

Office of Temporary and Disability Assistance

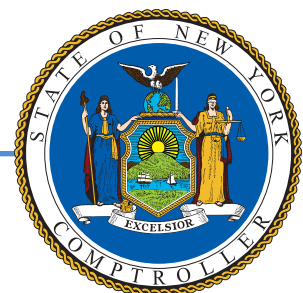
Oversight of Homeless Shelters

Report 2018-S-52 | March 2020

OFFICE OF THE NEW YORK STATE COMPTROLLER

Thomas P. DiNapoli, State Comptroller

Division of State Government Accountability



Audit Highlights

Objective

To determine if the Office of Temporary and Disability Assistance (Office) adequately oversees homeless shelters to ensure they are operating in compliance with applicable laws, rules, and regulations. Our audit covered the period from July 1, 2016 through July 2, 2019.

About the Program

According to the U.S. Department of Housing and Urban Development's *2018 Annual Homeless Assessment Report to Congress*, New York State has the second largest population of homeless in the United States, with 91,897 homeless individuals. New York also had the largest increase in this population – 46.8 percent – between 2007 and 2018.

The Office administers programs for the State's low-income residents and provides support to local Social Services Districts (Local Districts) in the operation of these programs. The Office seeks to meet critical transitional housing needs of the State's homeless population while guiding them to self-sufficiency, and oversees a network of transitional homeless shelters to ensure shelters' compliance with applicable rules and regulations.

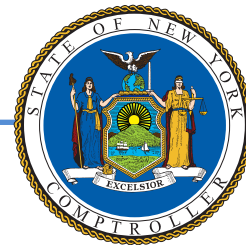
For 2018, Local Districts submitted \$2 billion in gross claims to the Office for homeless housing reimbursement.

Key Findings

- The Office is not providing adequate oversight of homeless shelters to ensure that conditions are safe. We observed conditions that pose significant health and safety risks to the State's homeless population.
 - We visited 159 homeless shelters in spring 2019 and determined that 96 (60 percent) were in generally unsatisfactory condition. Twenty-one of those 96 shelters had been visited on prior audits and had been determined to be in poor condition at that time.
 - Serious violations noted during recent visits included structural damage, mold, vermin and bug infestations, excessive garbage in rooms, and missing or malfunctioning smoke detectors.
- We identified discrepancies between the Office's shelter inventory and Local Districts' lists of facilities, and the Office was unaware of 35 shelters that received homeless resident referrals from Local Districts.
- Required plans designed to help homeless individuals and families secure permanent housing are not being completed timely or at all.
- We encountered transparency and cooperation issues that led to delays in receiving information, scheduling meetings, and performing shelter site visits.

Key Recommendations

- Improve policies and procedures for using inspection checklists and monitoring shelter violations.
- Take steps to ensure shelter violations are corrected, which may include partially or fully withholding reimbursements for homeless services or reconsidering provider eligibility in the homeless shelter system in accordance with applicable regulations.
- Review required plans to help homeless individuals and families secure permanent housing.
- Improve transparency and cooperation to maintain good governance.



Office of the New York State Comptroller Division of State Government Accountability

March 10, 2020

Michael P. Hein
Commissioner
Office of Temporary and Disability Assistance
40 North Pearl Street
Albany, NY 12243

Dear Commissioner Hein:

The Office of the State Comptroller is committed to helping State agencies, public authorities, and local government agencies manage their resources efficiently and effectively. By so doing, it provides accountability for the tax dollars spent to support government operations. The Comptroller oversees the fiscal affairs of State agencies, public authorities, and local government agencies, as well as their compliance with relevant statutes and their observance of good business practices. This fiscal oversight is accomplished, in part, through our audits, which identify opportunities for improving operations. Audits can also identify strategies for reducing costs and strengthening controls that are intended to safeguard assets.

Following is a report of our audit entitled *Oversight of Homeless Shelters*. This audit was performed pursuant to the State Comptroller's authority under Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

This audit's results and recommendations are resources for you to use in effectively managing your operations and in meeting the expectations of taxpayers. If you have any questions about this report, please feel free to contact us.

Respectfully submitted,

Division of State Government Accountability

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Glossary of Terms

Term	Description	Identifier
CAP	Corrective Action Plan, which shelters must submit if they are unable to correct any inspection violations within 30 days	<i>Key Term</i>
DHS	New York City Department of Homeless Services	<i>Agency</i>
Division	Division of Shelter Oversight and Compliance	<i>Division</i>
Grant Program	Emergency Shelter Repair Grant Program through the New York State Homeless Housing and Assistance Program, which provides emergency shelters with up to \$100,000 each to perform health and safety improvements on their facilities	<i>Key Term</i>
Independent Living Plan	Required tool for homeless families; used to help shelter professionals understand clients' current and future needs and transition them to permanent housing	<i>Key Term</i>
Local Districts	County departments of social services that operate programs for the State's low-income residents and DHS	<i>Key Term</i>
Needs Assessment	Required assessment for homeless adults; used to help shelter professionals understand clients' current and future needs and transition them to permanent housing	<i>Key Term</i>
Office	Office of Temporary and Disability Assistance	<i>Auditee</i>
SMS	Shelter Management System, which the Office uses to track shelters	<i>Key Term</i>

Background

According to the U.S. Department of Housing and Urban Development's *2018 Annual Homeless Assessment Report to Congress*, New York State has the second largest population of homeless in the United States, with 91,897 homeless individuals, 13,221 of whom live outside of New York City. New York also had the largest increase in this population – 46.8 percent – between 2007 and 2018.

The Office of Temporary and Disability Assistance (Office) administers programs for the State's low-income residents and provides leadership, guidance, and support to local Social Services Districts (Local Districts) and the New York City Department of Homeless Services (DHS) in the operation of these programs. In 2016, the Office created the Division of Shelter Oversight and Compliance (Division) by adding 74 positions to its existing 23 positions in the Bureau of Shelter Services. The Division is responsible for meeting the critical transitional housing needs of the State's homeless population while guiding them to self-sufficiency.

The Office oversees the State's network of transitional homeless shelters – ranging from large former hotels, apartment houses, and armories to smaller multi-family houses, specifically designed housing units, and roadside hotels and motels – and is responsible for administering a system of supervision, inspection, and enforcement to ensure shelters' compliance with applicable rules and regulations, including the New York Codes, Rules and Regulations and Social Services Law.

In general, shelter facilities must be maintained in a good state of repair and sanitation in conformance with applicable State and local laws, regulations, and ordinances to ensure a safe, comfortable environment for residents. Larger-scale facilities require State certification or approval. These include adult shelters that accommodate 20 or more adults and certain family shelters that accommodate 10 or more homeless families. Family and adult certified shelters each provide a range of services, which may include private rooms; access to three nutritional meals daily; supervision; permanent housing preparation; and assessment, recreational, referral, child care, health care, and social rehabilitation services. In general, shelters serving fewer than 10 families or 20 individuals are not certified by the Office; however, all publicly funded shelters in the State, certified or uncertified, are subject to Office oversight. Documentation provided by the Office shows that, as of December 4, 2018, there were 711 certified and uncertified shelters.

In addition, this same Office documentation showed 363 hotels and motels housing the homeless across the State. Counties throughout the State utilize hotels and motels to house a substantial portion of their homeless populations. In fact, for many rural counties, hotels and motels are the only

option, as there are no formal shelters. Of the 57 counties outside of New York City (NYC), 24 (42 percent) do not have a designated shelter facility.

The Office is required to inspect certified shelters at least annually, and Office management indicated that they now inspect uncertified shelters annually as well. The Office performed 890 such inspections in 2017 and 703 in 2018. Inspection components include checking for health and safety issues; general facility management and financial condition; condition of the grounds, buildings, and other property; qualifications of the operators and employees; compliance with regulations regarding residents' rights; and programs designed to promote self-sufficiency and enable residents to transition to permanent housing. Shelters must correct any inspection violations within 30 days or submit an acceptable Corrective Action Plan (CAP) if unable to resolve violations within that time frame. The Office monitors CAP progress and, when appropriate, follow-up inspections are conducted to verify that issues have been remediated. The Office also accepts work orders, repair invoice documentation, and photographs as evidence of remedied violations when closing out CAPs.

The Office, through regulation, delegates authority for uncertified shelters to the Local Districts. In addition to the Office inspection, Local Districts are expected to inspect uncertified shelters annually to ensure that they meet minimum standards in the areas of health, construction, fire safety, and operation and that they meet all State and local laws and codes. Additionally, Local Districts that make hotel/motel referrals must inspect the hotels/motels in which families are placed at least every six months. A copy of inspection reports must be provided to the Office within 30 days of completion.

The Office's funding of shelter services is administered through the Local Districts, comprising DHS, which serves the five boroughs of NYC, and 57 county offices throughout the rest of the State. Local Districts submit shelter reimbursement claims to the Office. If violations identified during shelter inspections are not remedied, the Office has the authority to withhold all or a portion of the reimbursement until the issues are rectified. For 2018, Local Districts submitted \$2 billion in gross claims to the Office for homeless housing for reimbursement, an increase of 25 percent – or \$400 million – from the 2017 gross claims totaling \$1.6 billion.

The Office of the State Comptroller (Comptroller) has conducted multiple homeless shelter condition audits, in addition to numerous other homeless-related audits. The Comptroller issued its first homeless shelter conditions report, [*Oversight of Homeless Shelters*](#) (2015-S-23), in February 2016. During this audit, we conducted site visits at 39 facilities throughout the State and found numerous issues that rendered living conditions unacceptable at

most of them. A June 2016 study by the Comptroller, [*Homeless Shelters and Homelessness in New York State*](#), for which we conducted site visits at 387 facilities throughout the State (excluding NYC and Buffalo), confirmed the findings of the first audit: while many facilities were able to provide adequate living conditions (as described later in this report), risks to health, personal safety, and fire safety were pervasive. The Comptroller then issued a follow-up ([2016-F-31](#)) to the original audit in June 2017, a review that included visits to 20 shelters. The deficiencies we observed during this follow-up were not as severe or as numerous; however, unacceptable conditions still existed or could develop quickly. Also in June 2017, the Comptroller issued an audit of hotels and motels used for temporary residency ([2016-S-49](#)) and found that 24 facilities were in generally unsatisfactory condition, 12 of which had significant problems similar to those observed during prior audits. The majority of the problems we found at these hotels and motels related to excess mold, water damage, and fire safety concerns.

Audit Findings and Recommendations

The Office does not provide adequate oversight of homeless shelters, as 60 percent of the facilities we visited posed significant health and safety risks to the State’s homeless population. Additionally, Office oversight does not ensure compliance with other applicable laws, rules, and regulations designed to help homeless individuals and families transition to permanent housing.

We determined Office oversight could be improved through better risk assessment, more effective information tracking or monitoring of corrective actions, and enforcement of existing consequences for violations.

Additionally, during the course of the audit, the Office was not transparent in its interactions with us. This led to delays in receiving information, scheduling and performing shelter site visits, and scheduling meetings – and ultimately delayed our reporting of findings.

Shelter Living Conditions and Inspection Reports

Site Visits

We visited 159 homeless shelters in March and April 2019 and found that 96 (60 percent) were not in satisfactory condition. Division inspectors participated in the audit team shelter site visits, and we found them to be knowledgeable, helpful, and engaged.

Table 1 details the results of our shelter site visit observations by facility type.

Table 1 – Shelter Site Visit Observations

Shelter Location/Type	Number of Shelters Visited	Shelters With Significant Violations	
		Number	Percent
NYC			
Certified	28	16	57%
Uncertified	45	31	69%
Hotel/Motel	7	4	57%
NYC Subtotals	80	51	64%
Rest of State			
Certified	7	5	71%
Uncertified	42	22	52%
Hotel/Motel	30	18	60%
Rest of State Subtotals	79	45	57%
Totals	159	96	60%

At both certified and uncertified shelters as well as hotels/motels, we observed a range of unsatisfactory and even squalid living conditions, the most egregious of which pose obvious health and safety risks to shelter residents. Significant violations observed included structural damage; exposed wiring; water damage; dirty and/or damaged bedding, including cribs (Figure 1); mold (Figure 2); vermin and bug infestations (Figure 3); missing smoke detectors; expired or uncharged fire extinguishers; excessive garbage in rooms; and signs of smoking and drug use.

Figure 1



Clockwise from top left: Torn crib mattress at a New York County shelter; soiled mattress at an Erie County shelter; and a child's toy commingled with cleaning supplies, including bleach, at a New York County shelter.



Figure 2



Crumbling shower with mold and mildew in a Bronx County shelter.

Figure 3



Clockwise from top left:
Cockroach infestation in a Bronx County shelter; rodent droppings in a drawer in a Bronx County shelter; and an insect hive in a Broome County hotel/motel.

While the remaining 63 shelters were determined to be adequate, for our purposes, “adequate” means living conditions that, while substandard by other measures, in total are reasonably acceptable in the short term as an alternative to homelessness. Twenty-one of the 96 shelters found to be in unsatisfactory condition had been visited during prior audits and had been determined to be in poor condition then. In some instances, we identified violations from our 2016 and 2017 audits that have gone uncorrected and, in certain cases, have gotten worse. During our site visits in 2016, for example, we observed cracking and crumbling in the ceiling walkway at one shelter, a moldy shower at one hotel, and a moldy vent fan at another hotel. When we returned to these sites for the current audit, we observed these same, or worsened, conditions – now three years later (see Figures 4–6).

Figure 4



Left: Crumbling ceiling observed at an Albany County shelter in February 2016. **Right:** The same ceiling condition observed in March 2019.

Figure 5



Left: Mold observed in a shower in a Saratoga County hotel/motel in October 2016. **Right:** The same shower observed in March 2019 completely covered in mold.

Figure 6



Left: A moldy exhaust fan observed in a Sullivan County hotel/motel in October 2016. **Right:** The same fan observed in April 2019.

We provided Office officials with the results of our inspections to give them an opportunity to correct any potential errors of fact and to ensure they had no additional information they believed we needed to consider in formulating our audit conclusions. In responding to our preliminary findings, the Office's comments did not address shelter conditions, but rather focused on technical issues.

Inspection Reports

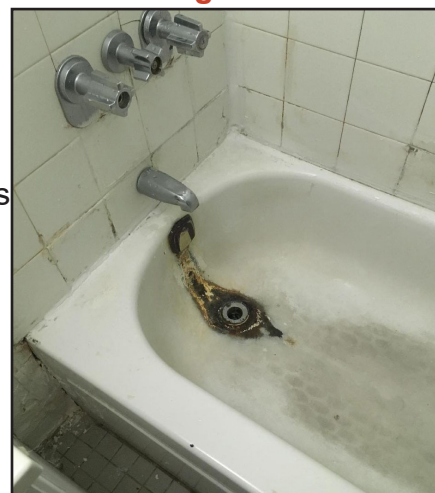
In addition to conducting site visits, we requested the most recent inspection reports for 16 shelters. In general, the inspection reports provided by the Office matched our findings, with similar violations found at all 16 shelters. For three shelters where consistent significant violations were found, no CAP was included in the inspection documentation. In their response to our preliminary audit report, Office officials indicated that it may take 60 days from the date of an inspection for them to receive a CAP and that the CAPs at issue were either in active development or received by the Office after the close of our audit work. The inspection report dates for the three missing CAPs were October 11, 2018; November 16, 2018; and December 28, 2018; and the inspection reports were provided to us by the Office on July 11, 2019 – more than six months later. Therefore, the Office should have had the CAPs several months before we requested them.

One Office inspection report for which a CAP was not submitted noted a broken toilet seat on September 6, 2018. On April 15, 2019 – more than seven months later – we observed and documented the same broken toilet seat.

For five other shelters, the CAP indicated that issues had been fixed despite the audit team's observations to the contrary. For example, a June 6, 2018 Office inspection report noted multiple instances of shelter tub enamel being worn off. The CAP response indicated that, as of September 25, 2018, the bathtubs in all units had been repaired and painted. However, on April 11, 2019 – more than six months later – we observed and documented a bathtub that had not been repaired or painted (see Figure 7).

We also requested inspection documentation for four hotels/motels we visited. The Local District inspection reports submitted to the Office for two of those hotels/motels noted no violations; however, we determined that both of them were in unsatisfactory condition. Violations we observed included mold, the use of space heaters, evidence of vermin, holes in walls and ceilings, broken windows and doors,

Figure 7



exposed wiring, and broken fire safety devices. For one of these hotels/motels and a third hotel/motel – which would not allow us access for an inspection – we found that five inspection reports had been submitted to the Office; however, the completed checklists for each facility matched the prior inspection’s checklist. The dates on each cover sheet were handwritten, while all other information in the inspection reports was typed. In addition, the hotels/motels’ names were transposed on two of the five cover sheets. When we shared these issues with Office officials, they were unaware of them, nor did they have a response as to what steps they took to ensure that inspections are properly recorded. The Office needs to develop a method to confirm that Local Districts are, in fact, inspecting shelters as required and appropriately documenting results.

For the fourth facility – a hotel located in NYC – the hotel/motel inspection was performed by the Office on September 4, 2018. The Office inspection report noted numerous violations; however, no CAP was included. Violations observed by the audit team also noted in the Office inspection report included an infestation of roaches, mold, damaged beds, unsanitary units, signs of smoking, and clutter within units preventing the front door of the units from opening completely.

By not keeping track of ongoing violations or not enforcing their correction, the Office creates an ongoing risk to the health, safety, and welfare of shelter residents. The Office was unaware that many violations had not been corrected until we reported them as part of our findings. This has been an ongoing issue for the Office’s oversight of homeless shelters. In our prior audit ([2015-S-23](#)), we recommended the Office develop and implement a process to follow up on facilities with issues identified in prior inspections to ensure conditions are remedied and acceptable. These high-risk shelters require more frequent inspections and monitoring to ensure existing conditions are repaired and that emerging deficiencies are rectified early. If providers do not respond responsibly, the Office needs to evaluate withholding partial or full reimbursement for homeless services to ensure violations are corrected or consider removing the provider from the State-supported homeless shelter system.

The Office could also improve oversight by addressing weaknesses with its inspection process. While the Office has clearly defined its inspection process, the shelter inspection checklists provided to Office inspectors are vague (i.e., the checklist refers to health and safety codes, not specific conditions). Office management stated to us on multiple occasions that use of a checklist was not required, as most inspectors are experienced and familiar with the applicable regulations. However, Office management also indicated that, because inspection checklists were not required, there were

inconsistencies among inspectors' findings, and an inspection of the same facility by different inspectors could yield different results.

During the course of the audit, the Office updated some policies and guidance, and made use of the inspection checklist a requirement. Office management indicated that there are many new inspectors and making the checklist a requirement helps them do their job. Further, management indicated that the requirement to complete the inspection checklists with supporting documentation was to ensure that shelter inspections are actually taking place (as opposed to inspectors completing an inspection report or rolling forward prior inspection results without actually performing an inspection). These changes occurred in response to our audit, as opposed to any organizational risk assessment to identify where improvements in their processes could be made. Office management did not provide any documentation to support that they attempt to identify shelters at higher risk for unsatisfactory conditions, nor were they able to provide any overall summary information, internal management reports, or analytical data from their inspection results, which could assist them in directing their resources where they are needed most.

The Office also administers an Emergency Shelter Repair Grant Program (Grant Program) through the New York State Homeless Housing and Assistance Program, which provides emergency shelters with up to \$100,000 each to make health and safety improvements to their facilities. Eligible participants include any publicly funded existing facilities in a Local District with a population of less than 5 million. Eligible costs for which facilities can request funding include window or roof replacement or HVAC plumbing or electrical repairs. Emergency shelters eligible for this program must submit an application to the Homeless Housing and Assistance Corporation, which reviews submissions and awards grants on a continuous basis until funding (up to \$1 million each fiscal year) is exhausted. The Office indicates that 15 applications have been received in the Grant Program's three years of operation, with 7 grants awarded and 8 applications currently under review. Many of the facilities we visited could benefit from this Grant Program, but were not aware of it.

Shelter Inventory and Documentation

We surveyed all Local Districts to obtain listings of facilities used for homeless housing referrals from July 2016 through December 2018. We received responses from all 57 counties and DHS and compared the resulting list of 1,156 facilities to the inventory of facilities provided by the Office, finding 76 discrepancies. Of those 76 discrepancies, the Office provided clarification and

explanation for 41. For the remaining 35 shelters, the Office was unaware that the shelters received homeless resident referrals from Local Districts. According to the Office, 7 of the shelters in question should have been on its inventory; 19 were new additions and 9 are only used sporadically. The Office also stated that Local Districts are not required to inspect hotels/motels that they only refer residents to “sparingly”; however, this contradicts the regulation that enables Local Districts to utilize hotels/motels provided that appropriate arrangements for maintenance, repair, and sanitation are met.

In 2018, the Office began tracking shelter inspection, violation, and CAP information in the Shelter Management System (SMS). Local Districts and shelter management officials themselves have access to SMS and can exchange information electronically through the system. Beginning in 2019, hotels and motels are tracked in SMS. The Office should continue to develop and evaluate this system so data can be used for more effective oversight, including risk assessments.

Because 2018 hotel/motel information was not yet entered into SMS, the Office maintained a spreadsheet of hotel/motel facilities based on inspection reports received from the Local Districts and an Office-generated Temporary Housing Assistance funding spreadsheet (based on monthly claims received from the Local Districts). In addition to the inventory discrepancies, we found the requirement to inspect hotels/motels only every six months meant Local Districts could refer residents to substandard facilities for six months before the Office would even be aware that the particular facilities were being used. Inaccurate inventory of the hotels and motels used for the homeless leaves the Office without adequate information to perform oversight.

Needs Assessments and Independent Living Plans

For both certified and uncertified shelters, individuals and families admitted to the shelter must be actively seeking permanent housing. Families admitted to a certified homeless shelter are required to meet with a case worker and develop an Independent Living Plan within 10 days of admittance, and single adults are required to have a Needs Assessment completed within 24 hours of admittance. These steps help shelter professionals understand resident needs and provide guidance in areas such as employment, child care services, self-sufficiency, daily living, and – most importantly – obtaining permanent housing. To prevent unnecessary delays in residents’ transition out of shelter living and to maximize shelters’ capacity to provide temporary support for as many homeless families and adults as possible, the

Independent Living Plan or Needs Assessment must be completed within the required time frame.

During site visits to certified shelters, we reviewed documentation to determine if the Needs Assessment at adult shelters and the Independent Living Plans at the family shelters were done within the required time frames. We found 73 of 319 documents reviewed (23 percent) were not completed in the prescribed time frames, and 28 of the 73 appear to have not been completed at all. Delays ranged from 7 to 1,322 days for adult shelters, and from 53 to 477 days for family shelters. Adherence to Independent Living Plan and Needs Assessment time frames, coupled with regular required inspections, would help ensure homeless individuals and families are moving toward the stated goal of transitioning out of shelter living.

Lack of Transparency and Cooperation

Over the course of the audit, we were only allowed to communicate with the Division's Deputy Commissioner. Despite multiple requests to coordinate with program staff, all requests had to go through the Deputy Commissioner, and all meetings were with the Deputy Commissioner. This led to delays in receiving information, scheduling meetings, and performing shelter site visits. This factored into our risk assessment and raised further questions about the adequacy of the Office's oversight.

Table 2 details some of the data we requested and the corresponding Office delivery response time.

Table 2 – Timeline of Document Requests

Item Requested	Date of Request	Date Received	Response Time
Office shelter inventory	October 9, 2018	December 4, 2018	Almost 2 months
Local District response discrepancies	March 6, 2019	May 2, 2019	Almost 2 months, and after our shelter site visits
Documentation of training provided for Office inspectors	February 28, 2019	June 21, 2019	Almost 4 months
Program staff listing	October 9, 2018	July 2, 2019	Almost 9 months
Detailed results of Office inspections	February 8, 2019	Not received	–

As Table 2 shows, we began asking the Office in February 2019 for detailed results of the shelter inspections it performed in 2018. Despite multiple requests over the course of several months, the Office still had not provided us with this information. Subsequent to issuing and discussing our preliminary audit report, the Office requested and we provided additional clarification on the outstanding request; however, the Office has yet to provide the requested information.

Transparency and accountability are two cornerstones of good government. A lack of commitment to transparency and accountability can result in degradation of the internal control environment, resulting in increased risk that programs do not function properly and objectives are not being accomplished effectively and efficiently.

Recommendations

1. Improve policies and procedures for using inspection checklists, monitoring shelter violations, and ensuring shelter inspections.
2. Refine inspection checklists to better document regulatory requirements.
3. Take steps to ensure shelter violations are corrected, which may include partially or fully withholding reimbursements for homeless services or reconsidering provider eligibility in the homeless shelter system in accordance with applicable regulations.
4. Add hotels/motels to the homeless shelter inventory upon initial resident referral.
5. Continue to evaluate and develop SMS to ensure it is being used to its full potential in assisting the Office in monitoring risk at homeless shelters.
6. Review required plans to help homeless individuals and families secure permanent housing.
7. Ensure facilities are aware of the Grant Program, which could help them make needed health and safety improvements.
8. Improve transparency and cooperation to maintain good governance.

Audit Scope, Objective, and Methodology

The objective of our audit was to determine if the Office adequately oversees homeless shelters to ensure they are operating in compliance with applicable laws, rules, and regulations. The audit covered the period from July 1, 2016 through July 2, 2019.

To accomplish our objective, we reviewed laws and regulations and Office policies, procedures, and directives. We interviewed Office management to gain an understanding of their efforts. We became familiar with, and assessed the adequacy of, the Office's internal controls as they related to its performance and our audit objective. We communicated our findings to Office management and considered information they provided through July 2, 2019.

We obtained a list of active facilities and a shelter inspection inventory from the Office for the two years ended December 31, 2018. We also surveyed all counties and DHS (covering the five counties in NYC) for listings of all facilities used for homeless housing within the past three years. We received responses from all 57 counties and DHS. We compared the Local District responses to the inventory provided by the Office and obtained an explanation for any discrepancies.

In all, we compiled a list of 1,150 facilities where homeless referrals had taken place in the past three years. We then selected a sample of 177 facilities to observe, chosen on a judgmental basis, factoring in prior audit visits, a publicly reported DHS scorecard, newspaper articles mentioning shelters, and facilities reported by the Local Districts but that were not on the Office inventory. Of these 177 facilities, we were unable to visit 18 because either they were closed, were no longer accepting homeless clients, or had become permanent housing or management was not available for our visit.

For the 159 facilities we were able to visit, we examined them for habitability using a checklist similar to those provided by the Office that we generated based on Office regulations. We provided those checklists to the Office in advance of our shelter observations for their approval. During all shelter observations, an Office representative was present. Following our observations, we obtained and reviewed recent inspection reports for a judgmental sample of facilities that we determined to be in both adequate and unsatisfactory condition and compared them to the results of our shelter observations. The results of our samples cannot be projected to the population as a whole, but support the findings, conclusions, and recommendations in this report.

Statutory Requirements

Authority

The audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

We conducted our performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

In addition to being the State Auditor, the Comptroller performs certain other constitutionally and statutorily mandated duties as the chief fiscal officer of New York State. These include operating the State's accounting system; preparing the State's financial statements; and approving State contracts, refunds, and other payments. In addition, the Comptroller appoints members to certain boards, commissions, and public authorities, some of whom have minority voting rights. These duties may be considered management functions for purposes of evaluating organizational independence under generally accepted government auditing standards. In our opinion, these functions do not affect our ability to conduct independent audits of program performance.

Reporting Requirements

We provided a draft copy of this report to Office officials for their review and comment. Their comments were considered in preparing this final report and are included in their entirety at the end of it. Office officials generally agreed with the audit's recommendations and indicated the actions they will take to address them. However, the Office provided a plethora of other commentary that we respond to in the State Comptroller's comments, which are embedded within the response.

Within 180 days after final release of this report, as required by Section 170 of the Executive Law, the Commissioner of the Office of Temporary and Disability Assistance shall report to the Governor, the State Comptroller, and the leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons why.

Agency Comments and State Comptroller's Comments



ANDREW M. CUOMO
Governor

Office of Temporary and Disability Assistance

MICHAEL P. HEIN
Commissioner

BARBARA C. GUINN
Executive Deputy Commissioner

January 30, 2020

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

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

Dear Mr. Mainello:

This letter responds to the Draft Report ("Draft Report") released by the Office of the State Comptroller ("OSC") regarding its audit of the Office of Temporary and Disability Assistance's ("OTDA") oversight of Homeless Shelters.

I. Background.

An important component of OTDA's mission, and one which it takes very seriously, is to address the problem of homelessness. OTDA does this in a myriad of ways. Among other things, OTDA funds homelessness prevention and rapid rehousing services, oversees all publicly funded emergency shelters for homeless individuals and families, funds housing-retention services in supportive housing programs, and funds the development of new housing for homeless populations through the Homeless Housing and Assistance Program. In addition, the public assistance programs administered by OTDA provide funding for emergency shelter stays and monthly rental payments for impoverished adults and families.

OTDA also provides special payments for rent arrears to households in order to help them avoid eviction and remain in their homes, thus preventing them from becoming homeless. Most recently, OTDA has partnered with the MTA to provide outreach to homeless individuals who are located on our subways and in subway stations and directs these individuals to appropriate shelters and services. Through this effort, over 2,000 placements have been made.

New York does a remarkable job sheltering the homeless. Of all 50 states, New York has the second lowest rate of unsheltered people experiencing homelessness. Put another way, New York shelters at least 95% of the people within its borders experiencing homelessness – a percentage that is much higher than in most other states. New York's emergency shelter system is vast: a recent count confirmed that approximately 88,000 individuals experiencing homelessness in New York State were helped through emergency housing, the vast majority of which is publicly funded and subject to oversight by OTDA.

OSC has dedicated considerable attention to shelters and other facilities used to provide temporary emergency housing to persons and families experiencing homelessness. OTDA appreciates this focus and takes very seriously its role providing extensive oversight of homeless shelters throughout the State. The health and safety of recipients of temporary housing assistance ("THA"), and the conditions of shelters and other facilities used to house

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THA recipients are of the utmost importance to OTDA.¹ OTDA's Division of Shelter Oversight and Compliance ("DSOC") has undertaken extensive efforts over the past three years to enhance its oversight of shelters and to improve the shelter system generally. Among other things, DSOC has worked with local social services districts ("districts") and shelter providers to improve conditions, and most recently, has revised and updated OTDA's regulations pertaining to shelters for adults (18 NYCRR, Part 491) and shelters for families with children (18 NYCRR, Part 900), which delineate important health and safety standards. These regulations expand on OTDA's work to improve oversight and outcomes, and further Governor Cuomo's initiative to certify and inspect all publicly funded homeless shelters operating in the State. OTDA's new regulations became effective on January 1, 2020. See *New York State Register*, Vol. XLI, Issue 50 (Dec. 11, 2019), at pp. 11 and 15.

Upfront, it is vital that we address two serious allegations in the audit, which OTDA believes paint an unfair picture of its shelter oversight.

1. The allegation that 60% of facilities were "unsatisfactory" is inaccurate and misleading.

The Draft Report identifies a facility as "unsatisfactory" based on factors such as dirty or damaged bedding, missing smoke detectors, excessive garbage in rooms, and signs of in-room smoking. While these factors certainly require corrective action, they are typically not indicative of the overall quality of an entire facility, and not cause for the entire facility to be cast as unsatisfactory or inappropriate for use.

OTDA respectfully requests that OSC abandon its use of the "satisfactory" versus "unsatisfactory" standard when assessing conditions in the facilities it visited, as that standard is inaccurate and misleading. Even one violation deemed by OSC to be "significant" resulted in the assignment of an "unsatisfactory" rating to that facility. OTDA disagrees with this "all or nothing" approach. While, certainly, any violations at shelters must be promptly remediated, the mere existence of a single violation does not necessarily mean that the entire facility is unsatisfactory for use. OSC also should acknowledge that shelter conditions can fluctuate wildly based on a number of factors, such as the age of the facility and the housekeeping efforts of the residents. As discussed in more detail below, OTDA regulations require that any serious health and safety item be corrected immediately, and OTDA has processes in place to ensure that such corrections are made.

State Comptroller's Comment – We used the Office's Security Level Guidelines to assess the physical conditions of shelter facilities. The Guidelines are also provided to Office inspectors to be used as a tool to identify violations. The Guidelines' Level 2 and 3 violations relate to health, life, and safety dangers. All 96 facilities visited (accompanied by Office inspectors) had either a Level 2 or a Level 3 violation and the majority of these facilities had both Level 2 and Level 3 violations; the conditions associated with these violations are accurately described as unsatisfactory. For example, Level 2 violations we observed included excessive garbage not in trash can, leaking or broken appliances, water damage, and broken beds. Level 3 violations we observed included black mold, no heat or hot water, pervasive vermin/insect infestation, and no secondary means of egress.

¹ OTDA oversees and inspects all publicly funded emergency shelters. Most of the residents of these shelters receive THA. The exception is adult shelters in New York City ("NYC"), whose residents' shelter stays are supported by another public funding stream. Throughout this response, "shelters into which THA recipients are placed" is used as shorthand to refer to those shelters over which OTDA has jurisdiction and inspects. That phrase should be understood to include publicly funded NYC shelters.

2. Repeat violations noted are generally situations that can deteriorate over time, even when previously cited.

Most of the repeat violations at shelters cited by OSC stem from conditions that can be corrected and still reoccur years later. The fact that a few violations noted in 2019 were similar to violations cited in 2016 or 2017 does not mean that corrective action was not taken following the citations years earlier. The photographs themselves demonstrate that corrective action was highly likely to have been completed in prior years, yet similar concerns redeveloped in later years. For example, it appears from the photographs that the outdoor ceiling and exhaust fan conditions in 2019 are improved from those cited in 2016 – indicating that corrective action was likely taken, but the conditions were not maintained as needed following that effort. Additionally, records show that the bathtub enamel repair was completed, but because the repair was a repainting (rather than re-enamel) of the tubs, the bathtub pictured on page 13 of the Draft Report (Figure 7) had begun to deteriorate seven months later. OTDA agrees with OSC that the conditions observed require remediation, but the statements implying that corrective action was not completed are inaccurate.

State Comptroller's Comment – We disagree that the conditions identified in 2016 have been remedied, as the 2019 conditions were substantially worse. The bathtub in question, cited on page 13, was addressed in a CAP response stating all bathtubs had not only been painted but repaired as of September 25, 2018. However, on April 11, 2019 – only six months later – we observed and documented a bathtub that had not been properly repaired. In addition, the shower stall pictured on page 12, which the Office does not mention in its response, had mold around the floor's perimeter in 2016 and in 2019 had mold completely covering the floor.

II. OTDA exercises appropriate oversight over shelters for the homeless.

OTDA disagrees with OSC's finding that it is not providing adequate shelter oversight, and it asks that the finding be removed.

State Comptroller's Comment – Having observed health, life, and safety violations at 60 percent of the facilities we visited, our overall conclusion remains that the Office is not providing adequate oversight of shelter facilities. Although the Office has conducted annual inspections of these facilities, violations have not been remedied and unsatisfactory conditions remain in many shelters.

As detailed below, OTDA performs thorough annual inspections of every shelter used to house THA recipients, requires violations to be corrected, monitors serious incidents closely so corrective action can be taken where needed, and oversees the local inspection and corrective action of hotels and motels used to house recipients of THA. These efforts are supported by a significant dedication of OTDA resources and are a priority of the Office.

OTDA's oversight of the shelter system must be considered in conjunction with the realities associated with housing the population receiving THA. As OSC itself has recognized, facilities used to house persons experiencing homelessness face uphill battles in terms of maintenance and upkeep. Because of the transient and temporary nature of the use those facilities serve, conditions can be volatile: "conditions that are deemed to be 'acceptable' one day can easily escalate to 'unacceptable' the next." *Oversight of Hotels and Motels Used for Homeless and Mixed-Use Temporary Residency*, 2016-F-31 (June 2017), at p. 6. Stated another way, unsatisfactory conditions can quickly arise at an otherwise satisfactory shelter, and shelter residents can, at times, create problematic

conditions.

State Comptroller's Comment – Our acknowledgment of volatile environments in prior audit reports illustrates our objectivity and understanding of the audit environment when concluding on facilities' physical conditions. Regardless, the Office needs to be diligent in remedying these violations.

1. Certified and Uncertified Shelters.

Under the regulations that were in place during OSC's field work, "certified shelters" were those housing 20 or more adults, or 10 or more families, which met the standards needed for OTDA certification. Shelters that did not meet these thresholds were considered "uncertified" shelters.² Although OTDA is not required to inspect uncertified shelters,³ it inspects both certified and uncertified shelters at least annually. DSOC's inspectors use the same inspection checklist for uncertified shelters as they use for certified shelters and hold uncertified shelters to the same standards.

An examination of the work conducted by OTDA inspectors, and of the processes in place for tracking violations and ensuring that they are corrected, demonstrates the adequacy of OTDA's oversight.

State Comptroller's Comment – As noted on page 14 of the audit report, Office management stated on multiple occasions that use of a checklist was not required. The inspection checklist the Office refers to only became a requirement in spring 2019 – while our audit was in progress. Further, we cannot comment on the Office's violation tracking because, despite our request for violation information for all facilities inspected, the Office never provided this information to us. In addition, as noted on page 11 of the report, 21 of the 96 shelters found to be in unsatisfactory condition had been visited on prior audits and had been determined to be in poor condition then.

i. Inspections

During an inspection, DSOC inspectors look at every aspect of the shelter, from the basement to the roof, and every single unit is inspected. DSOC also determines if appropriate services are being provided to shelter residents, including supports to help secure permanent housing. When DSOC inspectors find a violation, they document it in an inspection report and require that it be remediated. If DSOC inspectors observe a serious health or safety concern they issue a priority correction requiring immediate remediation. If the condition cannot immediately be remedied, the DSOC inspectors can and do direct that the people in the units or area where the issue is observed be moved to another unit or location. Many of the serious violations found in units, such as broken smoke detectors or blocked egress, can be remedied while the inspector is on site or quickly thereafter. DSOC uses the inspection process as an opportunity to educate facility staff on proper maintenance of the facility.

In order to ensure uniformity and completeness, DSOC inspectors use inspection checklists, which are described more fully below.

² OTDA recently revised its regulations and all publicly funded shelters, including those that previously were uncertified, are now required to have approvable operational plans and become certified. All publicly funded uncertified shelters must become certified over the next three years. 18 NYCRR § 491.1(c)(3); 18 NYCRR § 900.1(c)(3).

³ The districts have the regulatory responsibility for inspecting uncertified shelters. 18 NYCRR § 352.3(h).

Every shelter inspection results in an inspection report being uploaded into OTDA's Shelter Management System ("SMS"). SMS is accessible to OTDA, districts, and shelter operators. Each violation observed by DSOC inspectors during a shelter inspection is noted and categorized as level 1, level 2, or level 3, with level 1 violations being the least serious (items such as broken blinds) and level 3 being the most serious (items such as broken fire safety equipment). Once an inspection report is entered into SMS by a DSOC inspector, it is reviewed by a supervisor, and once approved, the district is notified that an inspection report is ready to be reviewed and responded to.

State Comptroller's Comment – We find the response puzzling. The Office states on page 2 of its response that missing smoke detectors are not indicative of unsatisfactory conditions; however, here in this section it states that "broken fire safety equipment" is a Level 3 violation – the most serious violation affecting health, life, and safety.

ii. Correction of Violations

To the extent an inspection reveals violations, shelter operators and districts must remediate those violations within 30 days unless correction necessarily would take longer, in which case the district must submit a Corrective Action Plan ("CAP") acceptable to OTDA. 18 NYCRR § 491.22(f); 18 NYCRR § 900.22(f).

OTDA requires the districts to confirm that each violation has been addressed or provide an acceptable CAP when a longer-term fix is necessary. The district must substantiate that each violation was addressed by providing copies of work orders, photographs, or other evidence. DSOC inspectors may reinspect a shelter facility to confirm that the deficiencies in fact were remediated. Unfortunately, due to the volume of clients that move in and out of the shelter system, violations can be properly addressed only to quickly reoccur.

After a district responds in SMS to an inspection report, the OTDA inspectors review the response. If a violation is sufficiently addressed, it will be marked as being accepted. DSOC inspectors must be satisfied that the violations have been adequately addressed, or that there is an acceptable long-term plan to address the violations when remediation cannot be completed within 30 days. Where follow-up inspections are necessary to confirm that violations have been properly remediated, inspections are conducted. As noted above, if DSOC inspectors observe a serious health or safety concern, DSOC can and often does direct that the condition be immediately remediated.

OTDA concedes that some of the violations noted by OSC in its previous audit continued to present as problems during the field work conducted in the instant audit. This is indeed unacceptable, and OTDA has taken steps to address any serious health and safety concerns observed by OSC and makes sure that they have been remediated. However, many of the violations noted are of the type that, once remediated, are prone to reoccurring over time (e.g., mold and problems with toilet seats). Additionally, many of these violations were observed at hotels/motels, which OTDA does not inspect, as discussed below.

That being said, going forward, OTDA will take the following steps to address the concerns noted by OSC. OTDA will continue to develop tools to mitigate risk. Annual inspections will be enhanced to identify facilities that show a large number or pattern of previously cited violations. For these identified facilities, OTDA will re-visit them before CAPs are approved, to validate that required corrections have been made. Additionally, OTDA will conduct security inspections based on serious incident reports. OTDA also will continue to work with districts to provide guidance on addressing ongoing concerns with the hotels/motels used for THA placements, including when to discontinue use due to

unaddressed health and safety issues.⁴ OTDA will continue to strengthen its existing collaboration with the Department of Health ("DOH") in the area of hotel/motels, and as OTDA begins to draft new regulations governing hotel/motels, it will ask DOH to become involved in the process.

Finally, it is noted that DSOC conducts, and will continue to conduct, collateral reviews to improve shelter services for those experiencing homelessness as another way to mitigate risk. For example, in late 2018, OTDA completed a program review of safe haven facilities in NYC in order to better understand the array and quality of services being provided to individuals residing on the streets of NYC. While this was mainly a program review, OTDA required that any building violations that it noted be addressed in a corrective action plan. DSOC currently is engaged in a review of the shelters in NYC that are designated for persons with mental health issues. OTDA already has a collaborative partnership with the New York State Office of Mental Health ("OMH") with respect to mental health issues in shelters, and OTDA will share and discuss these findings with OMH as next steps are determined. Additionally, OTDA will continue to conduct targeted inspections in response to client complaints and reports from stakeholder groups, such as the Coalition for the Homeless.

OTDA notes that OSC includes in the numbers of shelter facilities with significant violations "cluster-site" shelters that the New York City Department of Homeless Services ("DHS") has used to place families experiencing homelessness. Draft Report at pp. 9-10. Cluster-sites are uncertified shelters comprised of individual apartment units that are rented by DHS in residential apartment buildings. As OSC is aware, DHS is in the process of phasing out its use of cluster-site shelters. DHS has closed over 1,800 cluster-site units since 2016 and anticipates closing the remaining units by 2021. *See, e.g.*, <https://www.amny.com/news/nyc-cluster-sites-explained-1-15560249/>.

State Comptroller's Comment – This statement is misleading as the homeless are still being housed there. As noted in the Office's own response on page 1, "The health and safety of recipients of temporary housing assistance ("THA"), and the conditions of shelters and other facilities used to house THA recipients are of the utmost importance to OTDA."

iii. Serious Incidents

Districts also are required to submit to OTDA reports of any serious incidents that occur at a shelter site that impacts the safety and well-being of any resident or member of the shelter's staff. *See* 18 NYCRR § 352.38(c); 18 NYCRR § 491.16; 18 NYCRR § 900.16. These serious incidents include: fires, disasters, or other events that cause evacuation of the building or injury to shelter residents; heating, water, and electrical system outages or failures of more than four hours in duration; and discovery of any environmental hazard, such as lead paint or asbestos, that threatens resident health or well-being. 18 NYCRR § 352.38(c); GIS 16 TA/DC061. DSOC staff reviews all submitted serious incident reports to require corrective actions if needed and to determine if there are patterns or if specific incidents suggest that there may be issues with respect to conditions at a particular shelter that could make it a "high-risk" facility and a candidate for heightened monitoring. If a physical plant issue (i.e., a heating system failure) is brought to DSOC's attention, DSOC follows up with the shelter operator and district to confirm the issue has been corrected. In the event of issues such as damage from a flood or fire in the facility, OTDA will conduct an on-site

⁴ Relative to the instant audit, where OSC noted serious health and safety concerns in hotels/motels that could not be immediately corrected, DSOC prohibited the district from using that facility for THA placements until those violations were corrected.

inspection. If violations are found, an "inspection-other" is entered into SMS, requiring the shelter operator and the district to take corrective action. OTDA staff is deployed to the site as needed. For example, in January 2019, there was a serious heating situation at one of the larger facilities in New York City. DSOC staff went to the site twice a day (including weekends) for approximately a week to monitor the situation and approval to re-populate rooms was given only once the issue was resolved.

iv. Enforcement

If deficiencies appear to be dangerous, hazardous, imminently detrimental to life or health, or otherwise render a shelter unfit for human habitation, DSOC can issue an emergency order directing the shelter operator or district to take immediate measures to rectify the deficiencies, or directing the transfer of the facility's residents to other temporary emergency housing or to a part of the shelter not impacted by the deficiencies. In this instance, the district would be precluded from placing residents in the affected units until deficiencies are resolved and OTDA gives the approval to reopen the units or area. For example, in one instance inspectors found a unit to have excessive mold, hoarding, and cleanliness issues. The family was moved to another unit and intensive case management services were put in place, including weekly room inspections. In another instance, DSOC inspectors found a unit to be without heat. The facility was able to restore the heat that day, and the clients did not have to be relocated. When violations are not addressed, or if an approvable CAP is not submitted, OTDA can revoke, suspend, or limit a facility's operating certificate. 18 NYCRR § 352.38; 18 NYCRR § 491.23(d); 19 NYCRR § 900.23(d). Consistent with DSOC audit protocols, when the significant violations were noted by OSC's audit team, DSOC staff present required that they be expeditiously remediated to safeguard the health and safety of shelter residents and staff and will be coordinating with the district to follow up.

2. Commercial hotel and motels.

Commercial hotels and motels present unique challenges as these facilities operate primarily to serve the general public and do not have on-site support services. Nor are persons temporarily placed by districts at those facilities subject to the same level of supervision as residents of shelters for persons or families experiencing homelessness. OTDA will work over the coming year to determine if there are reasonable ways to increase the level of oversight of these facilities when used to provide emergency housing to individuals experiencing homelessness, or to reduce their use for this purpose. These efforts will include amending and strengthening OTDA regulations governing hotels/motels used for THA placements.

OTDA asks that OSC's final report clarify that hotels/motels are not shelters, and that inspection of these locations are completed by the districts subject to OTDA oversight. As written, the Draft Report demonstrates a misunderstanding of OTDA's regulatory authority over hotels/motels and confuses commercial hotels/motels that districts may use to place THA recipients with shelters for persons and families experiencing homelessness. OSC even incorrectly refers to these commercial hotels/motels as "hotel and motel shelters" (Draft Report at p. 6), despite OTDA's efforts to correct this error. Of the 96 "shelters" that OSC reported as having significant violations, 22 are actually commercial hotels/motels that are used by districts to place individuals and families in receipt of THA. See Draft Report, at p. 9 (Table 1).

State Comptroller's Comment – We updated our report to remove the word "shelter" when referring to the use of hotels/motels to house the homeless.

Hotels and motels are commercial establishments that provide overnight accommodations and related guest services to the general public. These commercial hotels and motels may be used by districts to temporarily place persons or families experiencing homelessness when no other suitable housing is available. 18 NYCRR § 352.3(e)(1). If a district chooses to place a THA recipient or recipients in a hotel/motel, it is required by 18 NYCRR § 352.3(h) to: (i) inspect the hotel or motel; (ii) ensure compliance with 18 NYCRR § 352.3(g) and other applicable State and local laws, regulations, codes and ordinances; (iii) report violations to the appropriate authorities; and (iv) submit inspection reports to OTDA within 30 days.⁵ OTDA General Information Statement ("GIS") 16 TA/DC049 (<http://otda.ny.gov/policy/gis/2016/16DC049.pdf>) clarifies the regulatory requirements.

As noted above, facilities used to house persons experiencing homelessness often face uphill battles in terms of maintenance and upkeep. This is particularly the case with respect to commercial hotels/motels because those facilities do not provide on-site supportive services, and THA recipients placed in those commercial establishments are not subject to the same level of supervision as residents of shelters for the homeless. Moreover, hotels and motels may be used to place persons with life skill or behavioral issues that preclude them from being placed in shelters. Notwithstanding these realities, OTDA has processes in place to make sure that districts are conducting the required inspections of hotels/motels and that violations are remediated.

OSC questioned the accuracy of five inspection reports that were submitted to OTDA; however, OSC's concerns are unfounded. It was apparent to OTDA on the face of the submissions that the inspections were in fact completed and that the checklists were accurate. The discrepancy was clearly a clerical error, in that the wrong cover sheets had been attached to inspection reports. OTDA confirmed with the district that its understanding was correct, and it further confirmed that all of the required inspections had been conducted.

State Comptroller's Comment – The Office was not aware of the documents' discrepancies when they provided them to us, nor has the Office been able to explain why the checklists for prior inspections are the same. It is not reasonable to simply state that this was a clerical error with the inspections' cover sheet.

- i. OTDA exercises appropriate supervision of the districts that use hotel/motels to make THA placements

OTDA undertakes a number of activities to ensure that districts comply with the regulatory requirements relating to the use of commercial hotels and motels that house recipients of THA. First, DSOC staff regularly communicate with districts that find deficiencies during their inspections and have questions as to how they should proceed. DSOC also advises districts about what corrective actions should be taken. In many cases, DSOC will assign a DSOC inspector to provide technical assistance to districts encountering issues with commercial hotels and motels, or DSOC inspectors themselves will inspect hotel/motel facilities.

⁵ As places of public accommodation, all commercial hotels and motels are also inspected by the DOH, which issues temporary residence permits to those facilities. 10 NYCRR, Part 7, Subpart 7-1. See also, *Oversight of Hotels and Motels used for homeless and Mixed-Use Temporary Residency*, 2016-S-49 at p. 5 ("[DOH's] district and county offices are responsible for permitting and inspecting temporary residences . . . including hotels and motels, as they are considered temporary residences under the law.").

DSOC staff review every hotel/motel inspection report submitted by districts. If an unsatisfactory item is noted, OTDA contacts the district to confirm that the finding has been remediated. If the item poses a serious health or safety issue, OTDA works with the district to require the hotel/motel owner to correct violations, or, when needed, directs the district to cease placements to the unit or facility. OTDA has also been encouraging districts to open emergency shelters to lessen their reliance on commercial hotel and motels. Additionally, OTDA works with DOH if serious issues or complaints are brought to the attention of either agency. This collaborative partnership has brought even more oversight to the hotel/motel system.

DSOC tracks districts' usage of hotels/motels based on the districts' submission of hotel/motel inspection reports. If OTDA stops receiving biannual inspection reports pertaining to a commercial hotel or motel that was being used by a district to place THA recipients, DSOC staff follows up with the district to confirm that the facility no longer is being used to make temporary emergency placements.

Notably, OSC recognized in its September 24, 2018, follow-up audit report relating to its earlier audit of OTDA's oversight of hotels and motels that "OTDA has developed a process to track [district] inspection report data including the location name, address, inspection dates, conditions observed, and follow-up on overdue reports." *Oversight of Hotels and Motels Used for Homeless and Mixed-Use Temporary Residency Report 2018-F-12*, at p. 3.

DSOC also reviews payment reports to help ensure that any district claim for reimbursement of commercial hotels/motels payments is included in the district's inspection reporting. Finally, DSOC staff remain in regular communication with the districts to monitor their use of hotels and motels, and to stay apprised of any new hotels/motels that the districts may be using to place THA recipients. Districts also are regularly reminded of their regulatory obligations to inspect hotels and motels used to place THA recipients and to submit copies of their inspection reports to OTDA.

Currently, there is no requirement that districts develop corrective action plans for commercial hotels and motels used to place THA recipients.⁶ Given that the districts are the direct consumers of the hotel/motel accommodations they use to place THA recipients, their recourse when conditions at a hotel or motel are unsatisfactory is to not use, or to discontinue using, the unsatisfactory hotel or motel. This remedy is consistent with 18 NYCRR § 352.3(g), which mandates that "(n)o family shall be referred to a hotel/motel . . . unless [the environmental standards set forth in § 352.3(g)] are met." See *also*, OTDA GIS 17 TA/DC036 (<http://otda.ny.gov/policy/gis/2017/17DC036.pdf>).

Interestingly, in the June 27, 2017, report stemming from OSC's earlier audit of OTDA's *Oversight of Hotels and Motels Used for Homeless and Mixed-Use Temporary Residency*, (2016-S-49), OSC recommended, among other things, that OTDA "[e]stablish clear and concise policies and procedures for recommended action to be taken by [districts] in the case of hotel and motel inspections that are found to be unsatisfactory." In its follow-up audit report issued on September 24, 2018, more than a month after the instant audit had been opened, OSC found that OTDA had fully implemented the recommendation by issuing GIS 17 TA/DC036:

OTDA issued September 2017 policies that list the detailed required actions [districts] should take when unsatisfactory hotels and motels are found. Specifically, these policies indicate [districts] should request the hotels/motels to correct violations within 30 days or

⁶ As noted in OTDA's 2020 regulatory agenda, OTDA intends to amend and strengthen its regulations governing hotels/motels into which THA recipients are placed.

less. When life threatening or safety related issues are identified, the policies state [districts] should not use the hotel/motel and relocate any current placements. These actions are also recommended when hotels/motels refuse to correct any previously cited violations. In addition, the policies remind [districts] of the requirement to inspect hotels/motels every six months.

Oversight of Hotels and Motels Used for Homeless and Mixed-Use Temporary Residency Report 2018-F-12 (Sept. 24, 2018), at p. 2. OSC found that all four of the recommendations that it had made in its June 27, 2017, audit report were fully implemented by OTDA, and that OTDA had made progress in addressing the issues identified in OSC's initial audit. *Id.*, at p. 3. Implementation of these recommendations is further evidence that OTDA exercises appropriate oversight of hotels and motels used for THA placement.

State Comptroller's Comment – Although the Office has implemented updated policies and procedures, unsatisfactory conditions still exist at the hotels/motels we visited.

III. Corrective action plans.

OTDA agrees that CAPs are not always finalized within 30 days. This delay is often because OTDA can decline to approve a proposed CAP initially, and CAPs often must be revised by districts before they are acceptable to OTDA. This interactive process between OTDA and the districts can exceed 30 days and is undertaken to ensure OTDA's satisfaction with the corrective actions and remediation plans proposed by the district.

OSC notes that "for 3 shelters where consistent violations were found, no CAP was included in the inspection documentation." Draft Report at 13. This issue has been resolved. At the time of OSC's request, two of the CAPs were still going through the interactive process described above. They could not be provided at that time because they were not yet final. Those CAPs have now been finalized and accepted by OTDA. With regard to the third shelter referenced by OSC, there was a technical issue with SMS that prevented the CAP from being processed correctly. The SMS issue was resolved, and the CAP was ultimately approved in SMS.

Once CAPs are approved, OTDA monitors the districts' compliance and can withhold reimbursement or take other enforcement action should a district fail to comply. See 18 NYCRR § 491.22(e); 18 NYCRR § 900.22(e). CAPs also are routinely included with all shelter inspection reports.

OTDA does acknowledge a need to improve the timeliness of all CAP submissions and will take steps to do so.

IV. DSOC requires the use of appropriate inspection checklists.

The use of the inspection checklist by shelter inspectors is required by DSOC, and training is provided to shelter inspectors to help ensure that the inspectors are consistent both in their application of OTDA's regulations and the manner in which they perform inspections. Each year before the annual inspection cycle begins, DSOC also issues inspection protocols explaining how inspections are to be conducted and any new procedures that need to be followed.

OSC is incorrect when it states that the requirement that checklists be used was adopted in response to OSC's audits. Rather, the requirement was adopted by DSOC as part of OTDA's ongoing effort to enhance its oversight of shelters for persons and families experiencing homelessness. Implementation of this policy took place during the time that the audit was being

conducted, but was not the result of OSC's recommendation.

State Comptroller's Comment – As noted on pages 14-15 of the audit report, at the start of the audit, Office officials stated that the checklist was not a requirement for the inspection process. Several months later, when reviewing 2019 training documentation during the audit, we became aware that the checklist had recently become a requirement.

OSC also inaccurately asserts that "the shelter inspection checklists provided to [DSOC] inspectors are vague (i.e., the checklist refers to health and safety codes, not specific conditions)." Draft Report, p. 14. Each question on DSOC's inspection checklist reviewed by OSC properly reflected the regulatory requirements in effect during OSC's field work. While the checklist does not refer to health and safety codes, it does require inspectors to answer questions regarding specific conditions (i.e., are there broken blinds? Do the appliances work? Is there a crib for a baby to sleep in?). Copies of the shelter inspection checklists that corresponded to the regulations in place during OSC's field work were provided to OSC and are attached hereto.

State Comptroller's Comment – We found multiple instances of vague checklists. For example, regulations set specific square footage for living conditions and a required number of showers and toilets based on the number of residents. The checklist is vague, as it does not consider the number of residents or specify square footage and shower requirements. The checklist only asks if space and bathrooms are adequate.

V. Independent Living Plans and Needs Assessments

OTDA agrees that needs assessments and independent living plans ("ILPs") are sometimes not completed within the timeframes imposed by OTDA regulations, and that improvement is needed to ensure that they are completed on a timely basis. DSOC inspectors will continue to consider the timeliness of needs assessments and ILPs as they conduct shelter inspections, and OTDA will take remedial action where appropriate. OTDA's new regulations, which took effect January 1, 2020, address this issue by requiring that assessments begin within one business day of admission and be completed as soon thereafter as possible. This new requirement recognizes that some time is required to complete a needs assessment and that placements may be made after hours and on weekends, while still mandating that the assessments be started and completed in a timely manner.

VI. OTDA believes that it cooperated in a reasonable manner with the audit

The OSC audit team never was denied access to any OTDA employee that it sought to interview. OSC's audit team was in regular contact with DSOC staff in both New York City and Albany and had access to district staff as well as shelter staff and shelter residents. Moreover, it was reasonable for DSOC's Deputy Commissioner to request advance notice before OSC's audit team communicated directly with DSOC's staff, and to ask that she be included in scheduling OSC's visits to shelters so that she could make appropriate program staff available to accompany OSC's auditors, make appropriate arrangements when overnight travel was required, and reallocate resources as necessary. The OSC audit team routinely communicated with DSOC staff at meetings and while inspecting shelters without interference. Indeed, OSC acknowledged in its Draft Report that "DSOC inspectors participated in the audit team shelter site visits, and ... found them to be knowledgeable, helpful, and engaged." Draft Report, at p. 9. As such, OTDA believes it cooperated in a reasonable manner with the audit and requests that OSC's allegation to the contrary be removed from the final report.

State Comptroller's Comment – We requested a list of program staff in October 2018, but did not receive it until July 2019 – after the completion of our audit testing. As a result, we did not have knowledge of, or access to, the program staff we needed. In addition, all meetings but one were with the Deputy Commissioner and Assistant Deputy Commissioner, and no other staff were present. This included meetings for both simple process questions and program management. For our on-site testing of shelter facilities, we requested Office staff accompany us so that we could gain access to the facilities and that Office staff could confirm our observations.

OTDA takes seriously its responsibility to cooperate with OSC, and all oversight entities, to ensure the highest quality audit work, which includes responding in a timely and thorough fashion to requests for information and supporting documentation. In the case of this audit, OSC experienced technical difficulties that delayed the onset of its field work. As a result, OTDA took longer to respond to OSC's request for information than it would have under normal circumstances. OSC sent its initial data request to OTDA on September 21, 2018. OTDA and OSC agreed that it would be discussed at the entrance conference on October 9, 2018. At that meeting, OSC agreed to review its initial data request as some of the information had been provided for a previous audit that had recently been finalized. OSC and OTDA met again on November 15, 2018, to discuss the data request. OTDA began sending the requested information to OSC on December 4, 2018, which was only three weeks later. OSC did not begin its field work until March 6, 2019, almost four months after OTDA began sending the requested data. While OTDA acknowledges that it took longer than usual to provide the requested information, due to the reasons stated above, OTDA also contends that this delay did not impact the auditors' work or their ability to commence field work.

State Comptroller's Comment – The Office's response is misleading. We did not encounter any technical difficulties. We initiated the audit in September 2018 and were not allowed on site until November 2018. We did not begin to receive information from our September 2018 data request until December 2018. Further, we requested the results of the Office's inspections for facilities to assess the risk of those with the most serious and repeat violations and to assist in our sample selection. However, as noted on page 18 of our audit report, we never received these reports. Auditors continued to request these documents while performing other audit work. In order to complete the audit, we performed our site visits once our other work was completed and without the facility inspection reports to assess risk and select facilities, as we had already waited four months for them.

DSOC also provided OSC with all of the Information and records that OSC requested during the course of its audit. By email dated May 10, 2019, OSC was explicitly asked by OTDA whether there remained any outstanding items that OSC needed to complete its audit. OSC responded with several e-mail messages dated June 13, 2019, none of which indicated that any of OSC's information requests remained outstanding.

State Comptroller's Comment – On June 4, 2019, we met with Office officials and discussed the outstanding items. Thus, they were fully aware of these items prior to our June 13, 2019 email. Further, during our October 4, 2019 closing conference, the Office was informed again of the outstanding items.

VII. Responses to Recommendations

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

As noted above, the use of inspection checklists by shelter inspectors is already required by DSOC, and annual training is provided to shelter inspectors to help ensure that they apply OTDA's regulations consistently and are consistent in the manner in which they perform inspections. In addition to the training that is conducted for all inspectors, OTDA also has a training unit in NYC where all new staff begin. OTDA is in the process of developing a training manual, which will be provided to all inspectors. When deficiencies are observed by DSOC inspectors during a shelter inspection:

- An inspection report is forwarded to the district and to the shelter operator.
- The district then must either:
 - correct the deficiencies within 30 days, or
 - in the event that correction requires more than 30 days, submit a CAP to OTDA for review and approval.
- The district must substantiate that each violation was addressed by providing copies of work orders, photographs, or other evidence to OTDA.
- DSOC inspectors may reinspect a shelter facility to confirm that the deficiencies in fact were remediated.
- In the event that OTDA determines that any deficiencies, violations, or conditions at a shelter are dangerous, hazardous, imminently detrimental to life or health, or otherwise render the facility unfit for human habitation, OTDA invokes immediate emergency measures, which may include:
 - issuing an emergency order directing the facility to take immediate measures to rectify any deficiencies, violations or conditions; requiring additional security, taking certain units or sections of the shelter offline; or directing the transfer of the facility's residents to other temporary emergency housing;
 - issuing an emergency order revoking, suspending or limiting the facility's operating certificate; or
 - taking any additional action authorized by State law or regulation.
- Failure on the part of the district to correct a noted deficiency within the time period specified may result in the revocation, suspension, or limitation of the facility's operating certificate, withholding or denial of reimbursement to the social services district, and/or the imposition of civil penalties.

As previously mentioned, OTDA will take the following steps to address the concerns noted by OSC going forward. OTDA will continue to develop tools to mitigate risk. Annual inspections will be enhanced to identify facilities that show a large number or pattern of previously cited violations. For these identified facilities, OTDA will re-visit the facility before the CAP is approved to validate that the corrections have been made. Additionally, OTDA will conduct security inspections based on serious incident reports. With respect to hotels/motels, OTDA will continue to work with districts to provide guidance on addressing ongoing concerns with the hotels/motels used for THA placements, including when to discontinue use due to unaddressed health and safety issues. OTDA will also continue to strengthen its existing collaboration with DOH in the area of hotels/motels. As OTDA begins to draft new regulations governing hotels/motels, it will ask DOH to become involved in the process.

2. Refine inspection checklists to better document regulatory requirements.

The checklist reviewed by OSC accurately reflected the OTDA shelter regulations that

were in place during OSC's field work. OTDA has since adopted new shelter regulations, and the inspection checklists will be refined to reflect those newly adopted regulations.

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

Pursuant to OTDA's newly adopted shelter regulations, OTDA will continue to annually inspect shelters for adults, small-capacity shelters, shelter for adult families, and shelters for families for which districts seek or receive reimbursement from the State. 18 NYCRR § 491.22; 18 NYCRR § 900.22. This will include shelters that house fewer than 20 adults or fewer than ten families that previously operated as uncertified shelters. Hence, all shelters funded from THA will become certified and will be inspected by OTDA

Where violations are cited during a shelter inspection, the violations must be corrected within 30 days or the district must submit a CAP that is approvable by OTDA. If OTDA determines that any deficiencies, violations, or conditions at a shelter are dangerous, hazardous, imminently detrimental to life or health, or otherwise render the facility unfit for human habitation, OTDA can take immediate emergency measures. As noted above in response to Recommendation 1, failure on the part of a district to correct a cited violation or deficiency within the time period specified may result in the revocation, suspension, or limitation of the facility's operating certificate; withholding or denial of reimbursement to the district; and/or the imposition of civil penalties. OTDA's newly adopted shelter regulations expand OTDA's authority to withhold reimbursement when a shelter does not comply with applicable laws or regulations or fails to operate in accordance with the OTDA-approved operational plan. See 18 NYCRR §§ 491.25, 900.25.

While hotels and motels used to house recipients of THA are inspected by districts, and districts are required to confirm that noted deficiencies are corrected, OTDA will develop a procedure for implementation in 2020 that increases the State's oversight of the extent to which cited deficiencies at hotels and motels are addressed. This will include amending OTDA regulations governing hotels/motels to strengthen OTDA's oversight and clarify the responsibilities of OTDA and the districts with respect to those facilities.

Now that OTDA has been using SMS for two years, there are opportunities for better oversight. There is a checkbox in SMS that allows inspectors to record if a violation is one that was previously cited. OTDA will be able to use this data to pinpoint facilities with repeat violations and determine if the violation is truly something that reoccurred or if the facility never fully accomplished the CAP.

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

DSOC is aware of all publicly funded shelters. Because the shelter inventory is dynamic, it is regularly updated by DSOC. However, this recommendation underscores OSC's misunderstanding with respect to commercial hotels and motels. Commercial hotels and motels are not shelters for persons or families experiencing homelessness, and, therefore, will not be included on the homeless shelter inventory maintained by DSOC. However, to the extent that districts use commercial hotels or motels to place recipients of THA, districts must inspect those facilities and submit their inspection reports pursuant to 18 NYCRR § 352.3(h) and seek reimbursement from the State for the costs related to the placements. OTDA will continue to track usage of these facilities by the districts, ensure that hotel/motel inspections are conducted

by the districts, and work with the districts to help ensure that the conditions at the facilities are satisfactory. The need for districts to timelier inspect hotels/motels and notify OTDA of their use will be addressed in OTDA's revision of governing regulations.

State Comptroller's Comment – We understand that commercial hotels and motels are not shelters, but are used as temporary housing. Regardless, at the time of residence referral, the Office needs a current inventory of hotels and motels housing the homeless.

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

As explained to OSC, SMS is still being developed and will become fully operational in March 2021. Once SMS is fully operational, districts will submit shelter operational plans via SMS. As discussed above, inspection reports are now loaded into SMS so DSOC can and does monitor risk at homeless shelters.

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

OTDA agrees that needs assessments and independent living plans ("ILPs") sometimes have not been completed within the timeframes imposed by OTDA regulations, and that improvement is needed to ensure that they are completed on a timely basis. OTDA's new regulations, which took effect January 1, 2020, address this issue by requiring that assessments begin within one business day of admission and be completed as soon thereafter as possible. DSOC inspectors will continue to consider the timeliness of needs assessments and ILPs as they conduct shelter inspections, and OTDA will take remedial action where appropriate.

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

The Emergency Shelter Repair Grant Program is administered by the Homeless Housing Assistance Corporation ("HHAC"), which is a public benefit corporation, the functions of which are performed by OTDA employees. Grants are awarded by the HHAC Board, consisting of three members. Information about HHAC's structure and functions can be found in the Audit Report relating to OSC's audit of the Homeless Housing and Assistance Program, 2018-S04 (January 2019).

The availability of Emergency Shelter Repair Grant Program funding is publicly disseminated through forums targeting shelter operators and housing providers. Notices of Funding Availability ("NOFAs") are regularly published on the OTDA internet website (<http://otda.ny.gov/contracts/2019/HHAP/19-HHAP-NOFA.pdf>). HHAC also advertises the availability of grant funding in the New York State Contract Reporter (<https://www.nyscr.ny.gov/advertise.cfm>), and on the Grants Gateway, which is an online portal to which most not-for-profit corporations doing business with the State subscribe.

Potential applicants are alerted to the availability of this program though the request for proposals published by HHAC on the OTDA website (<http://otda.ny.gov/contracts/2019/HHAP/>). Each year, the opportunity to obtain shelter repair funds is announced as the State fiscal year's appropriation becomes available. The quick submission of applications for HHAP funding each year on or near the proposal submission date is evidence that the housing community is closely watching for the opening of the request for proposals.

The public meetings of the HHAC Board, held every two months, are another source of information for the housing providers. At meetings of the HHAC Board, recent program awards and the amount of funding available are publicly announced. Each Board meeting is publicly webcast, as required by the New York Open Meetings Law, Pub. Off. Law§ 100, et seq.

HHAC officers and staff share information about the Emergency Shelter Repair Grant Program informally at every opportunity. The availability of HHAC funding for shelter repairs is stressed at annual housing provider and shelter operator meetings, during regular meetings with district commissioners, at meetings with Continuum of Care coordinating bodies, and at presentations made by HHAC staff throughout the year to providers and members of the general public.

Finally, DSOC inspectors who encounter deficiencies during shelter inspections alert eligible shelters to the possibility of using HHAC funds as a resource for addressing the deficiencies. In addition, HHAC staff meeting with the owners or operators of projects funded through the HHAP advise them of the Emergency Shelter Repair Grant Program if such funding is needed and the project would be eligible. Additionally, going forward, DSOC will include information about the grant program in the transmittal e-mail to the district that accompanies every completed shelter inspection.

OTDA and HHAC go to great lengths to ensure that shelter operators and districts are aware that emergency shelter repair grants are available to eligible shelter operators to make necessary health and safety improvements to shelter facilities. They will continue doing so going forward.

8. Improve transparency and cooperation to maintain good governance.

Good governance on the part of OTDA and its stewardship of the shelter system is evidenced by the tremendous effort it has undertaken over the past three years to enhance its oversight of shelters and improve conditions in the shelter system. This includes inspecting each certified and uncertified shelter in the State at least annually, working diligently with districts to improve conditions in the shelter system, and overhauling its shelter regulations to provide increased oversight and require that all shelters become certified through submission of an OTDA-approved operational plan. OTDA will continue to operate transparently and cooperate with OSC.

OTDA appreciates the opportunity to respond to the draft report of OSC's audit, "Oversight of Homeless Shelters, 2018-S-52." If you require further information, please contact me at (518) 473-6035.

Sincerely,



Kevin Kehmna
Director
Audit and Quality Improvement

Adult Shelter Regulation Questions		
Program Regulation Section	Question	Verified
352.37 Emergency Measures	1. Are there conditions that are dangerous, hazardous, imminently detrimental to life or health, or otherwise render the building/unit not fit for human habitation?	<input type="checkbox"/>
	2. Was full access of the facility and all case records granted?	<input type="checkbox"/>
352.38 Security Measures	1. Has the local district submitted an initial Safety and Security Plan for this facility?	<input type="checkbox"/>
	2. Does the facility have an adequate amount of staff onsite to safely operate the facility?	<input type="checkbox"/>
	3. Have staff been trained in basic first aid and fire safety measures?	<input type="checkbox"/>
	4. If the provider relies on contracted security guards, do all the security guards have a current security license?	<input type="checkbox"/>
	5. Does the facility maintain a sign-in/sign-out log of all residents and visitors?	<input type="checkbox"/>
	6. Have staff been trained to recognize and respond to mental health and/or domestic violence issues?	<input type="checkbox"/>
	7. Does the provider have procedures for handling and documenting emergencies?	<input type="checkbox"/>
	8. Are the staff aware of the emergency procedures and able to access emergency records and resident emergency contact information?	<input type="checkbox"/>
	9. Is community emergency information posted in the facility?	<input type="checkbox"/>
	10. Has the social services district submitted to OTDA its annual security plan for review and approval?	<input type="checkbox"/>
	11. Is the provider documenting all serious incidents as outlined on Part 352.38 regarding Incident Reports?	<input type="checkbox"/>
	12. Is the provider immediately emailing or telephoning both the social services district and the OTDA office to report the serious incident within one business day?	<input type="checkbox"/>
	13. Has the provider submitted a copy of the OTDA-prescribed incident report form to the OTDA office within three business days?	<input type="checkbox"/>
	14. Do incident reports contain all required information pertinent to the incident including a resolution?	<input type="checkbox"/>
	15. Does the provider maintain a chronological record of serious incidents of the type described in subdivision(c) of this section using the office-prescribed incident report form?	<input type="checkbox"/>
	16. In the case of injury, has the provider included a written statement of the resident's version of the events leading to an accident or incident involving such resident on all Incident reports unless the resident objects?	<input type="checkbox"/>
486.2 Inspection	1. Has the facility submitted a CAP for their last inspection?	<input type="checkbox"/>
491.4 Admission standards	1. Does the operator retain and care for only those individuals who do not require services beyond those permitted by law and regulation?	<input type="checkbox"/>
	2. Does the facility meet the immediate needs of the resident?	<input type="checkbox"/>
	3. Did the administrator or a designee, responsible for admission decisions interview each resident within 24 hours of entry to determine the immediate needs of the resident?	<input type="checkbox"/>
	4. Did the administrator or a designee inform the resident of the conditions and rules governing residency and termination of residency, of the services to be provided and of the charges for services within 24 hours of entry?	<input type="checkbox"/>
	5. Does the operator assist persons who are accepted on an emergency basis and who are not appropriate for retention to relocate within 72 hours of admission?	<input type="checkbox"/>
	6. Does the operator refrain from admitting or retaining a number of persons in excess of the capacity specified on the operating certificate?	<input type="checkbox"/>
	7. If short term emergency shelter is provided does it meet the approved conditions?	<input type="checkbox"/>
491.5 Discharge and transfer	1. Has the operator discharged residents under the terms set forth in the facility rules?	<input type="checkbox"/>
	2. In the event of transfer to a health, mental health or other facility, has the operator sent identifying information and identification of the resident's representative and physician, if available?	<input type="checkbox"/>
	3. Has the provider returned all or any monies, property or things of value held in trust or in custody by the operator to any residents who have been discharged or transferred?	<input type="checkbox"/>
491.6 Resident funds and valuables	1. Does the provider allow for the opportunity, during business hours, to examine his/her personal fund account records upon request?	<input type="checkbox"/>
	2. Does the provider maintain the resident's belonging adequately and in an area separate from facility property?	<input type="checkbox"/>
	3. Does the provider maintain a savings ledger and copies of signed receipts?	<input type="checkbox"/>
	4. Has the operator maintained inventory records and provided for the security of all property or items of value which the resident has voluntarily given to the operator to hold in custody or to exercise control over?	<input type="checkbox"/>
	5. Has the operator obtained written authorization from the resident to hold property or items of value and provided each resident with a receipt therefor?	<input type="checkbox"/>

	6. Are all resident property or items of value segregated from the assets of the operator?	<input type="checkbox"/>
491.7 Resident Rights	1. Has the facility provided each resident with a copy of the facility rules and regulations? Is there signed acknowledgement of these rules and regulations?	<input type="checkbox"/>
	2. Have the rules and regulations been posted so that they can be seen by all residents and visitors?	<input type="checkbox"/>
	3. Has each member of the staff and each resident been given an explanation of the rights and responsibilities of the residents?	<input type="checkbox"/>
	4. Have the residents been provided a copy of their rights and protections? Is there signed acknowledgement of these rights and protections?	<input type="checkbox"/>
	5. Does the facility document if each resident refuses to obey all reasonable regulations of the facility and to respect the personal rights and private property of the other residents?	<input type="checkbox"/>
491.8 Resident services	1. Does the facility demonstrate that cooperative arrangements have been made with appropriate providers of funding or services and that a program of service with sufficient staff is provided to meet the needs of the population?	<input type="checkbox"/>
	2. Does the facility provide, either directly or through contract or cooperative agreement, social rehabilitation services?	<input type="checkbox"/>
	3. Do the services meet the needs of the residents?	<input type="checkbox"/>
	4. Does the facility provide sufficient staff to meet resident need for such services?	<input type="checkbox"/>
	5. Does the facility provide services at a time and place to meet the needs of the residents?	<input type="checkbox"/>
	6. Does the facility provide adequate supervision services?	<input type="checkbox"/>
	7. Is the facility able to adequately address any event where a resident develops a medical condition which requires immediate or continual medical or skilled nursing services which cannot be provided on an outpatient basis or which constitutes a danger to self or others?	<input type="checkbox"/>
	8. In the event of the serious injury or death of a resident does the operator immediately obtain necessary assistance and services, notify the resident's next of kin and notify the appropriate local authorities?	<input type="checkbox"/>
	9. Does the operator maintain a designated staff to perform supervision functions and the minimum number of staff required as determined by resident census on each shift?	<input type="checkbox"/>
	10. Does the operator have knowledge of, and linkages with, community resources which can assist each resident to maintain or improve his/her level of functioning?	<input type="checkbox"/>
	11. Do they provide assistance to help secure and participate in such services?	<input type="checkbox"/>
	12. Does the facility maintain adequately trained staff to supervise the facility? If security staffing is used, do they have current security guard certification where required?	<input type="checkbox"/>
	13. Does the provider maintain a chronological record of incidents? Is the resident's version of the event included?	<input type="checkbox"/>
	14. Does the facility maintain an appropriate amount of staff to supervise the facility safely?	<input type="checkbox"/>
	15. Does the provider maintain current linkages with community resources which can assist each resident to maintain or improve his/her level of functioning?	<input type="checkbox"/>
	16. Does the provider maintain adequate information and referral services?	<input type="checkbox"/>
	17. Does the facility provide sufficient staff to meet resident need for such services?	<input type="checkbox"/>
491.9 Food service	1. Is an adequate and nutritional meal service provided to the residents?	<input type="checkbox"/>
	2. Does at least one staff member preparing food have a Food Handlers certification?	<input type="checkbox"/>
	3. Does the provider post menus?	<input type="checkbox"/>
	4. If meals are prepared off-site, does the contracted vender have a current certification demonstrating that nutritional and sanitary standards will be and are maintained.	<input type="checkbox"/>
491.12 Personnel	1. Does the provider have adequate and qualified staffing to provide services and maintain the facility safely?	<input type="checkbox"/>
	2. Does the facility's staffing schedule indicate adequate staffing on all shifts?	<input type="checkbox"/>
	3. Does at least one staff per shift have basic first aid training?	<input type="checkbox"/>
	4. Do all staffs (or residents) who are preparing and/or storing food have a current tuberculin skin test on file?	<input type="checkbox"/>
491.13 Staff Qualifications	1. Is each staff member capable of associating with, and providing services and supervision to, the population served by the facility?	<input type="checkbox"/>
	2. Are all staff who have contact with residents able to communicate in the predominant language of residents?	<input type="checkbox"/>
491.14 Records and reports	1. Does the operator collect and maintain such information, records or reports as determined by the department to be necessary?	<input type="checkbox"/>
	2. Does the operator of facilities supply and provide access to such information and records at the time of inspection?	<input type="checkbox"/>
	3. Is the provider utilizing all forms approved at the time of certification?	<input type="checkbox"/>
	4. Are confidentiality and HIPPA regulations maintained?	<input type="checkbox"/>

	5. Are all records kept in a secure location and maintained in an organized manner?	<input type="checkbox"/>
	6. Is the provider utilizing all mandated forms or approved equivalents?	<input type="checkbox"/>
	7. Has the provider posted its operating certificate and its last inspection?	<input type="checkbox"/>

Environmental Regulation Section	Question	Verified
352.37 Emergency Measures	1. Are there any violations of regulation, or codes? Are there any conditions that are unsafe, hazardous or will render the building unfit for habitation?	<input type="checkbox"/>
	2. Was full access of the facility granted?	<input type="checkbox"/>
352.38 Security Measures	1. Has the local district submitted a Safety and Security Plan for this facility?	<input type="checkbox"/>
	2. Has the provider taken measures to control access to the emergency shelter/unit?	<input type="checkbox"/>
	3. Is there surveillance of the grounds and facility to prevent theft and resident harm?	<input type="checkbox"/>
	4. Are security rounds conducted and logged?	<input type="checkbox"/>
	5. Does the facility maintain a sign-in/sign-out log of all residents and visitors?	<input type="checkbox"/>
	6. Are the screening procedures that were outlined in the submitted security plan being adhered to in the facility?	<input type="checkbox"/>
	7. Is there adequate screening and periodic checks to ensure that items are not being brought or used within the facility that present a fire safety risk?	<input type="checkbox"/>
	8. Is there adequate screening and periodic checks to ensure that items are not being brought or used within the facility that present a safety threat?	<input type="checkbox"/>
	9. Are there environmental or physical hazards within the facility? If so, are the hazards maintained safely by the facility?	<input type="checkbox"/>
	10. Are all hazardous materials maintained safely at the facility?	<input type="checkbox"/>
	11. Is there an adequate amount of staff to ensure safety at the facility?	<input type="checkbox"/>
	12. If the provider relies on a security system to monitor the facility, is it adequate to the needs of the building?	<input type="checkbox"/>
	13. Has the provider taken fire safety measures for conducting and supervising facility evacuations and periodic evacuation drills?	<input type="checkbox"/>
	14. Are all fire protection systems in proper working order and routinely serviced as required?	<input type="checkbox"/>
	15. Does the provider have procedures for handling and documenting emergencies?	<input type="checkbox"/>
	16. Has the local district and/or provider implemented all additional security measures as directed by the OTDA office?	<input type="checkbox"/>
	17. If a third-party review of the fire safety and security measures at the facility has been approved by OTDA, has the provider implemented all the recommendations made by the third party?	<input type="checkbox"/>
Section 491.3 General Provisions	1. Does the provider operate and maintain the facility in a manner that assures compliance with the regulations of the department and with applicable statutes and regulations of other State and local jurisdictions?	<input type="checkbox"/>
	2. Has the facility maintained its approved capacity?	<input type="checkbox"/>
	3. If no, has the facility met all requirements to provide short-term emergency shelter beds?	<input type="checkbox"/>
491.10 Environmental Standards	1. Is the facility maintained in a good state of repair and sanitation and in conformance with applicable State and local laws, regulations and ordinances?	<input type="checkbox"/>
	2. Has the provider submitted, in duplicate, plans and specifications for any new construction, renovation or building additions?	<input type="checkbox"/>
	3. Are the plans and specifications for construction, renovation or remodeling in compliance with the regulations of the department and any applicable building construction and safety codes?	<input type="checkbox"/>
	4. Is the facility using designated space as it was intended for?	<input type="checkbox"/>
	5. Does the facility meet all State and local fire safety regulations?	<input type="checkbox"/>
	6. Do the electrical systems meet all State and local regulations?	<input type="checkbox"/>
	7. Does the facility abide by all relevant safety procedures?	<input type="checkbox"/>
	8. Do furnishings and equipment meet relevant regulations?	<input type="checkbox"/>
	9. Are all residents given adequate supplies at the time of admission?	<input type="checkbox"/>
	10. Does the facility have a sufficient numbers of noncombustible trash containers with covers available?	<input type="checkbox"/>
	11. Are all operable windows equipped with screens and where necessary to provide privacy, with curtains or shades?	<input type="checkbox"/>
	12. Is there sufficient dining and leisure area furniture?	<input type="checkbox"/>
	13. Does the facility provide laundry facilities located in a clean, dry, well- lighted area?	<input type="checkbox"/>

	14. Are there areas suitable for posting required notices documents and other written materials?	<input type="checkbox"/>
	15. Does the facility maintain adequate housekeeping?	<input type="checkbox"/>
	16. Does the facility provide adequate maintenance?	<input type="checkbox"/>
	17. Does the facility meet all space requirements?	<input type="checkbox"/>
	18. Does the facility meet all bath and toilet requirements?	<input type="checkbox"/>
	19. Does the facility meet all bedroom/sleeping area requirements?	<input type="checkbox"/>
	20. Does the facility provide adequate storage for the resident?	<input type="checkbox"/>

Building/Unit Area Section	Question	Verified
Kitchen	Is the kitchen and food prep area kept clean?	<input type="checkbox"/>
	Is there adequate room and equipment to prep meals safely, including appropriate lighting?	<input type="checkbox"/>
	Is there appropriate food storage?	<input type="checkbox"/>
	Any outdated, freezer burned or spoiled food?	<input type="checkbox"/>
	Is there appropriate ventilation? Is it clean?	<input type="checkbox"/>
	Appliances/Equipment: Are they clean? Do they work?	<input type="checkbox"/>
	Is garbage maintained and kept in a covered container?	<input type="checkbox"/>
	Does the kitchen meet all county and local health and fire regulations?	<input type="checkbox"/>
	If inspected by the State or local health authorities, is an up to date copy of the certification posted?	<input type="checkbox"/>
Bathrooms	Bathroom appliances: Good working condition? Hot/cold water? Leaks? Toilet, Sink, tub/shower	<input type="checkbox"/>
	Signs of mold or mildew?	<input type="checkbox"/>
	Appropriate ventilation? Is it clean?	<input type="checkbox"/>
	Missing tiles or grout?	<input type="checkbox"/>
	Do all toilets and showers have privacy partitions?	<input type="checkbox"/>
	Are there GFCI outlets? Do they work?	<input type="checkbox"/>
Furniture & Supplies	Adequate space for the furniture and beds? 3-Feet between beds.	<input type="checkbox"/>
	Beds and mattresses in good condition?	<input type="checkbox"/>
	Linens in good condition?	<input type="checkbox"/>
	Chairs, tables, dressers, lockers in good shape?	<input type="checkbox"/>
	Medication kept in a safe place?	<input type="checkbox"/>
Housekeeping & Maintenance	Is the Unit Clean? Floors, Ceilings, Walls	<input type="checkbox"/>
	Doors and windows functioning properly?	<input type="checkbox"/>
	Hardware for the doors and windows intact?	<input type="checkbox"/>
	Screens or blinds? Are they in good condition?	<input type="checkbox"/>
	Is sleeping space cluttered?	<input type="checkbox"/>
	Are there signs of hoarding? Unsafe?	<input type="checkbox"/>
	Personal belonging stored separately from that of the facilities?	<input type="checkbox"/>
	Appropriate room for storage?	<input type="checkbox"/>
	Garbage maintained?	<input type="checkbox"/>
	Floors: Trip hazard? Missing tiles or sections of floor covering?	<input type="checkbox"/>
	Adequate lighting?	<input type="checkbox"/>
	Heating system functioning correctly? Too hot/cold?	<input type="checkbox"/>
	Are the radiators leaking into the floor? Floor warped or rotted?	<input type="checkbox"/>
	Is there hot steam coming from the pressure release valve?	<input type="checkbox"/>
Is there any significant damage to the dorm/unit?	<input type="checkbox"/>	
Vermin	Are there signs of Vermin or other infestations? Roaches, bedbugs, flies, mice/rats.	<input type="checkbox"/>
	Are there holes in the ceilings, walls, doors or cabinets caused by vermin?	<input type="checkbox"/>
Fire, Safety and Security	Are there window guards or security gates where required?	<input type="checkbox"/>
	Are there working smoke detectors?	<input type="checkbox"/>

	Are there working CO detectors outside all sleeping areas?	<input type="checkbox"/>
	If they have sprinkler-heads. Are they clean?	<input type="checkbox"/>
	Is there adequate space for egress? Unit door and fire escape (If applicable)	<input type="checkbox"/>
	Are evacuation maps posted?	<input type="checkbox"/>
	Is there evidence of candles or smoking?	<input type="checkbox"/>
	Are there any space heaters?	<input type="checkbox"/>
	If required, is there access to a fire escape?	<input type="checkbox"/>
	If provided, is the fire extinguisher in good working condition? Is it inspected?	<input type="checkbox"/>
	Do all window security gates open properly?	<input type="checkbox"/>
	Do all the fire safety devices work properly?	<input type="checkbox"/>
	Can lockers be locked to protect the resident's belongings?	<input type="checkbox"/>

Family Shelter Regulation Questions		
Program Regulation Section	Question	Verified
352.37 Emergency Measures	1. Are there any violations of regulation, or codes? Are there any conditions that are unsafe, hazardous or will render the building unfit for habitation?	<input type="checkbox"/>
	2. Was full access of the facility and all case records granted?	<input type="checkbox"/>
352.38 Security Measures	1. Has the local district submitted an initial Safety and Security Plan for this facility?	<input type="checkbox"/>
	2. Does the facility have an adequate amount of staff onsite to safely operate the facility?	<input type="checkbox"/>
	3. Have staff been trained in basic first aid and fire safety measures?	<input type="checkbox"/>
	4. If the provider relies on contracted security guards, do all the security guards have a current security license?	<input type="checkbox"/>
	5. Does the facility maintain a sign-in/sign-out log of all residents and visitors?	<input type="checkbox"/>
	6. Have staff been trained to recognize and respond to mental health and/or domestic violence issues?	<input type="checkbox"/>
	7. Does the provider have procedures for handling and documenting emergencies?	<input type="checkbox"/>
	8. Are the staff aware of the emergency procedures and able to access emergency records and resident emergency contact information?	<input type="checkbox"/>
	9. Is community emergency information posted in the facility?	<input type="checkbox"/>
	10. Has the social services district submitted to OTDA its annual security plan for review and approval?	<input type="checkbox"/>
	11. Is the provider documenting all serious incidents as outlined on Part 352.38 regarding Incident Reports?	<input type="checkbox"/>
	12. Is the provider immediately emailing or telephoning both the social services district and the OTDA office to report the serious incident within one business day?	<input type="checkbox"/>
	13. Has the provider submitted a copy of the OTDA-prescribed incident report form to the OTDA office within three business days?	<input type="checkbox"/>
	14. Do incident reports contain all required information pertinent to the incident including a resolution?	<input type="checkbox"/>
	15. Does the provider maintain a chronological record of serious incidents of the type described in subdivision(c) of this section using the OTDA-prescribed incident report form?	<input type="checkbox"/>
	16. In the case of injury, has the provider included a written statement of the resident's version of the events leading to an accident or incident involving such resident on all Incident reports unless the resident objects?	<input type="checkbox"/>
901-1 SCR, SEL and Criminal background check	1. Has the facility conducted an SCR, SEL and Criminal background check for all persons in qualifying roles who have the potential for regular and substantial contact with children served by the facility?	<input type="checkbox"/>
900.3 Operational Plan	1. Has the provider maintained all requirements of the Operating Certificate?	<input type="checkbox"/>
	1. Does the provider have a current OTDA certification? If expired, has a new operational plan been submitted to OTDA for review?	<input type="checkbox"/>
900.4 Waivers	1. Does the facility currently have a waiver(s) on file? Should the waiver be continued?	<input type="checkbox"/>
900.5 Compliance	1. Is the facility operated in accordance with all applicable State and local laws, regulations and codes?	<input type="checkbox"/>
900.6 Admissions	1. Do all applicants to the facility have a preliminary health examination that was completed either at intake or within 24 hours of admission? Are up to date inoculation histories on file for all children?	<input type="checkbox"/>
	2. Does the facility require all applicants to obtain a new health examination form if the medical report is more than a year old?	<input type="checkbox"/>
	3. Are up to date inoculation histories on file for all children?	<input type="checkbox"/>
900.8 Transfer and Discharge from shelters for families	1. Has each family been advised in writing of the rules of the facility and all residents' rights and obligations while residing in the facility?	<input type="checkbox"/>
	2. Does the facility follow the appropriate procedures for requesting an involuntary discharge?	<input type="checkbox"/>
	3. Does the provider follow all pre-discharge hearing procedures?	<input type="checkbox"/>
	4. Does the provider follow all Fair Hearing procedures?	<input type="checkbox"/>
	5. Does the facility follow appropriate procedures for transferring families to another Tier II facility if certain conditions exist?	<input type="checkbox"/>
900.9 Resident obligations/ rights	1. Is there a copy of the facility rules and regulations posted in a location accessible to residents and visitors?	<input type="checkbox"/>
	2. Does the facility provide families with a copy of facility rules setting forth their rights and responsibilities?	<input type="checkbox"/>
	3. Does the facility ensure that all Resident Rights are enforced as per Part 900.9(c)?	<input type="checkbox"/>
	4. Do the Residential Rights explain the family's obligations to follow the facility rules and what sanctions can be applied for noncompliance?	<input type="checkbox"/>
	5. Does the provider maintain a grievance log? Is there a place to submit grievances anonymously?	<input type="checkbox"/>
900.10 Resident Services	1. Are adequate resident services in place at this facility?	<input type="checkbox"/>

	2. Does the facility have a current Memorandum of Understanding (MOU) on file with a medical institution that will provide services to the family?	<input type="checkbox"/>
	3. Does the facility properly isolate and quarantine families if they are allowed to remain in the facility?	<input type="checkbox"/>
	4. Does the facility transfer family members with medical conditions which cannot be properly isolated and quarantined?	<input type="checkbox"/>
	5. Did the social service staff meet with all adult family members within 48 hours of their admission to complete an immediate needs assessment?	<input type="checkbox"/>
	6. Were comprehensive assessments, including housing, completed within 10 days of admission?	<input type="checkbox"/>
	7. Are all ILP's (Independent Living Plans) developed within 10 days of admission?	<input type="checkbox"/>
	8. Do the social service staff review and update all ILP's or Service Plans on a bi-weekly basis?	<input type="checkbox"/>
	9. Does the facility document in progress notes any barriers which may prevent residents from obtaining permanent housing?	<input type="checkbox"/>
	10. Does the social services staff provide support in securing employment and/or job training?	<input type="checkbox"/>
	11. Do the social service staff update the ILP's on a regular basis?	<input type="checkbox"/>
	12. Do the social service staff provide adequate assistance in obtaining permanent housing for the family at least once a month?	<input type="checkbox"/>
	13. Does the social service staff make referrals to community agencies to help prepare for permanent housing?	<input type="checkbox"/>
	14. Do the case workers provide adequate support to the family in securing necessary supportive social and mental health services?	<input type="checkbox"/>
	15. Does the social service staff provide support in securing employment and/or job training?	<input type="checkbox"/>
	16. Does the provider have adequate recreational services?	<input type="checkbox"/>
	17. Does the social service staff maintain a list of referrals to community agencies and organizations to help the family prepare for permanent housing?	<input type="checkbox"/>
	18. Does the provider have childcare services onsite? Drop-in services? If necessary, does the social service staff help the family secure childcare in the community?	<input type="checkbox"/>
	19. Does the provider maintain all required staffing ratios to provide safe child care services?	<input type="checkbox"/>
	20. If provided off site, is the child care facility licensed by another provider?	<input type="checkbox"/>
	21. Does the child care provider have a current license?	<input type="checkbox"/>
	22. Are adequate services provided for pregnant residents to obtain medical care and to provide support towards permanent housing?	<input type="checkbox"/>
	23. Are supportive case work services in place for pregnant residents?	<input type="checkbox"/>
900.11 Supervision of the program and families in family shelters	1. Are all client files kept in a secure place? Are they organized?	<input type="checkbox"/>
	2. Does the provider maintain a daily census including daily admissions, discharges and permanent housing placements?	<input type="checkbox"/>
	3. Does the provider maintain a daily attendance list of school age children?	<input type="checkbox"/>
	4. Does the provider maintain easily accessible emergency information on its residents 24 hours a day?	<input type="checkbox"/>
	5. Does the provider maintain an incident log?	<input type="checkbox"/>
	6. Does the provider maintain all reports to the State Central Register?	<input type="checkbox"/>
	7. Does the facility provide a written copy of the fire safety and emergency disaster evacuation plan upon admission?	<input type="checkbox"/>
	8. Does the facility have an adequate amount of staff onsite to safely operate the facility?	<input type="checkbox"/>
	9. Does at least one staff per shift have basic first-aid training?	<input type="checkbox"/>
	10. Does the provider mandate regular staff trainings and updates to ensure proper procedures are followed?	<input type="checkbox"/>
900.12 Environmental Standards	1. Does the facility provide residents with the appropriate and maintained furnishings and equipment as required in Part 900.12?	<input type="checkbox"/>
	2. Is the facility maintained in a good state of repair and sanitation?	<input type="checkbox"/>
900.13 Nutrition	1. Has the provider made provisions to ensure that family has access to 3 well-balanced meals a day?	<input type="checkbox"/>
	2. If meals are prepared in a congregate setting is the planning and preparation of the meals supervised to ensure that they meet nutritional guidelines?	<input type="checkbox"/>
	3. If the meals are supplied by a food service, does the contracted vendor have a current license? Do the meals meet all nutritional guidelines?	<input type="checkbox"/>
	4. Does the facility provide refrigeration and cooking equipment to accommodate the feeding of infants and the storage of medication?	<input type="checkbox"/>
	5. Can the provider or contracted food vendor meet all specialty diets? Medical and religious?	<input type="checkbox"/>
900.14 Inspection by the department; certification	1. Was full access of the facility and all case records granted?	<input type="checkbox"/>
	2. Has the provider submitted a corrective action plan for its previous year's inspection?	<input type="checkbox"/>

by local social services districts; additional reporting requirements		
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Environmental Regulation Section	Question	Verified
352.37 Emergency Measures	1. Are there any violations of regulation, or codes? Are there any conditions that are unsafe, hazardous or will render the building unfit for habitation?	<input type="checkbox"/>
	2. Was full access of the facility granted?	<input type="checkbox"/>
352.38 Security Measures	1. Has the local district submitted a Safety and Security Plan for this facility?	<input type="checkbox"/>
	2. Has the provider taken measures to control access to the emergency shelter/unit?	<input type="checkbox"/>
	3. Is there surveillance of the grounds and facility to prevent theft and resident harm?	<input type="checkbox"/>
	4. Are security rounds conducted and logged?	<input type="checkbox"/>
	5. Does the facility maintain a sign-in/sign-out log of all residents and visitors?	<input type="checkbox"/>
	6. Are the screening procedures that were outlined in the submitted security plan being adhered to in the facility?	<input type="checkbox"/>
	7. Is there adequate screening and periodic checks to ensure that items are not being brought or used within the facility that present a fire safety risk?	<input type="checkbox"/>
	8. Is there adequate screening and periodic checks to ensure that items are not being brought or used within the facility that present a safety threat?	<input type="checkbox"/>
	9. Are there environmental or physical hazards within the facility? If so, are the hazards maintained safely by the facility?	<input type="checkbox"/>
	10. Are all hazardous materials maintained safely at the facility?	<input type="checkbox"/>
	11. Is there an adequate amount of staff to ensure safety at the facility?	<input type="checkbox"/>
	12. If the provider relies on a security system to monitor the facility, is it sufficient to cover all of the common areas (interior and exterior) of the facility? Are there any blind spots?	<input type="checkbox"/>
	13. Has the provider taken fire safety measures for conducting and supervising facility evacuations and periodic evacuation drills?	<input type="checkbox"/>
	14. Are all fire protection systems in proper working order and routinely serviced as required?	<input type="checkbox"/>
	15. Does the provider have procedures for handling and documenting emergencies?	<input type="checkbox"/>
	16. Has the local district and/or provider implemented all additional security measures as directed by the OTDA office?	<input type="checkbox"/>
	17. If a third-party review of the fire safety and security measures at the facility has been approved by OTDA, has the provider implemented all the recommendations made by the third party?	<input type="checkbox"/>
900.3 Operational Plan	1. Has the provider maintained all requirements of the Operating Certificate?	<input type="checkbox"/>
900.5 Compliance with State and local laws, regulations and codes	1. Is the facility operated in accordance with all applicable State and local laws, regulations and codes?	<input type="checkbox"/>
900.10 Residential Services	1. If there is on-site child care, is it licensed and in compliance with all state and local regulations, codes and regulations?	<input type="checkbox"/>
900.11 Supervision	1. Is there adequate security and surveillance of the grounds?	<input type="checkbox"/>
	2. Has the facility instituted fire safety measures and training for its residents and staff?	<input type="checkbox"/>
900.12 Environmental standards	1. Is the facility maintained in a good state of repair and sanitation?	<input type="checkbox"/>
	2. Do the bathrooms meet all required regulations and standards?	<input type="checkbox"/>
	3. Do the sleeping areas meet all required regulations and standards?	<input type="checkbox"/>
	4. Does the dining and recreation areas meet all required regulations and standards?	<input type="checkbox"/>
	5. Do the furnishings and equipment meet all required standards and regulations?	<input type="checkbox"/>
	6. Are all residents given adequate supplies at the time of admission?	<input type="checkbox"/>
	7. Do all windows have adequate hardware and safety devices?	<input type="checkbox"/>
	8. Do light fixtures and electrical outlets meet all required standards and regulations?	<input type="checkbox"/>
	9. Is there sufficient dining and leisure area furniture?	<input type="checkbox"/>
	10. Has the facility provided a minimum of one washing machine and dryer?	<input type="checkbox"/>
	11. Are there areas suitable for posting required notices documents and other written materials?	<input type="checkbox"/>
	12. Is the heating system maintained in good working order?	<input type="checkbox"/>
	13. Does the facility provide telephones that are available for resident use?	<input type="checkbox"/>
	14. Does the facility meet all required OTDA safety standards and regulations?	<input type="checkbox"/>

	15. Does the facility have adequate safe storage areas that are restricted to residents?	<input type="checkbox"/>
	16. Does the facility maintain its kitchen's sanitation and sanitary procedures?	<input type="checkbox"/>
Building/Unit Area Section	Question	Verified
Kitchen	Kitchen Appliances: Are they Clean? Do they work? Leaks? Refrigerator, stove, sink	<input type="checkbox"/>
	Cabinets: Hardware, wood rot, missing doors or drawers	<input type="checkbox"/>
	Signs of mold or mildew?	<input type="checkbox"/>
	Appropriate ventilation? Is it clean?	<input type="checkbox"/>
	Appropriate food storage?	<input type="checkbox"/>
	Are there GFCI outlets w/in 36" of a water source? Do they work?	<input type="checkbox"/>
Bathrooms	Bathroom appliances: Good working condition? Hot/cold water? Leaks? Toilet, Sink, tub/shower	<input type="checkbox"/>
	Signs of mold or mildew?	<input type="checkbox"/>
	Appropriate ventilation? Is it clean?	<input type="checkbox"/>
	Missing tiles or grout?	<input type="checkbox"/>
Furniture	Are there GFCI outlets w/in 36" of a water source? Do they work?	<input type="checkbox"/>
	Adequate space for the furniture and beds?	<input type="checkbox"/>
	Beds and mattresses in good condition?	<input type="checkbox"/>
	Cribs meet safety standards and a crib safety sign is posted above it?	<input type="checkbox"/>
	Each family member has their own bed?	<input type="checkbox"/>
	Kitchen and bathroom cabinets are in good condition?	<input type="checkbox"/>
	Chairs, tables and dressers, linens in good shape?	<input type="checkbox"/>
Housekeeping & Maintenance	Is the medicine cabinet in a safe place?	<input type="checkbox"/>
	Is the Unit Clean? Floors, Ceilings, Walls	<input type="checkbox"/>
	Doors and windows functioning properly?	<input type="checkbox"/>
	Appropriate ventilation? Is it clean?	<input type="checkbox"/>
	Hardware for the doors and windows intact?	<input type="checkbox"/>
	Screens or blinds? Are they in good condition?	<input type="checkbox"/>
	Is sleeping space cluttered?	<input type="checkbox"/>
	Are there signs of hoarding? Unsafe?	<input type="checkbox"/>
	Appropriate room for storage?	<input type="checkbox"/>
	Garbage maintained?	<input type="checkbox"/>
	Floors: Trip hazard? Missing tiles or sections of floor covering?	<input type="checkbox"/>
	Adequate lighting?	<input type="checkbox"/>
	Do all electrical outlets/switches and wiring work properly and are they adequately protected?	<input type="checkbox"/>
	Heating system functioning correctly? Too hot/cold?	<input type="checkbox"/>
	Do the radiators and heating units have covers? Do they provide an adequate barrier?	<input type="checkbox"/>
	Are all riser pipes insulated?	<input type="checkbox"/>
Are the radiators leaking into the floor? Floor warped or rotted?	<input type="checkbox"/>	
Is there hot steam coming from the pressure release valve?	<input type="checkbox"/>	
Is there any significant damage to the unit?	<input type="checkbox"/>	
Vermin	Are there signs of Vermin or other infestations? Roaches, bedbugs, flies, mice/rats.	<input type="checkbox"/>
	Are there holes in the ceilings, walls, doors or cabinets caused by vermin?	<input type="checkbox"/>
Fire, Safety and Security	Are there window guards or security gates where required?	<input type="checkbox"/>
	Are there working smoke detectors?	<input type="checkbox"/>
	Are there working CO detectors outside all sleeping areas?	<input type="checkbox"/>
	If they have sprinkler-heads. Are they clean?	<input type="checkbox"/>
	Is there adequate space for egress? Unit door and fire escape (If applicable)	<input type="checkbox"/>
Are evacuation maps posted?	<input type="checkbox"/>	

	Is there evidence of candles or smoking?	<input type="checkbox"/>
	Are there any space heaters?	<input type="checkbox"/>
	If required, is there access to a fire escape?	<input type="checkbox"/>
	If provided, is the fire extinguisher in good working condition? Is it inspected?	<input type="checkbox"/>
	Do all window security gates open properly?	<input type="checkbox"/>
	Do all the fire safety devices work properly?	<input type="checkbox"/>
	Does the door to the unit close and lock properly?	<input type="checkbox"/>

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