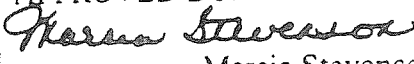


CITY OF NEW YORK
DEPARTMENT OF HOMELESS SERVICES
ADULT SERVICES

PROCEDURE NO. 99-417

SUBJECT: No Smoking Policy for Adult Shelters	APPLICABLE TO: Adult Shelter Facilities	EFFECTIVE DATE: August 2, 1999
ADMINISTERED BY: Division of Adult Services	APPROVED BY:  Marcia Stevenson Deputy Commissioner	

I. PURPOSE

To provide instructions for notifying clients of no smoking regulations in Adult Shelters, penalties for non-compliance, and processing warnings, transfers, or suspensions for infractions.

II. APPLICABILITY

Applicable to all staff in Adult Services Shelters, Program Analysts, Program Administrators, and Security staff.

III. FORMS USED

IR-1	Homeless Programs Incident Report
410A/aa	Adult Shelter Rules and Responsibilities/Spanish
415A/aa	Independent Living Plan Summary/Spanish (Draft)
417A/aa	Notice to Clients of No Smoking Regulations and Suspension for Infractions/Spanish

IV. RELATED PROCEDURES

97-001	Criteria for Reporting Incidents
99-402	Client Transfer Process
99-409	Suspension of Services
99-410	Adult Shelter Rights, Rules and Responsibilities
99-415	Independent Living Plan for Adult Services Clients (Draft)

V. INTRODUCTION

Adult Services clients must "never smoke in dormitories or sleeping quarters," as specified in Adult Shelter Rules and Responsibilities, Procedure 99-410, Form 410A/aa. This form is conspicuously posted and is issued to each client individually as per Procedure 99-410. Shelters also issue the Notice to Clients of No Smoking Regulations and Suspension for Infractions (Form 417A/aa) to each

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of smoking in non-authorized areas.

A single instance of a client actually observed, by a shelter staff member, smoking or using a flame in an unauthorized shelter area is a fire safety hazard. A client observed smoking or using a flame in a sleeping area may be immediately suspended under Suspension of Services (Procedure 99-409) for up to seven days, and then afterwards returned to a different bed assignment.

If the client is observed smoking or using a flame in a non-sleeping area, or is not actually observed smoking, but evidence that the client has been using a flame or smoking, such as cigarette butts, burn marks, burned matches, or ashes, is found on or near his or her bed, staff will counsel the client and issue a written warning using Form 417A/aa. Staff will also document the infraction thoroughly in the case record, and change the client's bed assignment. If necessary, staff will update the client's Independent Living Plan (ILP) to include case goals reflecting the need to follow shelter rules and regulations. The third instance of finding either evidence of smoking or using a flame, or observed smoking or using a flame in non-sleeping areas, is cause for immediate suspension under Suspension of Services (Procedure 99-409).

Before a suspension can be imposed, there must be notations in the client's case record, an investigation, supervisory review, and Shelter Director and Program Administrator approval. Any suspendable smoking or flame infraction is also considered to be an incident, and Criteria for Reporting Incidents (Procedure 97-001) must be followed. After a smoking infraction occurs, all staff should be vigilant to prevent a recurrence.

A shelter may designate an authorized area for smoking. This area must be monitored by Fire Safety personnel (Fire Safety Coordinator and Fire Guard) to ensure appropriate safeguards.

VI. DETAILED INSTRUCTIONS

The following instructions have different steps for a SUSPENDABLE and NON-SUSPENDABLE infraction.

A SUSPENDABLE infraction occurs when there is:

1. Direct observation of smoking or using a flame in a sleeping area;
2. A third instance of smoking or using a flame in a non-sleeping area;
3. A third instance of evidence of smoking or using a flame in a sleeping area.

A NON-SUSPENDABLE infraction occurs when there is:

1. A first or second direct observation of smoking or using a flame in a non-sleeping area;
2. A first or second instance of evidence of smoking or using a flame in a sleeping area.

Evidence of smoking or using a flame includes cigarette butts, burn marks, burned matches, ashes, etc., on or near a client's bed.

A. CASEWORKER

1. Explains Notice to Clients of No Smoking Regulations and Suspension for Infractions (Form 417A/aa) and Adult Shelter Rules and Responsibilities (Form 410A/aa) clearly and

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positively to newly admitted clients as part of assessment/program interviews. Client signs forms to acknowledge receipt. If the client refuses to sign, caseworker notes on form. Caseworker signs and dates form. Issues copies to the client. Originals to case record.

2. Records the client's smoking infraction in the case record when a smoking infraction occurs. Compiles up-to-date detailed case documentation of the smoking infraction, such as Incident Reports, suspensions, transfers, and the new bed assignment.
3. Counsels client, noting any explanations the client offers, gives warning about the penalties for smoking, and begins suspension or transfer, if warranted.
4. Prepares updated ILP with any revision of goals/tasks needed for corrective action as necessary.
5. Re-issues and reviews a new Adult Shelter Rules and Responsibilities (Form 410A/aa) and Notice to Clients of No Smoking Regulations and Suspension for Infractions (Form 417A/aa), and obtains client's signature on both. Retains originals and gives copies to client.
6. Assigns client new bed.
7. Follows Client Transfer Process (Procedure 99-402) if a transfer to another program or shelter is required.
8. Submits case record and appropriate suspension forms through Supervisor to Social Service Director for approval, if a SUSPENDABLE infraction has occurred, as per Suspension of Services (Procedure 99-409). If suspension is approved, terminates client case in SCIMS, Code 86, #5, 'Smoking in Unauthorized Area.'
9. Notifies other staff and Security staff to watch the client for further infractions and report back if smoking infractions occur again.

B. SOCIAL SERVICE DIRECTOR

1. Reviews the case record for relevant case history, e.g., notes any past incident(s) or infractions, client's shelter history, assessed problems, and needs.
 2. Follows Client Transfer Process (Procedure 99-402) if a transfer is required.
 3. Submits case record and/or ILP and appropriate suspension forms to the Shelter Director for approval, as per Suspension of Services (Procedure 99-409), if a SUSPENDABLE infraction occurs.
 4. Returns case to caseworker for follow-up, as necessary.
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C. SHIFT SUPERVISOR

1. Assigns client new bed, if a smoking infraction is observed at night or at other times when a caseworker is not available.
2. Follows Suspension of Services (Procedure 99-409), if a SUSPENDABLE infraction occurs.
3. Notifies the client's caseworker or a covering caseworker of the infraction/suspension so that the caseworker can counsel/issue warning as above and make entries into the client's case record.
4. Makes entry into Shelter Log, indicating time, client, witnesses, location, evidence, change of bed assignment, and resolution.

D. SHELTER DIRECTOR

1. Ensures that Notice to Clients of No Smoking Regulations and Suspension for Infractions (Form 417A/aa) and Adult Shelter Rules and Responsibilities (Form 410A/aa) are conspicuously posted and issued individually to applicants/clients.
2. Approves or disapproves a recommended transfer and follows Client Transfer Process (Procedure 99-402).
3. Consults with the Program Administrator for approval if a SUSPENDABLE infraction occurs. If the suspension is approved, follows Suspension of Services (Procedure 99-409), checking for a Winter Alert.

E. PROGRAM ADMINISTRATOR

1. Follows Suspension of Services (Procedure 99-409) regarding approving and reviewing suspension if a SUSPENDABLE infraction occurs.



Notice to Clients of No Smoking Regulations and Suspension for Infractions

- If I am observed smoking or using a flame in sleeping areas, I may be suspended from the shelter system for up to 7 days.
- After the suspension period, upon my return, I will be assigned to another bed within the shelter, if one is available, or transferred to another shelter.
- If evidence of smoking (e.g., cigarette butts, burn marks, burned matches, ashes, etc.) is observed near my bed while I am in the room, or I am observed smoking or using a flame in unauthorized areas other than sleeping areas (e.g., hallways, bathrooms, etc.), I will be given warnings for the 1st and 2nd infraction, and I will be assigned to another bed within the shelter, if one is available.
- On the 3rd and subsequent times cigarettes butts, burn marks, burned matches, ashes, etc., are observed near my bed, or I am observed smoking or using a flame in an unauthorized area other than a sleeping area, I may be immediately suspended for up to 7 days.

Check One ☐ Issued to Client ☐ 1st Warning ☐ 2nd Warning

DATE: _____

CLIENT SIGNATURE: _____

☐ Check here if client refuses to sign but form was issued and explained to client.

CASEWORKER SIGNATURE: _____

Nota a Clientes de Regulaciones De No Fumar y Suspension por Infracciones

- Si a mi me observan fumar o usar una llama en areas de dormitorios, yo puedo ser suspendido desde el sistema del refugio por hasta 7 dias.
- Despues del periodo de suspencion, a mi regreso, se me puede asignar otra cama dentro del refugio, si hai una disponible, o puedo ser transferido a otro refugio.
- Si evidencia de fumar (colillas, quemaduras, fosforos quemados, cenizas, etc.) se observa cerca de mi cama mientras yo estoy en el dormitorio, o me observan fumando o usando una llama en areas no autorizadas a excepcion de areas de dormitorios (pasillos, banos, etc.), me daran advertencias, por la primera y segunda infraccion, y me asignaran otra cama dentro del refugio, si hai una disponible.
- Si en el terser y subsiguientes veces colillas, quemaduras, fosforos quemados, cenizas, etc., se observan cerca de mi cama, o me observan fumando o usando una llama en una area de dormitorio, se me puede inmediatamente suspender por 7 dias.

Marque Uno ☐ Dado al cliente ☐ 1st Avertencia ☐ 2nd Avertencia

FECHA: _____

FIRMA DE CLIENTE: _____

☐ Verifique aqui si el cliente rehusa firmar pero se le dio y explico.

FIRMA DEL TRABAJADO SOCIAL: _____