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NEW YORK STATE  
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### Administrative Directive

<b>Transmittal:</b>	08-OCFS-ADM-07
<b>To:</b>	Commissioners of Social Services Executive Directors of Voluntary Authorized Agencies
<b>Issuing Division/Office:</b>	Child Welfare and Community Services
<b>Date:</b>	October 9, 2008
<b>Subject:</b>	<b>Standards and Procedures for Approval of Supervised Independent Living Programs</b>
<b>Suggested Distribution:</b>	Directors of Services Child Welfare Supervisors Voluntary Agency Program Directors CONNECTIONS Implementation Coordinators
<b>Contact Person(s):</b>	Any questions concerning this release should be directed to the appropriate Regional Office, Division of Child Welfare and Community Services: BRO – Mary Miller (716) 847-3145 <a href="mailto:Mary.Miller@ocfs.state.ny.us">Mary.Miller@ocfs.state.ny.us</a> RRO – Linda Kurtz (585) 238-8200 <a href="mailto:Linda.Kurtz@ocfs.state.ny.us">Linda.Kurtz@ocfs.state.ny.us</a> SRO – Jack Klump (315) 423-1200 <a href="mailto:Jack.Klump@ocfs.state.ny.us">Jack.Klump@ocfs.state.ny.us</a> ARO – Kerri Barber (518) 486-7078 <a href="mailto:Kerri.Barber@ocfs.state.ny.us">Kerri.Barber@ocfs.state.ny.us</a> SVRO – Patricia Sheehy (845) 708-2498 <a href="mailto:Patricia.Sheehy@dfa.state.ny.us">Patricia.Sheehy@dfa.state.ny.us</a> NYCRO – Patricia Beresford (212) 383-1788, ext. 4708 <a href="mailto:Patricia.Beresford@ocfs.state.ny.us">Patricia.Beresford@ocfs.state.ny.us</a> Native American Services – Kim Thomas, (716) 847-3123, <a href="mailto:Kim.Thomas@ocfs.state.ny.us">Kim.Thomas@ocfs.state.ny.us</a>
<b>Attachments:</b>	The following documents are attached in “read only” format: <ul style="list-style-type: none"><li>• Authorizing Letter to Operate a Supervised Independent Living Program</li><li>• CONNECTIONS Job Aid</li></ul>

	<ul style="list-style-type: none"> <li>• OCFS-2656, Voluntary Agency Application for Supervised Independent Living Program (SILP)</li> <li>• OCFS-2657, Notice of SILP Closing, Transferring, Recertification and Opening</li> <li>• OCFS-4883, Agency Checklist for SILP Operation</li> <li>• OCFS-4884, SILP Fire Safety Inspection Guidelines per NYS OCFS Regulation 449</li> </ul>
<b>Attachments Available Online:</b>	Attachments are available on the OCFS internet at: <a href="http://www.ocfs.state.ny.us/main/forms/foster_care/">http://www.ocfs.state.ny.us/main/forms/foster_care/</a> As of 10/9/08, attachments are not yet available on the OCFS intranet website, but will be posted in the near future at: <a href="http://ocfs.state.nyenet/admin/forms/Foster_Care/">http://ocfs.state.nyenet/admin/forms/Foster_Care/</a>

### Filing references

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		18 NYCRR 427.2, 441.2 and Part 449	SSL §§ 371(21) and 374-b		

## I. Purpose

The purpose of this directive is to inform social services districts, voluntary authorized agencies and Indian tribes with a State/Tribal agreement of the newly enacted standards and procedures for the approval of an authorized agency by the Office of Children and Family Services (OCFS) to operate a supervised independent living program (SILP programs) for foster children. The directive will address both the transition of existing supervised independent living units certified by OCFS to supervised independent living units certified by approved SILP programs operated by authorized agencies and the establishment of new SILP programs and units.

## II. Background

On January 29, 2008, OCFS filed for final adoption regulations that implemented changes in state statute relating to the creation and operation of SILP programs. Chapter 160 of the Laws of 2004 amended the Social Services Law (SSL) to permit an authorized agency approved by OCFS to operate a SILP program in accordance with the regulations of OCFS. A SILP program is defined in section 371(21) of the SSL to “mean one or more of a type of agency boarding home operated and certified by an authorized agency in accordance with the regulations of the Office of Children and Family Services to provide a transitional experience

for older youth who, based upon their circumstances, are appropriate for transition to the level of care and supervision provided in the program.” The statute also provides that each SILP program must be located “in the community separate from any of the agency’s other congregate dwellings.”

The above referenced regulations filed by OCFS were effective on February 13, 2008. They have the impact that OCFS will no longer issue agency boarding home operating certificates for supervised independent living units. Individual apartments or homes which house foster children will now be certified as supervised independent living units by OCFS-approved SILP programs operated by authorized agencies. A supervised independent living unit is defined in 18 NYCRR 449.1(e) to mean a home or apartment certified in accordance with 18 NYCRR Part 449 by an authorized agency approved by OCFS to operate a SILP program “for the care of up to four youth including their children.” In addition to applicable definitions, the OCFS regulations set forth standards relating to: conditions and approval of a SILP program, conditions for the operation of a SILP program, requirements for each supervised independent living unit, notification of municipalities of the intent to open a supervised independent living unit, required documentation, waiver of regulatory standards, and discontinuance of SILP programs.

As noted, there are supervised independent living programs that have a current operating certificate issued by OCFS. The directive will address the process for the conversion of such programs to conform with the standards in OCFS regulations 18 NYCRR Part 449.

### **III. Program Implications**

Authorized agencies that desire to operate a SILP program, including those that currently have a supervised independent living unit certified by OCFS, must apply to the appropriate OCFS Regional Office, on the forms prescribed by OCFS, for authorization to operate a SILP program.

Authorized agencies, regardless of whether they are initiating a SILP program or currently operate an OCFS-certified supervised independent living unit, will be required to complete an application and provide the following information:

- A description of the need for the program, and a list of the social services districts interested in using the program, including letters of support from all districts that intend to use the proposed program;
- A description of the services that will be provided, including a plan setting forth how the services will be provided;
- The population to be served;

- Proposed staffing, including the proposed staff-to-youth ratio for the program and the procedures for obtaining background checks on prospective employees, volunteers or consultants;
- A description of how units will be located and certified;
- A certification that all supervised independent living units will be operated in compliance with 18 NYCRR Part 449;
- Fiscal material required by OCFS; and
- Any other information required by OCFS.

Upon receiving a letter of approval from OCFS to operate a SILP program, an authorized agency will have authority to certify new and existing individual homes or apartments, in accordance with 18 NYCRR Part 449. A sample copy of the OCFS approval letter is attached to this directive for future reference.

Though OCFS will no longer issue operating certificates for supervised independent living units, an authorized agency approved by OCFS to operate SILP programs will be responsible: to enter information for each unit (facility) it certifies into CONNECTIONS; and to separately submit such facility information to the OCFS Regional Office, and to the OCFS Rate Setting Unit, on forms prescribed by OCFS.

For authorized agencies currently operating SILP programs under the previous licensing framework, OCFS will continue to maintain existing operating certificates for individual supervised independent living units until the authorized agency is approved to operate SILP programs. For example, if a site is due for a fire safety inspection and the authorized agency has made application but has not yet received approval from OCFS to certify supervised independent living units, OCFS will conduct the fire safety inspection. Authorized agencies, not OCFS, will be responsible for the inspection, monitoring and supervision of all the supervised independent living units certified and operated by the agency, following OCFS's approval for that agency to operate SILP programs.

A supervised independent living program and each independent living unit remain subject to the inspection, supervision and enforcement powers of OCFS as set forth in Article 7 of the SSL.

Local districts wanting to know if authorized agencies are certified by OCFS to operate supervised independent units are encouraged to contact the appropriate OCFS Regional Office for confirmation.

#### **IV. Fiscal Implications**

OCFS will continue to establish Maximum State Aid Rates (MSARs) for SILP programs, and such rates will continue to be “flat rates” that vary by region, program type and facility size. Rate-related program types currently issued for SILP programs are double occupancy, triple occupancy, four-bed mother/child and five-bed mother/child SILP programs (note: A waiver pursuant to 18 NYCRR 449.7 is required to operate a SILP unit with a capacity of five). The SILP rate is designed to cover social services and case planning activities in addition to basic care and maintenance associated with the SILP unit, primarily food, clothing, shelter and supplies. Rate information applicable to SILP programs and units is available at the following OCFS Internet site under the section labeled Supervised Independent Living Programs:

<http://www.ocfs.state.ny.us/main/rates/FosterCare/Rates/>

MSARs for SILP programs are published annually to social services districts and voluntary agencies through an Administrative Directive, and such rates are posted and updated, as needed, to the Internet site address specified above. In addition, the applicable MSAR for each SILP unit is transmitted to the Benefit Issuance and Control System (BICS) to support local district payment and reimbursement activities for youth placed in such SILP units.

Pursuant to section 398-a(2-a) of the SSL, social services districts are required to pay no less than 100 percent of each OCFS-established SILP rate, the same as for all other congregate care rates (see 05-OCFS-ADM-04 for the details of such requirements). In addition, all reimbursement formulas in effect for other OCFS-approved foster care programs operated by authorized agencies will be applicable to OCFS-approved SILP programs operated by authorized agencies under Chapter 160 of the Laws of 2004.

Once an authorized agency is approved to operate a SILP program, the agency is required to notify the OCFS Regional Office of each SILP unit that it certifies. The agency is also required to enter and maintain changes to individual SILP units in CONNECTIONS. Following notification of an additional SILP unit, or of any change to a SILP unit, the OCFS Rate Setting Unit will enter into CONNECTIONS the appropriate Rate Code for that SILP unit (authorized agencies cannot enter Rate Code information in CONNECTIONS). Once the OCFS Rate Setting Unit assigns a Rate Code to a SILP unit, the MSAR rate record with the applicable rate will be transmitted to BICS to support payment and reimbursement activities.

Payments by local districts to authorized agencies for placements in SILP units, and OCFS reimbursement to local districts for such placements, will require that authorized agencies with approved SILP programs make the necessary SILP unit entries to CONNECTIONS. In addition, authorized agencies must notify the OCFS Regional Office and the OCFS Rate Setting Unit of such entries on the forms prescribed by OCFS for submitting such information.

**V. Required Actions**

1. Authorized agencies that currently operate a supervised independent living unit must contact the appropriate OCFS Regional Office to obtain the required forms to apply for authorization to operate a SILP program and certify supervised independent living unit(s).
2. Upon receiving written approval from OCFS to operate a SILP program, the authorized agency must conduct a review of the individual supervised independent living unit(s) currently operated by the agency, in accordance with the requirements established in 18 NYCRR 449.4, and where appropriate, certify the supervised independent living unit(s). At the point that the SILP program is ready to certify the supervised independent living unit currently certified by OCFS, the SILP program will be asked to surrender the operating certificate issued by OCFS for such unit. If the authorized agency determines that a currently operated supervised independent living unit cannot be certified in accordance with 18 NYCRR Part 449, the authorized agency must notify the applicable OCFS Regional Office and surrender the current operating certificate for such unit.
3. Authorized agencies with approved SILP programs are required to enter facility record information to CONNECTIONS, and to maintain changes to facility records in CONNECTIONS for each of its SILP units (see the section below on Systems Implications).
4. Authorized agencies must re-evaluate and renew the certification of each supervised independent living unit on an annual basis in accordance with 18 NYCRR Part 449. This evaluation must be documented in the authorized agency's record.
5. Authorized agencies must inspect, monitor and supervise each supervised independent living unit certified by the agency in accordance with 18 NYCRR Part 449.
6. Authorized agencies must notify OCFS within 10 days, on the forms prescribed by the OCFS Regional Office, of the certification of a newly established home or apartment as a supervised independent living unit, any changes to that unit (e.g., program name, program type, capacity, address), and the renewal of certification or closure of an existing supervised independent living unit.

**VI. Systems Implications**

Once an authorized agency has received OCFS approval to operate SILP programs, and the authorized agency has certified the individual units per OCFS

regulations 18 NYCRR Part 449, such agency must create and maintain individual SILP units in CONNECTIONS.

Authorized agencies can refer to the SILP job aid posted on the CONNECTIONS Intranet for step-by-step instructions.

*As an overview:*

Authorized agency workers with the MAINT FAD business function assigned by their security coordinator can now create and maintain SILP units in CONNECTIONS via the toolbar, selecting Options and F/A Home Search and completing the steps outlined in the job aid. SILPs established by authorized agency staff are distinguished by both the Level of Care and Program type of “Supervised Independent Living Program.”

Authorized agency staff cannot certify and maintain other types of congregate care in CONNECTIONS.

Vendor IDs for new SILP units will be assigned by the authorized agency from lists provided to the agency by OCFS. Existing SILP units will retain their current Vendor IDs.

It is the responsibility of the authorized agency to certify and maintain SILP units in CONNECTIONS; however, OCFS Regional Office staff will also retain this ability in order to support transition of existing programs.

SILP units that are currently under the “Primary” responsibility of an OCFS Regional Office and “Secondary” responsibility of OCFS Home Office staff will need to be reassigned to authorized agency staff as “Primary” responsibility, with “Secondary” responsibility to the OCFS Regional Office.

This handoff of responsibility will occur after the authorized agency receives OCFS approval to operate a SILP program and the individual supervised independent living unit has been certified by the authorized agency.

Any congregate care facility with a Facility Type / Level of Care of “Agency Boarding Home” and Program type of “SILP” prior to the implementation of Build 18.9 in December 2006 was converted to the Facility Type / Level of Care “Supervised Independent Living Program” at that time.

Once the individual SILP units have been entered into CONNECTIONS and are the “Primary” responsibility of the authorized agency, any changes to or closure of an existing SILP must be entered into CONNECTIONS by the authorized agency with notification to the OCFS Regional Office.

Annual recertification of SILP units is conducted off-line by the authorized agency and is not reflected in the CONNECTIONS record.

SILP unit certificates or approval letters are issued off-line by the authorized agency and are not generated from CONNECTIONS.

## **VII. Additional Information**

### Summary of the new regulations established in 18 NYCRR Part 449 (Supervised Independent Living Programs)

The regulations create a new Part dedicated exclusively to the creation, approval and operation of SILP programs and supervised independent living units.

#### **Section 449.1 (Definitions)**

The regulations establish definitions of: authorized agency, OCFS, supervised independent living program authorization, supervised independent living program, supervised independent living unit, supervised independent living program certification, youth and adult permanency resource.

#### **Section 449.2 (Conditions for Application and Approval of a Supervised Independent Living Program)**

The regulations establish standards an authorized agency must follow to apply to OCFS for approval to operate a SILP program.

#### **Section 449.3 (Conditions for Operation of a Supervised Independent Living Program)**

The regulations establish standards for the operation of a SILP program by an authorized agency approved by OCFS. These standards include the responsibility of the authorized agency to inspect, monitor and supervise all supervised independent living units operated by the authorized agency.

The regulations also establish standards for the supervision of youth cared for in supervised independent living units and the frequency and purpose of visitation of youth in such units. The regulations establish reporting requirements to OCFS by the authorized agency relating to the operation of supervised independent living units.

#### **Section 449.4 (Requirements for Each Supervised Independent Living Unit)**

The regulations establish personnel, physical plant and services standards, along with other conditions for participation in SILP programs. The personnel standards include criteria for background checks of prospective employees of the SILP program. The physical plant standards address fire safety, sanitation and other living condition related standards. The proposed regulations establish what services must be provided by the SILP program to foster children cared for in a supervised independent living unit that are intended to provide youth with opportunities to achieve positive outcomes and make successful transitions to self-sufficiency. Additional conditions relate to eligibility for a foster child to participate in a SILP program, the limitations on the capacity of supervised



independent living units, compliance with other state and local laws and ordinances and standards relating to the education, health and clothing needs of the foster child.

**Section 449.5 (Notification of Municipality)**

The regulations set forth the requirement for the authorized agency to notify municipalities of plans to open supervised independent living units.

**Section 449.6 (Required Documentation)**

The regulations establish record retention standards for SILP programs. In addition, the regulations establish record keeping standards for youth cared for in such programs.

**Section 449.7 (Waivers)**

The regulations establish the authority and procedures for OCFS to grant waivers of regulatory standards to authorized agencies for the operation of SILP programs and units.

**449.8 (Discontinuance)**

The regulations impose a requirement on an authorized agency to give 90 days prior written notice to OCFS of the intent to discontinue a SILP program.

**VIII. Effective Date**

The above referenced regulations filed by OCFS were effective on February 13, 2008. Therefore, the provisions contained in this administrative directive are effective immediately. Those authorized agencies that desire to operate new SILP programs and units must apply to the appropriate OCFS regional office immediately upon receipt of this administrative directive. Those authorized agencies that currently have an operating certificate issued by OCFS for SILP programs and units must submit the necessary forms prescribed by OCFS and attached to this directive, in accordance with OCFS regulations 18 NYCRR Part 449, within 30 days from issuance of this directive.

*/s/ Laura M. Velez*

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**Issued By:**

Name: Laura M. Velez

Title: Acting Deputy Commissioner

Division/Office: Child Welfare and Community Services

DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dear \_\_\_\_\_ ;

The purpose of this letter is to inform you that the New York State Office of Children and Family Services (OCFS) is authorizing \_\_\_\_\_ to operate a Supervised Independent Living Program (SILP).

Chapter 160 of the Laws of 2004 amended the Social Services Law (SSL) to permit an authorized agency approved by OCFS to operate Supervised Independent Living Programs (SILPs) in accordance with the regulation of OCFS. With this approval,

\_\_\_\_\_ agency now has the authority to certify new and existing individual homes or apartments, in accordance with 18 NYCRR Part 449, as supervised independent living units for occupancy by youth at these specific sites. A supervised independent living unit is defined in 18 NYCRR 449.1(e) to mean "a home or apartment certified in accordance with 18 NYCRR Part 449 by an authorized agency approved by OCFS to operate a SILP program "for the care of up to four youth including their children".

Please note that your agency must notify OCFS within 10 days, on the forms prescribed by OCFS, of the certification of a newly established home or apartment as a supervised independent living unit, and the renewal of certification or closure of an existing supervised independent living unit.

If you have any questions, please feel free to contact your appropriate OCFS Regional Office, Division of Child Welfare and Community Services.

Sincerely,

\_\_\_\_\_

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CONNECTIONS JOB AID**  
**Creating, Maintaining and Closing SILP Units**

***Supervised Independent Living Program (SILP)***

A Supervised Independent Living Program (SILP) is a program whereby children under the supervision of an authorized child-care agency are allowed to live on their own in the community. Such programs are intended to provide a transitional experience for children for whom the plan of care is discharge from care to their own responsibility. In a supervised independent living program the children will live in a unit separate from the rest of the agency dwellings. A supervised independent living unit may house not more than four children; children must be at least 16 years of age and not more than 21 years of age. Before an authorized agency may operate a SILP, the agency must have received a letter of approval to operate such a program from the department. Each individual supervised independent living unit will require its own approval certificate issued by the agency according to OCFS standards.

CONTENTS:

Pages 2-5.....Creating/Recording a New SILP unit in Connections

Pages 6-8.....Updating/Maintaining SILP unit information in Connections

Page 9.....Closing a SILP unit in Connections

Page 10.....Approving a SILP unit in Connections

Page 11.....Reassigning a SILP unit in Connections

Page 12.....Requesting Technical Assistance

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**RECORDING A NEW INDIVIDUAL SILP UNIT**  
**(Supervised Independent Living Program) in CONNECTIONS**

**Step I: Search**

- 1 On the CONNECTIONS Toolbar, click on the **Options** menu; click on **FA Home**; click on **F/A Home Search**.
- 2 From the *F/A Home Search* window, click on the **Clear** button; enter the Agency Code; in the **Setting** field, select **Congregate**; click on the **Search** button.
- 3 Review the resulting *F/A Home List*, verifying facility names and addresses. If the facility is not returned in the results, click on the **New** button.

**Step II: Demographics**

- 1 Enter the SILP unit name in the **Home Name** field, using appropriate naming protocols since there are limited spaces in the name field and to facilitate uniformity in searches. (see *:Naming Protocols for SILPs* )
- 2 For **Setting** select Congregate.
- 3 In the **Primary Address** field, enter the Primary Address. Click on the **Validate** button; click on **Yes** if the address that *displays* is correct. The system will complete the **CD** (Community District) code for New York City.
- 4 Click on Save
- 5 If there is a different business address, Click on the **Address** button.
  - Select Business as the **Type**.
  - Type in the street address and city; *do not use periods*.
  - Click on the **Validate** button; click on **Yes** if the address that *displays* is correct. The system will complete the **CD** (Community District) code for New York City. Click on the **Add** button.
  - Click on the **OK** button.
- 6 In the **Phone** field, enter the Primary Phone number ( no spaces or hyphens)
- 7 If there are other known phone, fax, etc. numbers, click on the **Phone** button.
  - Select the **Type**.
  - Type in the phone, fax, etc. number (no spaces or hyphens).
  - Click on the **Add** button. Click on the **OK** button.
- 8 Click on the **Resource...** button in the *Home Demographics - New* window.
  - On the *Resource Search Criteria* window, select Agency in the **Resource Type** field; select **Agency** from the **Resource Type** field, type the first few letters into the **Resource Name** field. Click on the **Search** button.
  - On the Resource List, select the agency and click on the **OK** button. The Home Demographics - New window displays with the agency name.

### **Step III: Assign**

- 1 Click on the **File** drop-down menu and select **Save and Assign**.
- 2 In the *Assign* window, click on your name; if appropriate, click on **Primary**.
- 3 To assign additional staff with responsibility for the facility, click on the **Options** menu and select **Staff Search**. Enter the person's name and click on the **Search** button.
- 4 Select the individual's name and click on the **OK** button. From the *Assign* window, select **Primary** or **Secondary** as appropriate.
- 5 Click on the **Save** button. Close or cancel the windows, as appropriate.

### **Step IV: Obtain the Resource ID (RID) Number**

- 1 On the CONNECTIONS Toolbar, click on the **WORK** button.
- 2 Select the new SILP unit and click on the **Tasks...** button.
- 3 Select the **Non-licensing Information** task and click on the **Detail...** button.
- 4 View the RID number on the blue bar. Write down the number.
- 5 Cancel out of the *Home Demographics* window.

### **Step V: Maintain Licensing Information**

- 1 On the CONNECTIONS Toolbar, click on the **WORK** button.
- 2 Select the new SILP unit and click on the **Tasks...** button.
- 3 Select the **Maintain Licensing Information** task and click on the **New** button. The *F/A Home License* window displays.
- 4 Click on the drop-down arrow for the **Facility Type** field and select Supervised Independent Living Program.
- 5 Click on the drop-down arrow for the **Status** field and select Applicant.
- 6 Enter the appropriate age ranges for male and female. The youngest minimum age that can be recorded in CONNECTIONS is 1 month.
- 7 Enter the SILP capacity; the field below auto-fills.
- 8 Double-click the appropriate Program Type Supervised Independent Living (SILP) Congregate Care Only. Click on the **Save** button.

### **Step VI: Obtain the Vendor ID (VID) Number**

- 1 Obtain a **Vendor ID** from the list of **SILP Unit Vendor Ids** sent to your agency by OCFS.
- 2 Select **Maintain Non-Licensing Information** on the *Task List*. (To get the *Task List*, click on the **WORK** button on the CONNECTIONS Toolbar, select the SILP unit and click on **Tasks...**) Click on the **Detail...** button.
- 3 If the Primary and Business Address are the same, enter the **Vendor ID** on the **Home Demographics** window, Click **Validate** , say “**Yes**” to accept validated address.
- 4 Click on the **Save** button. CONNECTIONS will verify the VID.
- 5 If the Primary and Business Address are different, Click on the **Address** button. Click on the **Business address** to display the information in the detail section of the window.
- 6 Record the Vendor ID into the **VID** field. Verify that you have entered it correctly. Click on the **Validate** button.
- 7 Click on the **Yes** button to accept validated address; click on the **Modify** button. Click on the **OK** button.
- 8 In the *Home Demographics* window, click on the **Save** button. CONNECTIONS will verify the VID.

### **Step VII: Submitting the SILP unit for Approval**

- 1 Return to the *Task List* and select **Maintain Licensing Information**. Click on the **Detail...** button.
- 2 On the *F/A Home License* window, select **Pending Acceptance** in the **Status** field.
- 3 Click on the **File** menu and select **Save and Submit**.
- 4 The **To Do** detail window appears, Click Save.

### **Step VIII: Approving the SILP unit**

1. Approver clicks on To Do Icon on tool bar and selects appropriate Task To Do.
2. Click on **Navigate**. Click on Cancel.
3. In the *Approval Status* window, Click on the approval in the middle of the screen. Click on the **Approve** button. Click on the **No** button for another approver. Click on the **Save** button.
4. Click on **Close**.

**Naming Protocols for SILP units**

In order to preserve standardized data formatting and facilitate searches, follow these naming protocols when recording information about Individual SILP units in CONNECTIONS.

Instead of...	Use...
And	&
ACS-NY	ACS
Association	Assn
Catholic Charities	Cath Char
Children	Chn
Children's	Chns
Community	Comm
Department	Dept
Department of Social Services	DSS
Family	Fam
Long Island	Long Is
Mother child	Mo Ch
New York	NY
New York City	NYC
Program	Pgm
Supervised Independent Living Program	SILP
Staten Island	Staten Is
Saint	St
Services	Svcs
United Cerebral Palsy Association	UCPS
' (apostrophe) , (comma) . (period) / (slash)	e.g., St Vincents
Initial "A" or "The"	e.g., The New York Times becomes New York Times
County	e.g., Orange County DSS becomes Orange DSS
Of	e.g., Catholic Charities of Syracuse becomes Cath Char Syracuse

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**UPDATING SILP UNIT INFORMATION**

***Maintaining Licensing Information***

Licensing information includes facility type, program type, ages, sex, and bed capacity. This information is recorded in the *Home License* window. Supervisory approval is required for these changes.

- 1 Click on the **WORK** button on the CONNECTIONS Toolbar.
- 2 Click on the SILP unit to select it.
- 3 Click on the **Tasks...** button.
- 4 Select the **Maintain Licensing Information** task.
- 5 Click on the **Detail...** button.
- 6 Make the appropriate changes (e.g., bed capacity, ages, program).
- 7 Click on the drop-down arrow for the **Status** field and select **Pending Acceptance**.
- 8 Click on the **File** menu and select **Save and Submit**.
- 9 A Supervisor approves the changes for Maintain Licensing information.

***Maintaining Non-Licensing Information***

Non-licensing information includes address and phone number. This information is recorded and changed in the *Home Demographics* window. Supervisory approval is not needed for these changes.

- 1 Click on the **WORK** button on the CONNECTIONS Toolbar.
- 2 Click on the facility to select it.
- 3 Click on the **Tasks...** button.
- 4 Click on the **Maintain Non-Licensing Information** task.
- 5 Click on the **Detail...** button.

***To change the SILP unit's Primary address:***

- 1 In the Primary Address section on the *Home Demographics* window, make the appropriate changes to the fields.
- 2 When you are finished making changes, click on the **Validate** button.
- 3 If the address in message is correct, click on the **Yes** button; otherwise click on the **No** button.
- 4 Click on the **Save** button



**To change the SILP unit's Business address:**

- 1 Click on the **Address...** button on the *Home Demographics* window.
- 2 In the list section at the top of the *Resource Address Detail* window, select the Business address to be changed.  
*The selected address displays in the Address Information section at the bottom of the window.*
- 3 Make the appropriate changes in these fields.
- 4 When you are finished making the changes, click on the **Validate** button.
- 5 If the address in the message is correct, click on the **Yes** button; otherwise click on the **No** button.
- 6 Click on the **Modify** button.  
*The new address displays in the list section of the window.*
- 7 Only one address can be changed at a time. Repeat the process if both addresses need to be changed.
- 8 Click on the **OK** button to save the changes.
- 9 Click on the **Cancel** button to close the *Home Demographics* window.
- 10 Click on the **Cancel** button to close the *Task List*.

**To change the SILP unit's primary phone number:**

- 1 In the Primary Phone section on the *Home Demographics* window, make appropriate changes to the fields.
- 2 Click on the **Save** button.

**To change the SILP unit's Business phone number:**

- 1 Click on the **Phone...** button on the *Home Demographics* window.
- 2 Select the Primary or Business phone number to be changed in the list section at the top of the window.  
*The phone number displays in the detail section at the bottom of the window.*
- 3 Make any necessary changes in these fields.
- 4 Click on the **Modify** button.  
*The new phone number displays in the list section at the top of the window.*  
*Only one phone number can be changed at a time. Repeat the process if multiple phone numbers need to be changed.*
- 5 Click on the **OK** button to save the changes.
- 6 Click on the **Save** button to close the *Home Demographics* window.
- 7 Click on the **Close** button to close the *Task List*.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CLOSING AN INDIVIDUAL SILP UNIT**

Supervisory Approval is necessary for SILP unit closures.

- 1** Click on the **WORK** button on the CONNECTIONS Toolbar
- 2** Click on the SILP unit to select it.
- 3** Click on the **Tasks...** button.
- 4** Select the **Close Home** task.
- 5** Click on the **New** button.
- 6** Click on the drop-down arrow for the **Closure Reason** field and select the appropriate closure reason.
- 7** Click on the drop-down arrow for the **Closure Type** field and select either **Involuntary Closure** or **Voluntary Closure**. Usually the selection is Voluntary Closure.
- 8** Click on the drop-down arrow for the **Recommend Re-opening** field and select either **Recommend** or **Do Not Recommend**. Usually the selection is Recommend.
- 9** Click on the **File** drop-down menu and select **Save and Submit**.
- 10** Supervisor Approves the SILP unit closure from To Dos.
- 11** **Voluntary Agency notifies the Regional Office of SILP unit closures**

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**APPROVING A SILP UNIT**

- 1 On the *Task List*, click on the **Options** menu and select **Case To-Do's...** or **Click on the To Do Icon on the Connections toolbar**
- 2 Select the Task To-Do for the SILP approval.
- 3 Click on the **Navigate...** button.
- 4 Click on the **Cancel** button in the *F/A Home License* window..
- 5 Click on the approval item in the center of the *Approval Status* window with your name in the **Approver** column.
- 6 Click on the **Approve** button.  
*The following message displays:*  
*"Approval completion will freeze events. Do you wish to add another approver?"*
- 7 Click on the **No** button.
- 8 Click on the **Save** button..
- 9 To close the *Case To-Do List*, click on the **Close** button.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**REASSIGNING A SILP UNIT**

- 1 Click on the SILP unit in workload
- 2 Click **Assign** button
- 3 If the name of the worker appears at the top of the screen, select it.
- 4 If the name of the worker does not appear at the top of the screen, **Select Options, Staff Search Criteria**
- 5 Enter the name of the staff member in the **Name** fields, click **Search**
- 6 Highlight the name from the resulting list. Click **OK**.
- 7 On the **Assign** window, select the name at the top of the screen if not already selected, select **Primary** or **Secondary** as needed. If you are reassigning Primary, you will get a pop up message, say **"Yes"**
- 8 Click **Save**

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**REQUESTING TECHNICAL ASSISTANCE**

***Help Desk***

If an error message displays on a worker's computer screen during an attempt to sign on to CONNECTIONS or while working in CONNECTIONS, or the worker needs help with CONNECTIONS step by step instructions, report the problem to the NYS OFT Enterprise Help Desk in order to correct the problem.

**Before phoning the Help Desk, do the following:**

- If possible, keep the error message on the screen (or write it down) so that you can describe the specific error or difficulty to the Help Desk.
- Call the Help Desk at **1-800-697-1323**. If the Help Desk is not able to solve the problem immediately, they will assign a ticket number for the problem.
- *Write down the ticket number.* This ticket number will be needed for reference in any subsequent calls concerning the problem.

NEW YORK STATE  
 OFFICE OF CHILDREN AND FAMILY SERVICES  
**Voluntary Agency Application for Supervised  
 Independent Living Program (SILP)**

**INSTRUCTION:** This application must be completed by a responsible agent of the Facility (Officer of the Board of Trustees, Administrator, etc.). Complete ALL items on this form. Attach additional sheets as necessary. MAIL completed form within 5 business days to the appropriate Regional Office of the NYS Office of Children and Family Services.  
*(Print or Type)*

TYPE OF FACILITY SUPERVISED INDEPENDENT LIVING PROGRAM (SILP):	
<b>NYS OCFS CENTRAL OFFICE USE</b>	
EFFECTIVE DATE	APPLICATION TYPE <input type="checkbox"/> New <input type="checkbox"/> Renewal
EXPIRATION DATE	

**APPLICANT** (Name and Address of Agency, Association, Corporation or Other Legal Entity Operating the Facility)  Not for Profit  
 Public Agency  
 Other Specify) \_\_\_\_\_

**FACILITY** (Name and Address including Zip Code)

RESIDENT CAP: TYPE:  
 REGULAR  MOTHER/CHILD

ESTIMATED CAPITAL COST		FINANCIAL RESOURCES AS OF LAST FISCAL YEAR	
Construction or Purchase (incl. land)	\$	<b>ASSETS</b>	
Equipment	\$	Cash and Receivable	\$
Other (specify)	\$	Fixed Assets	\$
<b>TOTAL</b>	\$	Other (Specify)	\$
Indicate how total will be provided		<b>TOTAL ASSETS</b>	\$
		<b>LIABILITIES</b>	
		Current	\$
		Long Term	\$
		Other (Specify)	\$
		<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH (Assets-Liab.)</b>	\$
		<b>SOURCES OF REVENUE (Current Year)</b>	\$
		Resident Fees	\$
		Government Fees	\$
		Other (Specify)	\$
		<b>TOTAL REVENUE</b>	\$
		<b>TOTAL EXPENDITURES</b>	\$

SOURCE	AMOUNT
	\$
	\$
	\$

**IF LEASED FACILITY**  
 NAME OF OWNER OF LAND AND BUILDING

TERMS OF LEASE \* Amount of rental and other cost pursuant to lease.  
 \$

\* Copy of lease to be submitted upon request.

**ATTACHMENTS**

Have you attached a Plan and Description of Staff Positions including Duties and qualifications (Indicate vacant positions)

If Applicant is a Corporation, have you attached a list of names, addresses, and occupations of the Board of Directors.

Have you attached a brief physical description of the Facility, including land, all buildings, number of floors, and construction

**CERTIFICATION:** I certify that the statements in this application and all attachments are correct to the best of my knowledge.

NAME	PHONE:
TITLE	DATE:
SIGNATURE X	

**NYS OCFS REGIONAL OFFICE USE ONLY**

RECOMMENDATION:  APPROVE  DENY RESTRICTIONS:

<b>Evaluation Dates</b>		REGIONAL OFFICE ACTION BY:	DATE:	CENTRAL OFFICE ENDORSEMENT:	DATE:
LATEST:	NEXT:	X			

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**NOTICE OF SILP CLOSING, TRANSFERRING, RECERTIFICATION AND OPENING**

Please note: Information listed below needs to be forwarded to the appropriate NYS Office of children and Family Services Regional Office within 10 days of listed action.

<p><b>TO:</b></p>	<p><b>FROM:</b> Agency :</p> <p>SILP:</p> <p>Contact:</p> <p>Address:</p> <p>RID#:</p> <p>VID #:</p>
<p><b>RE:</b></p> <p><input type="checkbox"/> SILP Opening</p> <p><input type="checkbox"/> SILP Transferring</p> <p><input type="checkbox"/> SILP Recertification</p> <p><input type="checkbox"/> SILP Closing</p>	<p><b>DATE COMPLETED AND SENT:</b></p>
<p style="text-align: center;"><b>OLD AGENCY</b></p> <p>Agency Name:</p> <p>Agency ID:</p> <p>Contact Person:</p> <p>Street Address:</p> <p>City, State, Zip:</p> <p>Phone:</p> <p>Fax:</p> <p>E-Mail:</p>	<p style="text-align: center;"><b>NEW AGENCY (transfers only)</b></p> <p>Agency Name:</p> <p>Agency ID:</p> <p>Contact Person:</p> <p>Street Address:</p> <p>City, State, Zip:</p> <p>Phone:</p> <p>Fax:</p> <p>E-Mail:</p>
<p><b>Date of, Opening, Transfer, Recertification or Closing:</b></p>	<p><b>Changes made in CONNECTIONS:</b></p> <p><i>Specify the contact person and phone number if different from agency/facility above:</i></p> <p><b>Contact Person:</b></p> <p><b>Phone Number:</b></p>
<p style="text-align: center;"><b>INFORMATION ON CLOSING</b></p>	
<p style="text-align: center;"><b>ADDITIONAL COMMENTS</b></p>	

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**AGENCY CHECKLIST FOR SILP OPERATION**

All items on this checklist must be completed by a responsible agent of the facility (officer of the Board of Trustees, Administrator, etc). Please complete all requirements listed below and mail to the appropriate Regional Office of the New York State Office of Children and Family Services.

Authorized agencies, regardless of whether they are initiating a SILP program or currently operating an OCFS certified supervised independent living unit, will be required to complete an application and provide the following information:

- A description of the need for the program, type of SILP program, and a list of the social services districts interested in using the program, including letters of support from all districts that intend to use the proposed program;
- A description of the services that will be provided, including a plan setting forth how the services will be provided;
- The population to be served;
- Proposed staffing, including the proposed staff to youth ratio for the program and the procedures for obtaining background checks on prospective employees, volunteers or consultants;
- A description of where units will be located and the Agency's process for SILP certification.
- A description describing how the Agency will interact with localities regarding annual inspections.
- A certification that all supervised independent living units will be operated in compliance with 18 NYCRR Part 449; and
- Any other information required by OCFS.

"The agency hereby certifies that it will administer its supervised independent living program and will certify and supervise supervised independent living units in a manner consistent with applicable statutes and regulations, including, but not limited to, those set forth in 18 NYCRR Parts 441 and 449."

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CHIEF OPERATING OFFICER OR DESIGNEE

DATE



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**SUPERVISED INDEPENDENT LIVING PROGRAMS**  
**FIRE SAFETY INSPECTION GUIDELINES PER NYS OCFS REGULATION 449**

NAME OF AGENCY:	FACILITY ADDRESS:
DATE OF INSPECTION:	INSPECTION CONDUCTED BY:

TYPE OF HEATING SYSTEM: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other (specify)
---

**TESTING & MAINTENANCE: ANNUALLY OCFS SECTION 449.4 (B)(4)(xviii)**

FIRE PROTECTION SYSTEM			
	OCFS reg. 449	Compliant	Non-Compliant
		<input type="checkbox"/>	<input type="checkbox"/>
Date Inspected:	449.4(b)(4)&(iv)		

PORTABLE FIRE EXTINGUISHERS			
	OCFS reg. 449	Compliant	Non-Compliant
		<input type="checkbox"/>	<input type="checkbox"/>
Date Inspected:	449.4(b)(4)(vii)		

FIRE ALARM/DETECTION SYSTEM – NOTIFICATION DEVICES – CONNECTION TO CENTRAL STATION			
	OCFS reg. 449	Compliant	Non-Compliant
		<input type="checkbox"/>	<input type="checkbox"/>
Date Inspected:	449.4(b)(4)&(iv)		

HEATING PLANT			
	OCFS reg. 449	Compliant	Non-Compliant
Conducted by:		<input type="checkbox"/>	<input type="checkbox"/>
Date Inspected:	449.4(b)(4)(xv)		

CHIMNEY AND FIREPLACE INSPECTED ANNUALLY			
	OCFS reg. 449	Compliant	Non-Compliant
Conducted by:		<input type="checkbox"/>	<input type="checkbox"/>
Date Last Inspected:	449.4(b)(4)(xx)		

PRIVATE WATER SUPPLY ANNUAL REPORT (WHERE APPLICABLE)			
	OCFS reg. 449	Compliant	Non-Compliant
Conducted by:		<input type="checkbox"/>	<input type="checkbox"/>
Date Last Inspected:	449.4(b)(4)(i)		

ELEVATOR INSPECTION (WHERE APPLICABLE)			
	OCFS reg. 449	Compliant	Non-Compliant
Conducted by:		<input type="checkbox"/>	<input type="checkbox"/>
Date Last Inspected:	449.4(b)(xiv)		

LOCAL FIRE AUTHORITY OR INSURANCE CARRIER INSPECTION			
Conducted by:	OCFS reg. 449	Compliant	Non-Compliant
		<input type="checkbox"/>	<input type="checkbox"/>
Date Last Inspected:	449.4 (b)(4)(xviii)	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY GENERATOR RUN TEST RECORDS			
Tested Organization:	OCFS reg. 449	Compliant	Non-Compliant
		<input type="checkbox"/>	<input type="checkbox"/>
Date of Last Run:	449.4 (b)(4)(xiv)	<input type="checkbox"/>	<input type="checkbox"/>

SILP REQUIREMENTS PER OCFS SECTION 449.4 (b)(4)(ix)			
	No	Yes	(If Yes, review items below)
Wood Frame Construction (Type V):	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
No bed in unfinished attic, basement, stair hall, or storage room:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
No children above second floor:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Children of limited mobility in a Type V wood frame building protected by a sprinkler system:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Children of limited mobility in a Type V wood frame not permitted above the first floor:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
First floor is handicap accessible:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

**FIRE PREVENTION AND MAINTENANCE**

FIRE DEPT. & EMERGENCY SERVICE ACCESS				
ITEM#	TOPIC	OCFS reg. 449	Compliant	Non-Compliant
1	Structure accessible for fire equipment	449.4(b)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>
2	Fire lanes clear and unobstructed	449.4(b)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>
3	Nothing obstructing the use of fire hydrants or fire dept. connections	449.4(b)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>

EXTERIOR PROTECTION				
ITEM#	TOPIC	OCFS reg. 449	Compliant	Non-Compliant
4	Combustible waste and refuse which constitute a fire hazard is removed	449.4(b)(4)(v)	<input type="checkbox"/>	<input type="checkbox"/>

MEANS OF EGRESS				
ITEM#	TOPIC	OCFS reg. 449	Compliant	Non-Compliant
5	There is a minimum of two means of egress provided from each floor that are accessible to children	449.4(b)(4)(viii)	<input type="checkbox"/>	<input type="checkbox"/>
6	The window opening is at least 24 inches high and 20 inches wide to qualify as a means of egress	449.4(b)(4)(viii)	<input type="checkbox"/>	<input type="checkbox"/>
7	The bottom of the window is no higher than 3 feet 8 inches above the floor or an accessible access been provided (steps or furniture affixed in place provided)	449.4(b)(4)(viii)	<input type="checkbox"/>	<input type="checkbox"/>

<b>MEANS OF EGRESS</b>				
<b>ITEM#</b>	<b>TOPIC</b>	<b>OCFS reg. 449</b>	<b>Compliant</b>	<b>Non-Compliant</b>
8	For windows used as a means of egress, a platform stair permanently affixed to the building and leading to the ground.	449.4(b)(4)(viii)	<input type="checkbox"/>	<input type="checkbox"/>
9	There is no storage in stairways or corridors or aisles.	449.4(b)(4)(x)	<input type="checkbox"/>	<input type="checkbox"/>
10	All exits doors and means of egress, halls, stairs, are kept clean and free from obstructions and ready at all times for immediate use.	449.4(b)(4)(x)	<input type="checkbox"/>	<input type="checkbox"/>
11	Exits are provided, and adequately illuminated. Emergency lighting provided (battery or emergency generator). Interior decorations do not obscure exit doors or exit signs	449.4(b)(4)(x)	<input type="checkbox"/>	<input type="checkbox"/>
12	The SILP living unit is provided with emergency lights(flashlights, battery operated lanterns) and are in good working condition	449.4(b)(4)(xi)	<input type="checkbox"/>	<input type="checkbox"/>
13	If provided, smoke and fire doors (including all hardware) are functional for proper operation. Automatic hold-open devices are installed and maintained on smoke / fire doors (No obstructions).	449.4(b)(4)(x)	<input type="checkbox"/>	<input type="checkbox"/>
14	A plan for evacuation posted in a conspicuous place on each floor level of the living unit.	449.4(b)(4)(xii)	<input type="checkbox"/>	<input type="checkbox"/>

<b>EQUIPMENT AND SYSTEMS</b>				
<b>ITEM#</b>	<b>TOPIC</b>	<b>OCFS reg. 449</b>	<b>Compliant</b>	<b>Non-Compliant</b>
15	Heating equipment is maintained within a one hour fire rated enclosure	449.4(b)(4)(ii)	<input type="checkbox"/>	<input type="checkbox"/>
16	Heating systems are maintained as not to create a hazard	449.4(b)(4)(xv)	<input type="checkbox"/>	<input type="checkbox"/>
17	Heating plants are protected from tampering by children	449.4(b)(4)(xv)	<input type="checkbox"/>	<input type="checkbox"/>
18	Safety devices are not rendered inoperable (shut off valves)	449.4(b)(4)(xv)	<input type="checkbox"/>	<input type="checkbox"/>
19	There are no obstructions to fuel gas or oil burning equipment	449.4(b)(4)(xv)	<input type="checkbox"/>	<input type="checkbox"/>
20	Chimneys, flue pipes and gas vents are maintained properly	449.4(b)(4)(xx)	<input type="checkbox"/>	<input type="checkbox"/>
21	Combustible materials not stored within enclosure containing a heat producing device	449.4(b)(4)(xv)	<input type="checkbox"/>	<input type="checkbox"/>

KITCHEN EQUIPMENT				
ITEM#	TOPIC	OCFS reg. 449	Compliant	Non-Compliant
22	The exhaust systems are maintained in safe operating condition. Hoods and ducts are maintained free of grease	449.4(b)(4)(iv)	<input type="checkbox"/>	<input type="checkbox"/>
23	Kitchen appliances are kept in clean, sanitary condition and in good working condition. (refrigerator /freezer, stove, oven, and microwave oven)	449.4(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>

ELECTRICAL SYSTEMS				
ITEM#	TOPIC	OCFS reg. 449	Compliant	Non-Compliant
24	Protective caps, covers, or permanently installed obstruction devices on all electrical outlets accessible to children must be present	449.4(b)(15)(vi)	<input type="checkbox"/>	<input type="checkbox"/>
25	No extension cords in use	449.4(b)(4)(v)(m)	<input type="checkbox"/>	<input type="checkbox"/>
26	If in use, the multi-outlet power strip type is approved in writing by the authorized agency	449.4(b)(4)(v)(m)	<input type="checkbox"/>	<input type="checkbox"/>

PLUMBING SYSTEM				
ITEM#	TOPIC	OCFS reg. 449	Compliant	Non-Compliant
27	Adequate bathing, toilet and lavatory kept in sanitary condition	449.4(b)(8)	<input type="checkbox"/>	<input type="checkbox"/>
28	The plumbing and sewer in good working condition	449.4(b)(15)(v)(h)	<input type="checkbox"/>	<input type="checkbox"/>

ELEVATOR EQUIPMENT				
ITEM#	TOPIC	OCFS reg. 449	Compliant	Non-Compliant
29	Elevator hoist-ways and pits are maintained free of rubbish and debris	449.4 (b)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>
30	Elevator machine rooms are not used for storage of materials unnecessary for maintenance of equipment	449.4 (b)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>
31	Elevator are properly lighted and have alternate power	449.4 (b)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>

FIRE DETECTION & PROTECTION EQUIPMENT				
ITEM#	TOPIC	OCFS reg. 449	Compliant	Non-Compliant
32	A supervised independent living unit must be protected by a fire detection system, or a sprinkler system, as defined in section 441.2 of this Title, or a smoke detection system or individual smoke detectors as required by applicable local codes and the New York State Uniform Fire Prevention and Building Code. <b>example:</b> Located as follows: at a minimum there must be a smoke detector in each room of a SILP living unit (a) Smoke detection at the top of each stairway, in each hallway, (b) Heat detectors in the kitchen, heating equipment room and attics	449.4(b)(4)	<input type="checkbox"/>	<input type="checkbox"/>

<b>FIRE DETECTION &amp; PROTECTION EQUIPMENT</b>				
<b>ITEM#</b>	<b>TOPIC</b>	<b>OCFS reg. 449</b>	<b>Compliant</b>	<b>Non-Compliant</b>
33	All Detectors and Manual fire alarm stations are visible, unobstructed, and maintained.	449.4 (b)(4)(iv)	<input type="checkbox"/>	<input type="checkbox"/>
34	Instructions for alarm boxes conspicuously posted.	449.4 (b)(4)(iv)	<input type="checkbox"/>	<input type="checkbox"/>
35	If fire alarm system is not connected to Central Station of Fire Dept., Local Alarm Only – Call 911 signs must be posted.	449.4 (b)(4)(iv)	<input type="checkbox"/>	<input type="checkbox"/>
36	Fire detection system or sprinkler system is provided in unsupervised spaces containing fire hazardous materials and 1-hour fire rated separation. Area of fire hazard means the following but limited to heating equipment room; woodworking shop, paints and/ or other combustible or flammable materials or liquids.	449.4 (b)(4)(ii)	<input type="checkbox"/>	<input type="checkbox"/>
37	If a sprinkler system is provided, the fire dept. connections are clearly identified and accessible	449.4 (b)(4)(iv)	<input type="checkbox"/>	<input type="checkbox"/>
38	Sprinkler control valves are unobstructed and accessible.	449.4 (b)(4)(iv)	<input type="checkbox"/>	<input type="checkbox"/>
39	All system valves and piping in good working condition- no leaks visible	449.4 (b)(4)(iv)	<input type="checkbox"/>	<input type="checkbox"/>
40	Material storage is kept clear so that it does not interfere with sprinkler head water discharge (18" clearance)	449.4 (b)(4)(iv)	<input type="checkbox"/>	<input type="checkbox"/>
41	Standpipe hose is properly stored, maintained and tested.	449.4 (b)(4)(iv)	<input type="checkbox"/>	<input type="checkbox"/>
42	Standpipe hose stations are conspicuously identified	449.4 (b)(4)(iv)	<input type="checkbox"/>	<input type="checkbox"/>

<b>PORTABLE FIRE EXTINGUISHERS</b>				
<b>ITEM#</b>	<b>TOPIC</b>	<b>OCFS reg. 449</b>	<b>Compliant</b>	<b>Non-Compliant</b>
43	Minimum of one extinguisher for each floor, and additionally one for designated locations: kitchen, laundry and outside heating equipment room	449.4 (b)(4)(vii)	<input type="checkbox"/>	<input type="checkbox"/>
44	Extinguisher hung between 2 and 4 ½ feet above floor	449.4 (b)(4)(vii)		
45	The Extinguishers are maintained properly (clear and unobstructed, monthly inspections checks conducted, easily identified, security seal and pin secure, extinguisher fully charged and in working condition)	449.4 (b)(4)(vii)		

<b>HAZARDOUS MATERIALS</b>				
<b>ITEM#</b>	<b>TOPIC</b>	<b>OCFS reg. 449</b>	<b>Compliant</b>	<b>Non-Compliant</b>
46	The flammable materials necessary for operation and maintenance of the SILP is stored in approved, self-closing cans.-	449.4(b)4(iii)	<input type="checkbox"/>	<input type="checkbox"/>
47	Flammable materials are not stored the SILP living unit	449.4(b)4(iii)		
48	All cleaning material, detergents, aerosol cans, beauty aids, and poisonous or toxic materials must be stored in their original containers, and must be used in such a way that they will not contaminate play surfaces, food and food preparation areas, or constitute a hazard to children, and other such materials must be kept in a place inaccessible to children	449.4(b)(15)(vii)		

<b>FIRE SAFETY PRACTICE and TRAINING</b>				
<b>ITEM#</b>	<b>TOPIC</b>	<b>OCFS reg. 449</b>	<b>Compliant</b>	<b>Non-Compliant</b>
49	Suitable precautions are taken to eliminate all conditions, which may constitute or create a fire, health and/or safety hazard (clothes, dryer lint, etc.)	449.4(b)(4)(v)	<input type="checkbox"/>	<input type="checkbox"/>
50	There is at least one single line non-coin operated telephone is immediately available for general & emergency use (emergency telephone numbers for fire, police, medical assistance must be posted on an adjacent to telephones)	449.4(b)(4)(xvii)		
51	All Fires are reported to OCFS within 24 hours after any fire, with a written report within 10 days.	449.4(b)(4)(xix)		
52	The staff and parenting youth maintain a current first-aid and CPR training certification	449.4(c)(2)(i)		
53	Staff and youth are instructed in how to evacuate the building in which the SILP unit is located	449.4(b)(4)(xiii)		
54	The evacuation plans are reviewed quarterly with the youth after placement	449.4(b)(4)(xiii)		
55	New admitted youth, new staff, and volunteers are instructed in the evacuation procedure during their orientation to SILP	449.4(b)(4)(xiii)		

Physical Plant & Space Requirements				
ITEM#	TOPIC	OCFS reg. 449	Compliant	Non-Compliant
56	No peeling or damaged paint or plaster is present	449.4(b)(15)(i)	<input type="checkbox"/>	<input type="checkbox"/>
57	If an outdoor play space available for children, the equipment must be in good working condition	449.4(b)(15)(ii)		
58	The SILP unit clean sanitary condition and in good repair	449.4(b)(3)		
59	Minimum square footages for bed rooms, <b>Single</b> 70 Sq. Ft. <b>Double</b> 70 Sq. Ft. Plus and additional 50 Sq. Ft. with at least two feet of space between each bed.	449.4(b)(9)		
60	All habitable rooms, except the kitchen, shall be no less than seven feet in any dimension. For rooms with sloped ceilings, include only the floor dimensions with a clear ceiling height of five feet or more in this calculation. One-third of the minimum required floor area of each room must have a ceiling height of seven feet.	449.4(b)(10)		
61	The kitchen has at least three feet of clear passage between counter fronts and appliances or counter fronts walls.	449.4(b)(11)		
62	No materials containing asbestos are evident in any construction/ renovation or repair of an SILP that occurred after July 1, 1993 is prohibited.	449.4(b)(15)(v)(j)		
63	The unit is effectively screened against flies and other insects	449.4(b)(6)		
64	Radiators and steam, heating pipes in rooms occupied by children are covered to protect children.	449.4(b)(15)(iii)		
65	All porches, decks, and stairways have railings with a barrier to prevent a child from falling	449.4(b)(15)(iv)		
66	Adequate barriers are provided and /or installed to prevent children from gaining access to unsafe, dangerous or hazardous areas or devices Examples: fire places, pools, hot tubs, and second floor and above windows.	449.4(b)(15)(v)		
67	All matches, lighters, medicines, drugs, cleaning material, and other such materials are kept in a place inaccessible to children	449.4(b)(15)(vii)		

Physical Plant & Space Requirements - Continued				
ITEM#	TOPIC	OCFS reg. 449	Compliant	Non-Compliant
68	Hand bags, backpacks, briefcases, plastic bags, toys and objects small enough for children to swallow not accessible to children.	449.4(b)(15)(viii)	<input type="checkbox"/>	<input type="checkbox"/>
69	Connections for gas appliances are per code (rubber tubing etc.)	449.4(b)(4)(v)(d)		
69	Connections for gas appliances are per code (rubber tubing etc.)	449.4(b)(4)(v)(d)		
70	Combustible or flammable containers used for ashes are not used	449.4(b)(4)(v)(e)		
71	There is no evidence of an accumulation of combustible or flammable materials in any part of the unit, except in approved storage	449.4(b)(4)(v)(f)		
72	There is no evidence of portable electric space heaters or self-contained fuel-burning space	449.4(b)(4)(v)(a)		
73	There is no evidence of the use of fuel burning or electric (hot plates are prohibited)	449.4(b)(4)(v)(c)		
74	Unless approved in writing by the authorized agency, there is no evidence of solid-fuel-burning and	449.4(b)(4)(v)(b)		
75	Unless approved in writing by the authorized agency, there is no evidence of extension cords	449.4(b)(4)(v)(m)		
76	There is no evidence of the use of furniture, toys, and any part of the unit/building containing lead based	449.4(b)(15)(v)(l)		
77	Any other condition deemed hazardous by OCFS and the authorized agency.	449.4(b)(4)(v)(n)		

Additional Comments: