**SHELTER MONITORING COMMITTEE**

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**OPERATING PROCEDURES**

**Site Visits/Inspections**

**Supporting Documents:** Sample Checklists, Sample Client Survey, Informational Flyers, Standards of Care, SOC Inspection Methodology, Site Visit Schedule, Notice of Announced Visit

Teams of two (or more) SMC Members should visit congregate, semi-congregate, non-congregate, and family shelters, including drop-in centers, every two months. Visits may take place any time of day when the site is open, between 8AM and 8PM. The goal is to determine whether Standards of Care (SOCs) are being met. In advance of their visits, Members obtain checklists from staff to assist in this, and question staff and guests as needed. Care should be taken to inquire into whether staff have received required training.

Judgement must be used in distinguishing between an infraction and a minor concern. For example, a few pieces of paper on the floor of one of multiple restrooms would not reasonably constitute a violation, whereas a pattern of uncleanliness or failure to post crucial information (in English and Spanish) would. Members may refer to the SOC Inspection Methodology. Finally, Members should also have with them blank surveys, informational flyers, and complaint forms (in case any clients wish to make a complaint while the Committee Member or staffer is present).

One of every three visits should be announced in advance; two of every three are unannounced. The shelter is given advance notice of announced visits and asked to notify clients. Extra time should be set aside during announced visits to obtain confidential surveys of client satisfaction. Rooms at non- and semi-congregate shelters are not normally inspected. Before entering any dorm area, the visitor should announce their presence. No photographs of clients may be taken, and client confidentiality must be maintained during and after the visit.

At the end of the inspection, the team should share any significant findings (e.g., no information posted to indicate when a broken stall in a restroom will be back in service) with the senior shelter supervisor/manager present. Completed checklists are returned to staff as soon as practical to do so. Staff then send scanned copies with summaries of what the team noted to site managers, CBO leadership, and the HSH Program Manager. Adverse findings during inspections are tracked by staff and listed by SOC/site/fiscal year.

**Complaints**

**Supporting Documents:** Sample Complaint, Complaint Process Flowchart

Complaints are accepted:

1. In person during site visits or regularly scheduled office hours at 440 Turk Street,
2. By phone to 628-652-8080,
3. By email to [shelter.monitoring@sfgov.org](mailto:shelter.monitoring@sfgov.org) , or
4. Using an online form available on the SMC website at <https://www.sf.gov/departments/shelter-monitoring-committee>.

Complaints must relate to Standards of Care. SMC will NOT take complaints that relate to other shelter clients—unless they involve or violence or threats of violence. These must be reported to the HSH Program Manager immediately. It is possible a safety transfer can be arranged for the client. SMC does NOT take complaints about something that took place 90 days or more prior to the day of the first report. Contact information must be obtained from the client. If there is no contact information available, consideration should be given to making a follow-up appointment for the client to return to the office for follow up.

The Committee does NOT do advocacy but DOES provide referrals and information for where clients may go to get assistance. Staff will use their discretion in cases where the allegations are by any reasonable interpretation self-refuting, fantastic, or incoherent. HSH is immediately notified of all allegations of violence/assault or of fraud that involves staff.

Staff will assist clients and shelters by writing complaints up in a way that relates concisely described specific allegation(s) to the SOCs. Clients may use their names or make complaints anonymously. Each complaint is assigned a unique number comprised of its place in the annual sequence, the four-digit fiscal year, the month and a shelter identifier. Once the complainant/client approves the draft, staff email it to the shelter site manager and their backup (Asst Site Mgr or CBO leadership), as well as the HSH Program Manager. Complaints about food are also referred to the DPH’s Registered Dietician. Complaints about unsafe building conditions or other serious problems not covered exclusively by the SOCs will be referred to the appropriate regulatory or governmental body.

If the shelter does not acknowledge receipt within two days, staff follow up to ensure that they are investigating the complaint and preparing to respond in writing within seven days. When the response is received, staff share it as soon as possible with the client. The client then has 45 days to decide whether to ask staff to conduct an investigation.

Staff will track complaints and list them by SOC/site/fiscal year. If the shelter does not respond in a timely fashion, this will be noted prominently in the monthly Staff Report. The HSH Program Manager will be notified, and the matter will be escalated as appropriate.

**Investigations**

**Supporting** **Documents**: Sample client surveys, sample questions for staff.

When the complainant is not satisfied with the written response of the shelter, SMC staff will investigate. Staff and witnesses may be interviewed. Documentation, including video records (if violence is alleged) will be obtained from the shelter and reviewed. If a pattern of inappropriate behavior is alleged (e.g., rudeness by staff), surveys of clients may be used to determine whether the allegations are well founded. To support an adverse finding, at least 20% of the shelter population must be interviewed and at least 50% must agree with the complainant’s assertions.

Investigations should be completed promptly, within ten days, whenever possible. Staff will compile their findings into an investigation report:

* If staff were able to verify that the site was in compliance with the Standards of Care, the site will be found to be “In Compliance” and no corrective action will be recommended.
* If staff are able to verify the client’s allegations, then the site will be found to be “Out of Compliance.” The report will then provide recommendations to help the site comply with the Standards of Care.
* The Investigation Report, with any recommendations for corrective actions or improved service, will be sent to the client, site management, and HSH.
* Staff will track adverse findings on investigation and list them by SOC/site/fiscal year.