

SHELTER POLICY AND PROCEDURE TEMPLATE

This template is merely a guideline and should be considered a starting point for shelters. Shelters should create policies and procedures that reflect their shelter operations and values.

Italicized information is for your knowledge to make informed decisions regarding your policies and procedure or other shelter operations.

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1.0 CLIENT FEEDBACK COLLECTION METHODS

1. Surveys: The shelter conducts anonymous weekly/monthly/quarterly surveys for clients. Responses are reviewed by the management team and make adjustments as necessary.
2. Verbal Reports: Clients may make verbal reports to any staff member. These verbal reports are entered into the electronic records system (AKHMIS/Apricot) and followed up by the management team as necessary.
3. Collection Box: Clients will have access to a collection box that they may express their concerns in writing and anonymously drop into the box. A member of the management team will collect the responses weekly (i.e.; every Monday), review and follow up as necessary.

2.0 DETERRENTS AND REDUCTION OF CLIENT LOITERING AND PROHIBITED CAMPING

1. Individuals are not permitted to camp on shelter property or within one half mile of the property per Anchorage Municipal Code 16.125.065.B.1. Any individual found to be camping on the property will be immediately addressed and referred to a shelter bed if available or other resources if more appropriate.
2. Staff will conduct hourly rounds of the property 24 hours a day to deter camping and loitering.
3. Any camps that appear off of the property or within one half mile of the property will be reported using the [Anc Works Camp Reporting](#) online.

2.1 PROPERTY ROUNDS

The purpose of property rounds is to deter loitering and reduce camping. If there are individuals surrounding the property who need assistance accessing services, staff will offer them a bed if available or provide other more appropriate resources if needed. If someone is found to be experiencing a medical emergency, 911 will be called.

1. Rounds will be completed at least once every hour
2. When performing rounds staff will:
 - a. Wear a high visibility vest
 - b. Carry their work issued radio and/or cell phone
 - c. Carry a pair of nitrile gloves, naloxone and a CPR face shield/mask
 - d. A flashlight (if dark or will get dark while rounding)
3. Rounds will be completed in pairs
4. Rounds will focus on known areas of concern (*including a property map with color coded sections of concern could be helpful*)
5. Always alert other staff when they are leaving, where they are heading and alert staff when they arrive back.
6. Be mindful to approach people with caution to not startle or sneak up on them, especially if they appear to be asleep. Announce your presence by identifying yourself as staff.
7. While clients are expected to be in by curfew, a round should be completed as close to curfew as possible to give clients a final chance to check in for the night and ask clients not staying to leave the property.

8. Rounds will be documented in the staff communication log and must include the following information:
 - a. Time rounds began and ended
 - b. Which staff completed the round
 - c. Approximate number of interactions with people or groups cleared from property and where they were located
 - d. Any incidents or challenges

Example: 01/01/2025 from 0800 to 0845, John Doe and Jane Smith cleared 5 people from the property, all of which were by Sesame St and Mulberry Ave. A male individual was found unresponsive, 911 was called by staff, naloxone was administered while awaiting the ambulance. No other incidents. - John Doe

3.0 ENSURANCE OF SAFETY FOR CLIENTS, STAFF, AND VOLUNTEERS

1. To ensure the safety of staff, clients and volunteers, all shelter staff will be trained in the following:
 - a. Nonviolent Verbal De-escalation
 - b. Physical Disengagement Skills
 - c. Cardiopulmonary Resuscitation (CPR) and First Aid from a recognized institute (i.e.; American Heart Association, Red Cross, etc.)
 - i. This could be general CPR or Basic Life Support (BLS)
 - d. Vulnerable Populations Trainings
 - e. Trauma informed Care
 - f. Bloodborne Pathogens
 - g. Active Listening
 - h. Motivational Interviewing
 - i. Mental Health First Aid
2. All staff shall carry or have immediate access to naloxone.
3. Staff shall conduct a safety check upon entry for any client entering the building. This includes passing through a metal detector/security wand, a search of person and personal belongings.
 - a. Banned items include drugs, alcohol, weapons, and any fire-starter (matches, lighters, etc.).
 - b. Shelter staff complete rounds through the inside of the building and exterior 24 hours a day. Rounds are completed at least once every hour.
4. All staff and volunteers must complete a screening process which includes a background check.
5. Staff are encouraged to develop relationships while maintaining boundaries with clients to build repour to increase understanding of guest needs and aid in de-escalation if necessary.

4.0 INJURY AND DISEASE PREVENTION

4.1 PUBLIC HEALTH AND HOSPITAL CONTACT NUMBERS

Below are the numbers for local and state resources for infectious disease control. Should we not be sure what to do we will contact one of the following agencies:

Anchorage Health Department

825 L Street, Anchorage, AK 99501

Phone: 907-343-4799

Fax: 907-249-7992

Email: AHDCommunityHealthNursing@anchorageak.gov

State of Alaska Department of Health

Phone: 907-269-8000

Fax: 907-562-7802

Providence Alaska Medical Center

3200 Providence Drive, Anchorage, AK 99508

Phone: 907-562-2211

Alaska Regional Hospital

2801 Debarr Road, Anchorage, AK 99508

Phone: 907-276-1131

Alaska Native Medical Center

4315 Diplomacy Drive, Anchorage, AK 99508

Phone: 907-563-2662

4.2 GENERAL CONTROL FOR INFECTIOUS DISEASE

The following section contains information on general ways to prevent a variety of infectious diseases. These include recommendations for hygiene, laundry, surface cleaning, and food safety. These recommendations are integrated into the daily functioning of the shelter. During times when infectious diseases are more common such as winter, increasing the frequency of use of these recommendations can help control the spread of infectious diseases.

4.2.1 SUPPLIES FOR INFECTION CONTROL

Our facility will have the following items:

- Hand soap
- Hand sanitizer
- Tissues
- Disposable gloves
- Paper towels
- Sharps (needles) container
- Surgical masks
- Bleach or other cleaning solution approved for disinfecting
- Bodily fluid clean-up kit (optional)
- Wound care kit (optional)
- Eye protection

4.2.2 HYGIENE

Throughout the day clients will encounter infectious agents such as; bacteria, viruses and fungi. To control the spread of infection, we will use the following guidelines for proper hygiene.

1. [Handwashing](#): Wash hands with soap and water regularly.
2. **Body hygiene**: Shower/bathe regularly, according to activity level. If a person is not active, then they can shower a few times per week. Otherwise, taking a short shower once per day is recommended. When showering, pay special attention to face, hands and groin. Clean the body from top to bottom.

Wash hair with soap or shampoo according to hair type. Maintain clipped nails on hands and feet. Do not share personal hygiene items such as razors, hairbrushes, or toothbrushes.

3. Dental care: Brush teeth twice a day with toothpaste. Clean between teeth daily. Dental visits are encouraged to prevent oral disease.
4. Clean clothes: Dirty clothes should be washed with laundry soap and dried at a high temperature.
5. Wound care: care for wound and keep them covered when possible.
6. Cough/Sneeze etiquette: Turn away from other people and covering the nose and mouth with a tissue or elbow when coughing or sneezing. Wash hands with soap and water after.

4.2.3 HANDWASHING FOR STAFF AND CLIENTS

Hand washing is the most effective way to prevent the spread of germs from one person to another and throughout the facility. Appropriate hand washing using soap and water helps remove visible dirt and potentially infectious agents from your hands and clients' hands. Hand sanitizers are often an effective alternative when soap and water are not readily available, and hands are not visibly dirty.

4.2.4 WHEN TO WASH

- Before, during and after preparing/handling food
- Before and after eating, drinking and touching the face and mouth
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After blowing your nose, coughing or sneezing
- After removing gloves
- Before and after smoking
- After any activities in which the hands become visibly dirty

4.2.5 HOW TO WASH

Wet your hands with clean running water (warm or cold) and apply soap.

Lather your hands by actively rubbing them together with the soap.

Scrub your hands for 15 to 20 seconds. Rub the palms and backs of your hands, between fingers, around wrists and under nails.

Rinse your hands under clean running water until the soap lather is gone.

Dry your hands with a clean paper towel and then turn off the water with the towel.

4.2.6 HOW TO USE HAND SANITIZER (ALCOHOL OR NON-ALCOHOL BASED)

1. Apply the product to the palm of one hand (approximately the size of a dime)
2. Rub your hands together, being sure to cover the backs of hands, between fingers, thumbs and down to your wrists
3. Continue to rub until your hands and fingers are dry
4. Sanitizer will not work effectively if your hands are visibly soiled. Use soap and water first!

4.3 CLEANING SURFACES

Cleaning: the process of using soap or detergent and water to physically remove bacteria, viruses, and fungus from surfaces

Sanitizing: a process of using chemicals to reduce infectious agents to a level that can prevent disease transmission

Disinfecting: involves killing most infectious agents on a surface

Cleaning is a necessary first step because sanitization and disinfection will not work if dirt and debris have not been removed.

EPA registered products should be used for sanitization and disinfection. A list of products can be found here: <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>. If you need help selecting a product, call the Alaska Section of Epidemiology at 907-269-8000

4.3.1 WHERE TO SANITIZE OR DISINFECT

Clean: All surfaces

Sanitize: Doorknobs, railings, check-in counter, tables

Disinfect: Bathroom, water fountain, surfaces contaminated with bodily fluids

4.4 SLEEPING SPACES

The following recommendations will be used to decrease the spread of infectious disease:

- Arrange all sleeping areas, including cots or mats on the floor, so there is a minimum of 3 feet between individual sleeping areas to prevent the spread of infections.
- Clients should be instructed to sleep head to toe.
- Clients should stay in the same bed each night.
- Beds should be at least 2 inches from the wall and bedding should not touch the floor.
- Mattresses and pillows should be enclosed in impermeable barriers (plastic cover) to protect them from becoming contaminated.
- Small mattress tears should be mended or covered (e.g., using duct tape) as soon as possible

4.5 CLIENT BELONGINGS

Many infestations (bed bugs, lice) and infectious disease agents can travel in the belongings of individuals. One way to prevent spread is through plastic bagging of personal belongings. Clients will be discouraged from sharing personal items (hats, scarves, coats, combs and brushes).

Our shelter will limit the quantity of belongings to no more than two (2) totes full of personal belongings per person. Our shelter will provide the totes.

Storage areas for belongings will include barriers (e.g., tubs or bags) between clients' items and will be regularly cleaned or heat treated for possible infestation.

Clothing donations for clients will be washed and dried upon arrival and after client use (including if clients try on clothing).

4.6 PEST CONTROL/INFESTATIONS

Upon entry to shelter, clients will be asked to shower and provided with a clean pair of donated clothes while staff washes and/or treats belongings for bed bugs.

If bed bugs are reported, staff will take pictures and collect insect specimen for inspection.

If it is deemed to be bed bugs the client will be provided a new set of clean clothing to change into after a shower like the intake process and coordination to treat the affected areas will be arranged.

The shelter uses heat tents/Aprehend® to treat bed bugs.

4.7 LAUNDRY

Clean clothes and linens reduce the chances of wound infection and help reduce the spread of infection to other clients and staff.

Key Guidelines:

- Strict handwashing will be followed by all persons when handling laundry (after handling dirty laundry and before handling clean laundry)
- Precautions will be followed when handling soiled laundry, for example, choosing appropriate protective equipment: gloves, gown/apron when laundry has blood or other body waste on it
- Clean laundry and dirty laundry will be handled, stored and transported separately

Process:

1. Collection: Dirty laundry will be collected in a way to prevent contamination of the environment and clean laundry. This could be done by placing dirty items in a hamper or bag to transport to the laundry facility.
2. Sorting: Sorting can be helpful to determine if the laundry contains items that need to be washed differently or if items need to be removed from clothing pockets. Ensure that this is done in an area or a way to prevent contamination of clean laundry. Do not shake items that are dirty.
3. Washing: Dirty items should be washed for more than 25 minutes the highest temperature possible. Adding bleach or non-chlorine bleach can decontaminate the laundry, where possible.
4. Drying: Drying is the most important decontamination step. Use high heat (>120o F) for at least 30 minutes to prevent the spread of lice and bed bugs and kill other infectious agents.
5. Storage: Clean laundry should be stored in a way to prevent contamination. If it needs to be stored in an open area, use a covered container that has been cleaned and disinfected. Clean items should not be stored on the floor.

4.8 FOOD SAFETY

4.8.1 REGULATIONS

Food safety in Alaska is regulated by the Department of Environmental Conservation (DEC) and Municipality of Anchorage Environmental Health Services.

If your facility serves food, you should make sure your food service program staff are trained in how to safely store, prepare, and serve foods (as a Certified Food Protection Manager). You can learn more about this by contacting DEC or the Municipality of Anchorage Environmental Health Services. The official set of rules for food safety is the Alaska Food Code, which you can find at <https://dec.alaska.gov/eh/fss/food/food-service-markets>.

4.8.2 PREVENTING FOODBORNE ILLNESS

There are many important, detailed rules to prevent diseases transmitted through food. Your Certified Food Protection Manager should know about these and make sure that good practices are being followed. A brief explanation of some key points is included here for reference.

1. People who are sick should not work in the kitchen or serve food
 - a. People who have diarrhea or vomiting should not serve food until it has been 24 hours since the last time, they had diarrhea and/or vomiting
2. Wash hands and surfaces often
 - a. Infectious disease agents can get into the kitchen in many ways and can spread around the kitchen and into food. You can prevent this by cleaning often.
 - b. Wash hands for at least 20 seconds with soap and water before, during, and after preparing food and before eating.
 - c. Wash utensils, cutting boards, and countertops with hot, soapy water.
 - d. Rinse fresh fruits and vegetables under running water.
3. Don't cross-contaminate
 - a. Raw food can spread infectious disease agents to already-cooked food. Maintain separate areas for raw vegetables, raw meat/poultry/seafood, and cooked foods.
 - b. Use separate, clean cutting boards, knives, and plates for raw meat/poultry/seafood. Wash cutting boards before using them for other foods.
 - c. When buying food, keep raw meat/poultry/seafood away from other foods.
 - d. Keep raw meat/poultry/seafood products away from other foods in the fridge.
 - e. Create standardized processes to prevent cross-contamination
4. Cook foods to the right temperature to kill germs
 - a. Use a thermometer to make sure food gets hot enough to kill germs.
 - b. Here are some temperature rules:
 - i. 145°F for whole cuts of beef, pork, veal, and lamb (then allow the meat to rest for 3 minutes before carving or eating)
 - ii. 160°F for ground meats, such as beef and pork
 - iii. 165°F for all poultry, including ground chicken and turkey
 - iv. 165°F for leftovers and casseroles
5. After food service is finished, quickly move foods to the fridge and keep them cold.
 - a. Keep the refrigerator temperature below 41 degrees
 - b. Refrigerate food within 2 hours. Bacteria can grow very fast in food that is between 40 and 140 degrees, so don't let food stay at those temperatures. Keep it either hot or cold.

4.8.3 CLEANING THE KITCHEN

1. Keeping the kitchen and other food preparation and serving areas clean are key steps in keeping everyone healthy. It's important to clean the whole kitchen regularly- including counters, backsplashes, and floors. This should be done after every served meal. Use hot, soapy water to clean and mop.
2. Use an industrial dishwasher that can sanitize dishes and utensils. Make sure you know how the dishwasher works and check regularly that it is working correctly.

4.8.4 FOOD STORAGE

1. Cold food: Make sure that refrigerators keep food below 41 degrees. Keep raw and cooked food separate, and ensure that raw foods (especially meat, poultry, and seafood) are not stored above produce or cooked food.
2. Dry storage: Keep pantries and other dry storage areas clean and organized.

4.9 RESOURCES FOR STAFF

4.9.1 VACCINATION

Staff should be current on all vaccinations. Your doctor can help you figure out which vaccinations you might need.

- Check that you are up to date on all childhood immunizations, including MMR (measles, mumps, and rubella)
- Check that you have had appropriate hepatitis A and hepatitis B vaccines
- Make sure to get boosters for tetanus and pertussis as needed
- Get a yearly influenza vaccine

4.9.2 TUBERCULOSIS

Staff will be screened for tuberculosis at the time of hiring and at regular intervals.

There is more information about how to manage tuberculosis in homeless shelters at <http://www.currytbcenter.ucsf.edu/products/homelessness-and-tb-toolkit>. Also please refer to the approach to prevention and treatment of tuberculosis in shelters in Alaska, which is described in a separate document called "Shelter Tuberculosis Infection Control Guidelines."

5.0 METHOD OF SCREENING INDIVIDUALS WHO ARE UNDER THE INFLUENCE

The shelter is low-barrier and does not prohibit individuals who may be under the influence of drugs or alcohol from receiving services.

The shelter has barriers and individuals must perform a breathalyzer upon entry. Entry will be granted upon a 0.0 result. Individuals may not appear under the influence of any substance (drugs and alcohol) to be granted entry into the shelter. Any individual under the influence will be directed to other resources.

5.1 PLAN TO PROVIDE FOR THEIR IMMEDIATE NEED (IF THE SHELTER WILL ADMIT SUCH PERSONS)

1. While clients are entering the shelter, staff will conduct a safety check which includes passage through a metal detector/security wand, search of person and search of personal belongings.
2. During this process staff will be aware of signs that the individual may be under the influence of drugs and/or alcohol. Signs may include:
 - a. Slurred speech
 - b. Lack of coordination
 - c. Erratic behavior
 - d. Odor of alcohol
 - e. Possession of drugs, drug paraphernalia and/or alcohol
3. If staff suspects that the individual is under the influence of drugs and/or alcohol they will use their training and best judgement of the individual's ability to safely care for themselves while in the shelter.
 - a. If a client who is deemed to be under the influence of drugs and/or alcohol is admitted to the shelter, they will be closely monitored by staff throughout the stay. The individual shall be placed in a bed closest to staff as possible.
 - b. If a client who is deemed to be under the influence of drugs and/or alcohol is impaired to a degree, they are not able to care for themselves. Staff will call the Anchorage Safety Patrol at 907-343-4006 for an assessment and potential transport to the Anchorage Safety Center.

6.0 OPERATING PLAN

The shelter operates 24 hours, 7 days a week, 365 days a year. The shelter is managed and overseen by a "Program Director" who directly oversees shift managers. Each shift manager leads a team of support staff.

The shelter has a capacity of ____ individuals.

Clients are allowed access to their bed and the facility 24 hours a day/between the hours of ____a.m. and ____p.m./between the hours of ____p.m. and ____a.m.

Beds at the shelter are provided on a first come first serve basis. Clients may use that bed until the client indicates they are moving out, the bed is abandoned, or a client is asked to leave for violating shelter policy. A bed is considered abandoned if the bed is empty for _ number of night(s).

Clients have a curfew of ____p.m. If a client misses curfew without communicating to staff prior to missing curfew, this will count as a missed bed count towards the bed being abandoned. Reasonable accommodations may be made for clients who communicate with staff why they are missing curfew. If the client has a job that will keep them out past curfew, they must communicate this with staff and staff must document it in the staff communication log.

Abandoned or vacant beds will be made available for new clients by ____a.m./p.m.

7.0 PROJECTED STAFFING LEVEL

7.1 DAYTIME/EVENINGS

The shelter operates at a minimum of 1:30 staffing ratio during daytime hours and evenings (0700 through 2100) when clients are awake.

7.2 OVERNIGHT

The shelter operates at a minimum of 1:50 staffing ratio during nighttime/overnight hours (2100 through 0700) when clients are asleep.

8.0 PROPOSED MAXIMUM STAY

The shelter does not have a proposed maximum stay for clients. However, clients are expected to work towards permanent and stable housing while utilizing shelter, through the various support services offered.

9.0 RULES OF CONDUCT

The following rules apply to clients and visitors while on the shelter property:

1. Treat everyone with dignity and respect
2. May not possess or use drugs and/or alcohol
3. May not possess or use weapons or turn any everyday object into a weapon
4. May not be violent or abusive
5. Respect the shelter and property
6. Follow all directions given to you by staff
7. Do not take other clients belongings
8. Keep your belongings stored using provided storage
9. Follow all shelter guidelines and procedures
10. Be respectful when using electronic devices, specifically at night or in shared spaces
11. May not resell items such as cigarettes, bus passes, food or drink to other guests

Clients or visitors who violate these rules of conduct may be asked to leave the shelter.

10.0 SECURITY PLAN FOR HANDLING INCIDENTS OF VIOLENCE

1. During incidents of violence staff are directed to refer to their previous training and engage in verbal de-escalation and non-violent crisis prevention and intervention techniques.
2. While every incident is unique, staff are directed to take the following steps during an incident of violence:
 - a. Remain calm and avoid escalating yourself
 - b. Work as a team and have a plan
 - c. Verbally de-escalate, do not physically engage
 - d. If and when possible, remove bystander to avoid an audience, remove the trigger, and/or re-direct the aggressor
 - e. Try to determine the need that is not being met and see what could be done to address the need
 - f. Use physical barriers such as desks or doors to give yourself for safety
 - g. Call emergency services if needed
 - h. Report, document, de-brief and take any follow-up action if necessary

11.0 SUPPORT SERVICES TO BE PROVIDED

The shelter provides several support services, which are as followed:

- Case Management
- Referrals to Resources
- Employment Training and Preparation
- [Basic Hygiene Items and Showers](#)

- [Laundry](#)
- Breakfast, Lunch and Dinner
- Storage of Personal Client Belongings
- Secure Medication Storage
- [Transportation](#)
- Art Activities
- Medical Services

12.0 TRANSPORTATION PROTOCOLS (DAY SHELTERS ONLY)

1. The shelter provides round-trip, non-emergency medical transportation via cab voucher or ride share for the following:
 - a. Prescription medication pick up that cannot be delivered to the shelter site
 - b. Medical appointments
 - c. Non-emergency transport to an emergency department that does not require an ambulance
2. Bus passes are provided to guests who are working towards permanent stability as funding allows
3. Staff may have access to a company vehicle to transport clients as needed

13.0 TRESPASS AND ADMISSION DENIAL CRITERIA

13.1 TRESPASS

If an individual is unable to comply with the policies of the shelter or is violent, they may be legally trespassed from the shelter. A trespass is a legal action that involves APD. The shelter will work with APD to trespass individual clients from the property. The information of any individual trespassed should be noted on the incident form. Any trespass notice shall be in writing and include an appeal process.

13.2 DENIAL OF ADMISSION

Denial of Admission is only allowed in the following situations:

1. The shelter is at full capacity
2. Observed behavior that puts health and safety of staff and Participants at risk. Such behavior may include, but is not limited to, violence, brandishing weapons, use of drugs or alcohol on premises, property damage.
3. The individual has previously been formally trespassed from the Shelter
4. The individuals decline to agree to the rules and policies presented to them at intake
5. The individual is under the age of 18 years old

14.0 VERIFICATION OF AKHMIS AND COORDINATED ENTRY COMPLIANCE

The Shelter uses the Alaska Homeless Management Information System/Apricot/Other system to enter client information. Shelter clients are entered into HMIS within _ hours/days. Our shelter maintains an _ rating for data timeliness and completeness. Coordinated Entry assessments are completed within _ hours/days of entering shelter.