No	Air Conditioning System				
Water System       Sanitary Drainage         Public       Well         Emergency Generator       Yes         Gas       Oil Filled         Location:       Location:         Date last serviced:       Date of last inspection:         Screens on all operable windows?       Window coverings         Blinds       Curtains		HVAC System			
Public       Well       Sewer       Septic         Emergency Generator       Yes       No       Image: No       Image: No         Gas       Oil Filled       How many:       Location:       Image: No         Location:       Date last serviced:       Date of last inspection:       Image: No         Incinerator       Yes       No       Screens on all operable windows?       Window coverings         Date of last inspection:       Yes       No       Blinds Curtains	Location:				
Emergency Generator       Yes       No         Gas       Oil Filled       How many:         Location:       Location:       Date of last inspection:         Date last serviced:       Date of last inspection:       Window coverings         Pres       No       Blinds         Curtains       Curtains	Water System	Sa	nitary Drainage		
Gas     Oil Filled     How many:       Location:     Location:       Date last serviced:     Date of last inspection:       ncinerator     Yes     No       Date of last inspection:     Screens on all operable windows?       Yes     No	Public Well		Sewer Septic		
Location:     Location:       Date last serviced:     Date of last inspection:       ncinerator     Yes       Date of last inspection:     Screens on all operable windows?       Yes     No	Emergency Generator Yes No	Ele	evator(s) Yes No		
Date last serviced:     Date of last inspection:       ncinerator     Yes     No       Date of last inspection:     Screens on all operable windows?       Yes     No	Gas Oil Filled	Ho	w many:		
Incinerator     Yes     No     Screens on all operable windows?     Window coverings       Date of last inspection:     Yes     No     Blinds	Location:	Lo	cation:		
Date of last inspection: Yes No Blinds Curtains	Date last serviced:	Da	te of last inspection:		
Curtains	Incinerator Yes No		operable windows? Window covering	s	
	Date of last inspection:	Yes No			
			Privacy Glass		

### **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	Sleeping Areas Private Units Bedroom only with Communal Common Areas						
Private Units contain:			icrowave and Ref	•	rigerator Only		
	Microwave	Only Dining Are	a w/table Pri	ivate Bathroom	Separate Sleeping Areas		
Handicap Accessible	Yes No	# of handicap a	ccessible units				
Is there adequate sleep	ping space (50-so	q feet per person)?	Yes No				
Is there a crib provided	l for every child u	nder the age of 2-yea	ars old? Yes	No			
Communal Bathroom	Communal Bathrooms # of Communal Bathrooms				# of Staff Bathrooms		
# of Toilets	# of Sin	ks	# of Showers		# of Bathtubs		
ADL Compliant: # o	f Toilets	# of Sinks	# of \$	Showers	# of Bathtubs		
Communal Kitchens	Commerc	cial Kitchen Ro	esidential Kitchen				
# of Refrigerators	# of	Freezers	# of Stoves	#	of Microwaves		
Fire Suppression Syste	em Yes N	No Date last pro	fessionally cleaned	1:			
Communal Dining Ar	eas						
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?							
Can all residents eat a	t the same time?	Yes No I	ii no, now many ca	n eat at one time?			
Recreation							

#### 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: