



City of Redding

**Administrative Guidelines:
Emergency Housing Sites**

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INTRODUCTION

The City of Redding Administrative Guidelines for Emergency Housing Sites (hereafter “EHS”) are intended to help guide the delivery of EHS services and the development of the operations plan as required by the City of Redding Ordinance.

GENERAL

1. The health and safety of participants, volunteers and staff should be safeguarded within each EHS.
2. Each EHS shall create equal opportunities for all persons needing emergency housing services by prohibiting discrimination due to religious affiliation, race, color, national origin, ancestry, political or religious beliefs, language, disability, family composition, gender identity and/or sexual orientation.
3. The EHS will provide an atmosphere of dignity and respect for all EHS participants.
4. Participants must participate toward increasing levels of self-reliance and self-determination. EHS staff will work with participants to assist them in achieving their goals.
5. EHS staff often have access to detailed and highly sensitive personal information about participants. Protecting the privacy and confidentiality of EHS participants and their personal information is required.
6. People who are experiencing homelessness may use substances to varying degrees. Everyone is entitled to EHS's services whether or not they are a substance user. As a result, these standards require that admission, discharge and service restriction policies must not be based on substance use alone, unless otherwise specifically provided for in these guidelines.
7. In order to provide effective EHS programs and services, EHS participants must be offered opportunities to provide input and feedback in service provision and program planning for the program in which they participate.
8. EHS exits to stable housing through supportive services will occur within 10 months. Barriers to engagement will be considered to help assist those to find stable housing with supportive services, if possible.
9. Equal opportunity and standardized procedures will be utilized when determining eligibility, admissions, sanctions and dismissals, and resolving grievances.
10. All program participants are entitled to enjoy the maximum amount of privacy within the constrictions of the EHS environment.
11. EHS are part of a larger network of homeless services and agencies. Collaboration within this network is important to ensure effective and coordinated services.
12. All participants will be briefed and must sign an agreement to uphold the rules and guidelines for the Emergency Housing Site community. Criteria for unacceptable behavior on-site includes but is not limited to; persistent disruptive behavior, theft, use of alcohol, illegal drugs and paraphernalia or violence to yourself or others.

EMERGENCY HOUSING SITE STANDARDS

Minimal requirements for entry are placed on EHS participants. The EHS's primary role is to provide basic life sustaining services in a manner that fosters a safe and affirming atmosphere for all program participants. Participants of local EHS may come from a variety of backgrounds and each has different needs for services. This could include, but is not limited to, those with pets, large amounts of personal belongings, identifying as part of a multi-member household or self-identify as LGBTQ, or non-binary.

For the purposes of these Guidelines, an Emergency Housing Site is a site which provides short-term, emergency-temporary housing to not more than 30 individuals using Emergency Sleeping Cabins (as defined in Appendix O of the California Building Code) and are duly approved by the City Council.

OPERATIONS/ADMINISTRATIVE

EHS must develop and post *Good Neighbor Policies* addressing the EHS premises and the immediate surrounding neighborhood. These policies must clearly show provisions for how the EHS actively discourages and addresses excessive noise or loitering from EHS participants and others who may be near the site. Where applicable, the EHS must demonstrate coordination with other service providers and community partners to address the above issues and their impacts. The *Good Neighbor Policies* will be submitted to the City for review and approval as part of the permit issuance process.

EHS must provide written notification to all property owners within a 600 foot radius of the proposed site.

Admission

All EHS must have clearly written and consistently implemented referral standards, admission policies, and hours for new participant admission. All EHS must accept new participant admissions (when EHS is open, and beds are available) Monday through Friday for at least a four-hour period daily. When feasible, admissions should be accepted on weekends. Regular hours for participant intake and discharge must be posted at all entry points.

Denial of Admission

Denial of admission to the facility can be based on the following and is at the discretion of the EHS:

- Applicant does not meet the basic eligibility criteria for EHS admission (e.g. gender, age, homeless status, domestic violence victim, etc.). EHS with beds designated by funding sources as having additional restrictions (e.g. VA beds that require advance approval by the VA) may deny entry to those not meeting funding agency requirements.
- A restraining order that prohibits admission to the facility.
- Documented violent or threatening behavior
- Conduct from prior stay at the EHS which puts the health and safety of staff or participants at risk (e.g. violence, weapons violations, disclosing confidential information of EHS or participants, and egregious damage to property). If an applicant is denied entrance based on a prior stay, the applicant must be informed of the reason, conditions for lifting the restriction and the right to appeal, including name of contact regarding an appeal and information about the appeal process.
- The applicant requires care and supervision to manage the activities of daily living (feeding, toileting, selecting proper attire, grooming, maintaining continence, putting on clothes, bathing, walking and transferring) without the appropriate support available on-site.

Participant Emergency Information

EHS staff must collect emergency contact information and information about health needs upon admission that may impact an emergency response. Such information should be kept in a place accessible to on-duty staff in the event of an emergency.

Intake

Upon admission, participants must be provided with copies of the following documentation:

- Participant rights and responsibilities
- Program rules
- Storage policy, including storage after discharge
- Medication storage policy
- Grievance Procedure
- Listing of available resources to help occupant exit to stable housing

Database Management System

Upon 48 hours of entry into the program, data on all participants will be entered in the Homeless Management and Information System (HMIS), pursuant to the data standards required. Participant files will be maintained in accordance with the requirements of (HMIS) operated by the NorCal Continuum of Care (NorCal COC). For complete information on HMIS Data Standards, contact the NorCal COC at 1450 Court Street, Suite 108, Redding, CA 96001, (530)225-5160.

Security

Security measures shall be identified to safeguard the participants, operators, staff and the surrounding community. These measures may include security personnel, lighting, common area video cameras, line of sight, and other elements, as necessary, to maintain a safe facility.

Participation in Religious Activities

EHS cannot require participation in religious activities as a condition of receiving emergency housing or services. Religious activities include moments of prayer, the saying of grace before meals, or spiritual studies. While these activities are not prohibited, participation in such activities may not be required.

Participant Responsibilities

Participants are required to participate in the operations and management of their site. Participant Responsibilities must be provided to each participant in writing and signed by the participant upon admission and posted in the facility in a highly visible location. Participant Responsibilities must include:

- A clear description of all program rules and potential consequences for violations of these rules.
- A “Participant Agreement” policy which outlines expected behavior in order not to interfere with the rights of other participants.
- Expectations regarding efforts being made to exit the EHS into stable housing as quickly as possible.

Participant Rights

Participant Rights must be provided in writing and posted in the facility in high visibility areas. All program requirements must be consistent with these standards. Rights must include:

- Participants have the right to be treated with dignity and respect;
- Participants have the right to privacy within the constrictions of the EHS environment;
- Participants have the right to be treated with cultural sensitivity;
- Participants have the right to self-determination in identifying and setting goals;
- Services should be provided to participants only in the context of a professional relationship based on valid, informed consent;
- Participants should be clearly informed, in understandable language, about the purpose of the services being delivered, including participants who are not literate and/or have limited-English proficiency;
- Participants have the right to confidentiality and have information about when confidential information will be disclosed, to whom and for what purpose, as well as the right to deny disclosure, unless disclosure is required by law;
- Participants have the right to reasonable access to records concerning their involvement in the program.

Confidentiality

All EHS must have confidentiality policies which, at minimum, are consistent with Homeless Management Information System (HMIS) privacy and security requirements, make certain that files are kept in a secure or locked location, and ensure that verbal communication of confidential information is done in such a way that avoids unintended disclosure.

Non-Discrimination/Reasonable Accommodations

All EHS must have policies on non-discrimination and reasonable accommodation and make reasonable modifications in programs, activities and services when necessary to ensure equal access to individuals with disabilities, unless fundamental alteration in the nature of the program would result from the accommodation.

Transgender Access

All EHS must comply with the HUD Rule on Appropriate Placement for Transgender Persons in Single-Sex Emergency Housing Sites and Other Facilities. See link: [Transgender Placements](#).

Participants' Mail

If an EHS provides mail service, any mail sent or received cannot be interfered with (e.g. staff opening participants' mail, not providing mail to the Participant as soon as practical, etc.).

Storage of Belongings

All EHS must have a written policy that is provided upon intake as to what provision is made for securing belongings including what possessions can be held by the program at Participant request such as money, medications, and vital documents.

If an EHS holds funds or possessions on behalf of participants, this service must be voluntary, the program must maintain a log of items in their possession, and the funds or possessions must be returned within operational hours upon the Participant's request. Each EHS decides how specifically to make their log, with consideration to their liability. It is expected that the log would track only those belongings that participants choose to store with the program and not all possessions brought into the EHS. This does not apply to belongings abandoned by a person who does not return to the EHS; in that situation, please refer to Storage of Belongings After Discharge.

In order to maintain a community free of clutter, each participant is responsible for maintaining a tidy unit. EHS must provide lockable lockers, storage trunks or make other accommodations which allow participants to securely store their belongings. Reasonable access by the participants to their belongings must be provided. Waivers of the requirement that storage space be lockable can be requested if the physical layout of the EHS or other barrier does not allow for lockable space.

Medication

EHS may not administer or dispense medication and may not require participants to turn over medication, unless administered by a licensed staff person as part of an on-site supportive program in which an EHS participant is dually enrolled.

If an EHS has provisions for securing prescription medications it must have a written policy that is provided to an occupant upon intake detailing the EHS's and the occupant's responsibility to store, secure and use said medication safely. EHS may encourage participants to lock medications in secure storage areas if made available in order to protect medication from theft but may not require participants to turn over medication.

Universal Precautions

Staff must comply with universal precautions, proper sharps disposal and have a written policy in place governing protocols related to universal precautions.

First Aid

Basic first aid supplies must be available on-site and accessible to staff at all times.

Weapons

All EHS must have a weapons prohibition policy. Weapons include, but are not limited to, firearms, pepper spray, mace, knives, bats and clubs. EHS should use discretion when determining which types of knives should be prohibited. EHS may, but are not required to, have a mechanism for checking and storing weapons upon entry.

Smoking

EHS shall prohibit smoking indoors and reasonable efforts must be made to prevent smoke from entering buildings. No smoking should be allowed within 20 feet of EHS facilities unless this is infeasible due to layout of grounds. EHS are required to follow any local ordinances regarding smoking in public areas.

Accessibility

EHS and associated facilities must conform to all pertinent requirements of the Americans with Disabilities Act (ADA). See <https://www.ada.gov/pca toolkit/chap7Shelterchk.htm>. Beds designated as accessible must comply with federal height and distance standards requiring a minimum of 36 inches between sleeping units and a sleeping surface height between 17-19 inches above the finished floor. Beds designated as accessible must be prioritized for participants with disabilities. EHS are encouraged to provide as many ADA accessible beds as possible, but it is not required or expected that all beds meet these requirements.

Program documentation must be provided in forms accessible to hearing-impaired and sight-impaired individuals, upon request.

EHS that provide transportation for participants must also make provisions for participants who need vehicles that are wheelchair accessible.

Emergency Response

All EHS must have an emergency response plan in place.

Infectious Disease

EHS are a valuable partner in public health and, as such, are responsible to report any suspicious of infectious disease within the EHS or when suspected or detected among any EHS participants or staff.

An infectious disease which significantly increases the risk or harm to other EHS participants or staff may be a reason for denial or discharge. Participants with lice or scabies or exhibiting symptoms of Tuberculosis (TB) shall be allowed to stay in the EHS unless the disease or infestation cannot be appropriately contained (e.g. due to close quarters of facility), in which case those participants may be discharged and referred to a health care provider for treatment.

Abuse Reporting

All EHS must have a policy that details any legal duties to report elder, dependent adult, child or animal abuse and a written plan and process for reporting such abuse to the appropriate reporting agency.

Drug and Alcohol Use/Possession

EHS must have a policy prohibiting the possession, use, or distribution of alcohol or illegal drugs on the premises. If alcohol or drugs are found, participants should be given the opportunity to dispose of the prohibited substance or leave the EHS for that night if they do not wish to dispose of the prohibited substance. A single violation of this policy cannot be a reason for discharge unless the violation compromises the health or safety of other participants or staff. Multiple violations of this policy may be used for grounds for discharge.

Admission, discharge, and service restriction policies must not be based on substance use or possession alone unless as noted above for multiple violations.

Drug testing of participants is prohibited unless the testing is part of an agreed upon treatment plan with the participant. Submission to drug testing cannot be a requirement for residency and refusal to participate in drug testing cannot be the basis for involuntary discharge.

Being under the influence on-site may not be the basis for discharge.

Noncompliance with treatment or containment measures that endangers other participants may be cause for discharge.

EHS must comply with California Code of Regulations, Title 8, Section 5199, regarding Aerosol Transmissible Diseases (ATD) control and worker and client safety expectations: <http://www.dir.ca.gov/title8/5199.HTML>.

For additional guidance on this regulation and for information regarding best practices for control of infectious disease, please also refer to “Preventing Tuberculosis (TB) in Homeless Shelters” published by the Los Angeles County Department of Public Health: <http://publichealth.lacounty.gov/tb/docs/LATBGuidelinesforShelters.pdf>

Search of Possessions

All EHS must have a policy and procedures in place governing how and when searches of participants’ private possessions may be conducted. Searches may only be conducted when there is “probable cause” to believe that the person has in his or her possession something which may jeopardize the safety of other participants or staff, including a weapon, or illegal material, including illegal drugs, or something which is interfering with the peaceful enjoyment of the facility of other participants such as food that is attracting vermin. If the person does not consent to the search, and “probable cause” exists to search, the person may be given the choice of being discharged or being searched.

Storage of Belongings After Discharge

EHS must have a written policy for the storage of belongings after a participant exits, which must include, at a minimum, storage of belongings for at least five (5) working days after participants' exit and a clear process for discharged participants to reclaim their possessions. A copy of the policy must be provided to all participants at intake.

Discharge Reasons

The following reasons may be used as a basis for discharge from an Emergency Housing Site, and must occur on Emergency Housing Site premises:

- Possession of a weapon at the EHS
- Assault or other violent behavior.
- Theft.
- Destruction of property.
- Restraining order precludes continued residence.
- Participant behavior endangers health or safety of participants or staff.
- Presence of infectious disease that significantly increases the risk of harm to other participants or staff.
- Multiple violations of the Drug and Alcohol Use/Possession policy.
- Individual requires care and supervision to manage their activities of daily living (feeding, toileting, selecting proper attire, grooming, maintaining continence, putting on clothes, bathing, walking and transferring) without appropriate supports available on- site. Individuals discharged due to care and supervision needs cannot be discharged to the streets.
- Refusal of personal property search when probable cause exists.

Participants may be discharged for refusing multiple housing opportunities; however, evidence must be present that EHS staff actively attempted to engage the participant in services designed to support EHS exit to stable housing with consideration given to each participant's barriers to engagement.

EHS are not required to hold beds for longer than 72 hours. If a participant is absent from their bed for 72 hours without appropriate notification to EHS staff regarding absence, the participant may be discharged.

Discharge Requirements

All EHS must provide a written copy of the procedure for filing a grievance to the participant when a participant is involuntary discharged. If it is not feasible to provide the procedure at the time of discharge (e.g. the participant is being removed by law enforcement) this requirement may be waived; however, if the participant subsequently returns to the facility, the grievance procedure must be provided.

A participant may be denied future admission as a result of the circumstances of discharge. The participant must be informed of the reason, the conditions for lifting the restriction and the right

to appeal, including whom to contact regarding an appeal and information about the appeal process.

Unless the participant poses an immediate threat to the health and safety of other participants and/or staff members, EHS should avoid discharging participants at night and must be approved by a supervisor if doing so. During hours that there is no supervisor on site, there must be a supervisor available “on-call” to approve discharge decisions. Approval may be given verbally but should be documented in case notes.

Grievance Process

All EHS must have a written appeal and complaint policy/protocol that is provided to each participant upon intake and is publicly posted in a location with high visibility to participants. At a minimum, the protocol must include:

- The opportunity for participants to present their case before a neutral decision-maker (a supervisor or manager who was not directly involved in the incident or situation of the grievance)
- Accommodation of third-party advocates in the appeal process. Reasonable efforts must be made to coordinate with a participant’s advocate in order to schedule the appeal.
- A requirement that participants be given a written response to their appeal within a reasonable time frame.
- A provision that when a participant files an appeal related to his/her ability to stay in the EHS the occupant may stay in the EHS until the appeal process is completed unless allowing the participant continued residence poses a risk to the health and safety of other participants and/or staff.
- An appeals procedure that allows participants to appeal, at a minimum, decisions related to admissions denials for cause, terminations and disciplinary actions.
- Provisions for providing participants with information about any subsequent appeals process available through program policies or any funding agency or their respective regulations.

PROGRAM

Hours

All EHS must post hours of operation in highly visible locations and at all entrances. If the EHS is open 24/7, participants must be allowed access to their possessions and to the facility common space at all times. If access to sleeping areas is not available during the day, accommodations should be made to allow access for those participants working irregular hours, those who are ill, etc. Specific accommodations will be defined in the Operations Plan. All EHS must provide facilities available to participants for sleeping for a minimum of eight (8) hours.

The EHS manager shall enforce quiet hours.

Curfew

This policy will be consistently enforced. Missing a curfew cannot be a reason for denial of entry or discharge unless the late arrival compromises the health or safety of other participants or staff, or if the participant's late arrival repeatedly interferes with the rights of other participants to peaceful enjoyment of the facility.

Input

Programs shall provide participants with on-going opportunities to provide feedback and make suggestions regarding programming and rules. This can be accomplished in a variety of ways including exit interviews, surveys, one-on-one interviews, participant focus groups, inclusion of homeless or formerly homeless members on the agency board of directors or subcommittee, having homeless or formerly homeless people trained and hired as staff, and/or the creation of a Participants' Advisory Council.

In addition to any other activities, EHS must host "participant optional" meetings once per month and provide at least 24 hours advance notice to participants of the meeting time and location.

Animal Care

Pet owners shall assume the responsibilities for caring for their animals. Water will be available. Additional provisions may be provided at the site. Some sites may be unsuitable for pets. Pet owners are also responsible for administering all regular medications to their animals, apart from vaccinations.

The EHS reserves the right to refuse admittance to animals that appear too aggressive for the EHS to handle. Regardless of initial presenting temperament, enforcement of EHS rules to reduce the risk of bites and other injuries must be observed and include:

- All animals should be handled only by their respective owners or trained staff members;
- All animals on EHS property should be leashed or confined (kennel/carrier) at all times;
- Participants should not handle or touch pets other than their own; and
- All incidents involving aggressive animals are documented in writing prior to removal of the pet from the site.

Staff Requirements

EHS must have sufficient staff on duty at all times. EHS must make provisions to have on-call staff available.

EHS must have a supervisor/manager available on call to the program at all times for consultation to staff about challenging participant situations and other urgent matters. All EHS should have a consultation policy in place that outlines situations requiring consultation up the chain of command.

Food Storage/Service

Sanitary facilities

All EHS that either prepare and serve meals or provide areas for participants to prepare and consume their own meals must ensure that all areas used for food storage and preparation are sanitary. Kitchen and dining areas must be kept clean and comply with all relevant health codes.

Donated Food

Programs that serve food prepared off site by regular donors must provide donors with a handout that details the requirements for food preparation. All food donors must read and sign the handout to confirm knowledge of the standards and must provide current contact information.

Programs are discouraged from accepting food that has been prepared off-site by intermittent donors.

Meal schedule

If meals are served, a meal schedule must be posted.

Dietary modifications

If meals are served or food is provided for participants to use to prepare their own meals, EHS must make dietary modifications and/or provide appropriate food options based on participants' health, religious, and/or cultural practices. As feasible, food provided should promote healthy eating.

Dining facilities

EHS must provide a table and chairs if food is served.

Food allergies

Any snacks and meals provided should be provided with reasonable accommodations made for known allergies, including children, if residing in the EHS. Providers should be asking about food allergies at intake; however, it is the parents' responsibility to inform the program of children's food allergies.

Support Services

Case Management

Case management and supportive services focus on housing or directly supporting the goal of housing and should reflect the short-term nature of assistance toward housing placement.

Critical components in the provision of case management services include the following:

- Low Barrier practices
- Housing First
- Harm Reduction
- Trauma Informed Care
- Client-centered
- Culturally competent

The following case management services must be available to program participants receiving these services. To ensure the consistent delivery of case management services, operators must incorporate written case management procedures and forms that include the following:

- Referral Procedures: Establish referral and follow-up procedures to confirm participants are connected to services to which they are referred. Documentation of referrals made and referral confirmation must be maintained in participant files.
- Health and Wellness referrals: Ensure participants are linked to and assisted in accessing medical health, mental health, and any needed alcohol and drug services.
- Mainstream Benefits: Establish procedures for screening participants at program entry and intake for eligibility to mainstream benefits. Assisting participants by coordinating the completion and submission of applications for public benefits and entitlements (e.g., general assistance, SNAP, SSI/SSDI, Veteran benefits) health insurance benefits (e.g., Medi-Cal, Medicare, Covered California, etc.), and other sources of financial assistance.
- Education/life skills.
- Employment Development/Placement Programs: Assessing employment history and goals and assisting participants to engage in services that will prepare the individual to obtain employment in collaboration with participating agencies.

Housing Case Management

Participants must be offered, and are required to participate in, services they need in order to attain and stabilize in permanent housing. Case management must be conducted on a regular basis and the EHS must document content and outcome of case management meetings. Core services will include:

- Development of an individualized service plan based on needs, circumstances and market conditions, focused on helping individuals find and keep permanent housing and linkages to other community based supportive services as needed.

- Creating a referral network for other services and coordinating with other services providers and case managers.

Housing Navigation

Housing navigation services must provide ongoing engagement and support in order to facilitate a match to an appropriate permanent housing placement. Housing navigation objectives will include:

- Connecting participants to needed resources;
- Buffering participants from the stress of navigating housing access; and
- Supporting participants in managing their own lives within the scope of their resources and abilities.

Core Navigation Services:

- Housing location and counseling services to identify the most appropriate housing placement;
- Establishing relationships with private and public owners and rental agencies willing to provide permanent housing to clients;
- Assisting with housing applications and appeals, and negotiating rental agreements;
- Facilitating shared housing opportunities in community-based housing and through master leasing; and
- Assisting with the move-in process, including identifying resources for basic furnishings, accessibility modifications, or other expenses.

Health services access

EHS staff will encourage participants to obtain and maintain health insurance, obtain a primary care provider and access immunization service. This must include publicly posting or otherwise making available information on health-related services.

Recordkeeping

EHS must have written intake and client record keeping procedures and files that include intake interviews and records of services provided.

Assessment

A basic assessment that includes an evaluation of the service needs of the occupant, information about past or current services received and other information necessary to provide services must be conducted or updated for all occupants.

Transportation

Transportation is required to help participant's access essential services such as, community-based services, medical services and housing searches. Shuttle service, bus passes and car services such as Uber and Lyft may be utilized. Accommodations must be made for disabled persons who are unable to access general means of transportation.

Universal Accessibility to transportation must be made available, such as RABA, the use of bicycles, or forms or transportation.

FACILITY

Basic Building Standards and Fire Safety

All facilities must comply with HUD Emergency Solution Grants facility standards (HUD ESG Facility Standards) and local applicable building and fire codes. Evidence of compliance with local codes must be provided.

Facilities must have annual fire inspections conducted by the fire department and conduct regular fire drills. Training must be provided to staff on fire safety.

Safety Standards

EHS must comply with state and local health, environmental and safety standards.

Amenities

- The EHS must have a heating and ventilation system and maintain a comfortable temperature. Emergency Sleeping Cabins will comply with Appendix O of the California Building Code.
- The EHS shall have a housekeeping and maintenance plan to ensure a safe, sanitary, clean and comfortable environment.
- The EHS shall provide each person with access to a single or double occupancy emergency sleeping cabin with a mattress and bedding, (a blanket and pillow), all of which are clean and in good repair.
- The EHS shall have a sufficient supply of functionally clean and reasonably private toilets and hand wash basins, with hot and cold running water and that meet the requirements of the Americans with Disabilities Act.
- The EHS should have a sufficient quantity of functionally clean and reasonably private bathing facilities with hot and cold running water or will provide for access to bathing facilities at least twice per week through contract or other means. All bathing facilities must meet the requirements of the Americans with Disabilities Act.
- The EHS should have laundry facilities available to residents, or access to laundry facilities nearby or transportation to laundry facilities will be provided or nearby.
- The EHS shall provide towels, soap, and toilet tissues.

Drinking Water

EHS must provide access to drinking water at all times.

Outlet Access

EHS must provide access to electrical outlets for charging personal devices such as cell phones and medical equipment. Emergency Sleeping Cabins must have outlets as required by California Building Code Appendix O.

Cleanliness

Resident Participation - Bath/toilet areas, hallways, and other common use areas must be cleaned daily. EHS must have proper trash receptacles that are emptied regularly.

Both the interior and exterior of the facility must be free of debris, clutter, and unsanitary items and there must be no obvious safety risks.

Pest Control

EHS must ensure adequate provision of pest control services.

EHS must have a protocol in place for the prevention and control of bed bugs. (See <https://www.cdc.gov/parasites/bedbugs/> for best practices related to bed-bug prevention).

24-hour notice must be provided to participants of pest control activities unless the type and degree of infestation requires an immediate response (e.g. bed bugs).

Maintenance/Repair

Facilities must be maintained in good repair. The general appearance of the buildings and surrounding grounds must be well maintained and free from litter and offensive visual cues such as overlaid shopping carts. There must be a written housekeeping and maintenance plan.

EHS must post the process for reporting maintenance concerns, acknowledge issues reported within two days, and identify the timeframe for addressing the concern. Emergency maintenance items must be immediately addressed.

Phone Access

A telephone (land line or cell phone) must be available to staff for emergencies. Emergency numbers should be posted by the telephone or otherwise made available to on duty staff. Es must take emergency phone messages and messages from service providers for participants in residence.

Hazardous Materials

In accordance with established standards, EHS must label all chemicals and cleaning supplies and keep all such materials out of reach of children. Any hazardous materials must be stored separate from food.

No fires, including cooking or warming fires will be allowed on site at any time.

Entrance/Exits

Exits must be clearly marked and must be kept clear of blockage and tripping hazards.

All steps must have handrails as required by applicable codes. Steps must have treads or similar accommodation to prevent slipping.

Exit signage must be consistent with all applicable codes.

Agency Vehicle

If an EHS location maintains a vehicle used for participant transport, the vehicle must be properly maintained, licensed and insured. All drivers must be properly licensed. Provisions must be made to provide equal access to transportation services to disabled participants.