

ATTACHMENT-B

CERTIFICATION OF BASIC STANDARDS FOR EMERGENCY HOMELESS SHELTERS

All shelter-funded agencies must submit a copy of the following documents to the **Fiduciary** by the due date of the application. This form is also available from the MSHDA Website.

INSTRUCTIONS: The following checklist outlines the minimum requirements for shelters requesting Emergency Solutions Grant (ESG) funds through MSHDA. Please check the appropriate box for each question. If you answer 'No' to any of these questions, please add a brief narrative explanation at the end of Attachment II-B.

A. GENERAL

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The agency assures non-discrimination on the basis of race, color, religion, gender, national origin, age of children or family size, disability, except where limited by the facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Client records are secured in a locked area or locked filing cabinet. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. There are written policies for intake procedures and criteria for shelter admission. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Alcohol, drugs, and weapons are prohibited in and around the premises. Persons who refuse to relinquish any of these are refused admittance to the shelter. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Clients are allowed to use the shelter as a legal residence for the purpose of voter registration and the receipt of public benefits. |

B. PERSONNEL

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. There is adequate on-site staff coverage during all hours the shelter is open. (During awake hours, there should be one (1) staff person to 30 residents for an adults-only facility, and one (1) staff person to 20 residents for a facility housing children). |
| | | 2. All shelter staff, including volunteers, has received at a minimum, training and orientation regarding: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Fire and emergency evacuation procedures for the facility; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Emergency procedures for medical, psychiatric, or other crisis situations; |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Special needs of homeless persons; |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Client confidentiality requirements; |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Appropriate chains of authority or command within the shelter. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. There is a written position description for each type of position which includes, at a minimum, job responsibilities, qualifications and salary range. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. There are written personnel policies in affect which also include a Code of Ethics for all shelter personnel. |

C. FACILITY

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The agency complies with all state and local zoning, health, safety and fire codes and regulations that apply to the safe operation of the shelter. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Cooking or heating appliances in any room used for sleeping are prohibited. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The physical plant, premises and equipment are maintained in a clean and sanitary condition, free of hazards and in good repair. Corrections are made within 30 days of notification of a problem. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. A bed or crib is provided for each guest except in extenuating overflow conditions. Provisions for clean linen for each tenant are made. Procedures to provide for the sanitizing of all linens and sleeping surfaces are in place. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Sufficient showers/baths, wash basins and toilets are provided for personal Hygiene and are in proper operating condition. Towels, soap and toilet tissues are available to each client. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. There is a fire safety plan which includes at least the following:
a. A posted evacuation plan;
b. Fire drills, conducted at least quarterly;
c. Operating fire detection systems which are tested at least quarterly;
d. Battery operated alarms which are functional at all times; and
e. Adequate fire exits. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Provisions have been made for the following services:
a. Pest control services
b. Removal of garbage from interior premises;
c. Properly functioning ventilation and heating systems; and
d. Heat, electricity and water 24-hours a day. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Entrances, exits, steps, and walkways are kept clear of garbage, debris, and other hazards such as ice and snow. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Adequate natural or artificial illumination is provided to permit normal indoor activities and to support the health and safety of occupants. |

D. FOOD SERVICES (For shelters providing prepared meals for residents)

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Adequate provisions for the sanitary storage and preparation of food are made. Meals are nutritionally balanced, when provided. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Requirements of a licensed food service establishment under Public Health Code MCL 333.12901 et. seq. are met. |

E. HEALTH

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. First aid equipment and emergency medical supplies are available at all times. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Staff has access to a telephone while on duty. Emergency telephone numbers are posted conspicuously near the telephone. |

F. OPERATIONS

Yes

No

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Daily attendance logs are maintained and include, at a minimum, the name, age, sex, social security number (if known by the client) and signature of each person residing in the shelter. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Residents are furnished information about available services in the community. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | The shelter holds money or food stamps, if requested, by a resident and also keep adequate records of the residents' money and food stamps. The money and food stamps are available to the residents on request without unreasonable delay. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | The following are posted and distributed to residents in appropriate language: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Rules of the shelter; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Shelter residents' rights and responsibilities; |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | A list of standards for conditions in shelters; and |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | The shelter's internal grievance procedures. |

If you have answered 'No' to any of the above questions, please explain what actions you are taking in order to meet these shelter standards.