

# Yolo County Housing Yolo County, California

August 10, 2016

## MINUTES

The Yolo County Housing met on the 10th day of August, 2016, in regular session in its Chambers in the Erwin W. Meier Administration Building, 625 Court Street, Woodland, California at 2:00 p.m.

Present: Mark Johannessen; Tom Stallard; Helen Thomson; Karen Vanderford; Jennifer Wienecke-Friedman; Will Arnold

Absent: Cecilia Aguiar-Curry

Staff Present: Lisa Baker, CEO  
Hope Welton, Agency Counsel  
Janis Holt, General Managing Director  
Julie Dachtler, Clerk

### ANNOUNCEMENT

1. Oath of Office for new Commissioner, Will Arnold

The Clerk of the Board swore in new Commissioner, Will Arnold.

### CALL TO ORDER

2. Pledge of Allegiance.
3. Consider approval of the agenda.

Minute Order No. 16-17: Approved agenda as submitted noting Agenda Item No. 19 would follow Agenda Item No. 21.

MOTION: Stallard. SECOND: Wienecke-Friedman. AYES: Arnold, Johannessen, Stallard, Thomson, Vanderford, Wienecke-Friedman. ABSENT: Aguiar-Curry.

4. Public Comment: Opportunity for members of the public to address the Housing Authority on subjects not otherwise on the agenda relating to Housing Authority business. The Board reserves the right to impose a reasonable limit on time afforded to any topic or to any individual speaker.

There was no public comment.

## PRESENTATIONS

5. Presentation: Family Self-Sufficiency graduate, Lynesha Macias

YCH Employee Maria Ceja presented the Family Self-Sufficiency graduate, Lynesha Macias, who unfortunately could not attend.

6. Presentation: Family Self-Sufficiency Specialist Certification, Maria Ceja

Janis Holt, General Managing Director, presented Family Self-Sufficiency Specialist Certification, Maria Ceja.

7. Presentation: Award of Merit, Bridge to Housing

Janis Holt, General Managing Director, presented the Award of Merit, Bridge to Housing.

8. Presentation: Award of Merit, Crosswood Apartments

CEO Lisa Baker presented the Award of Merit, Crosswood Apartments.

9. Presentation: Appreciation to FPI Management for Crosswood Apartment Energy Retrofit development

CEO Lisa Baker presented the Certificate of Appreciation to FPI Management for Crosswood Apartment Energy Retrofit development.

10. Presentation: Certificate of Appreciation to Thomas Lewis for volunteerism and for creative graphic design for Award Showcase

Janis Holt, General Managing Director, presented a Certificate of Appreciation to Thomas Lewis for volunteerism and for creative graphic design for Award Showcase.

11. Introduction: Robert Nolan, Executive Assistant (Haig Shamshoian Memorial Internship recipient)

Janis Holt, General Managing Director, introduced Robert Nolan, Executive Assistant (Haig Shamshoian Memorial Internship recipient).

12. Presentation: Year to Date Accomplishments, January – August 2016

CEO Lisa Baker presented Year to Date Accomplishments, January – August 2016.

### CONSENT AGENDA

Minute Order No. 16-18: Approved Consent Agenda Item Nos. 13-18. Additionally, comment was made on Agenda Item No. 17.

MOTION: Thomson. SECOND: Wienecke-Friedman. AYES: Arnold, Johannessen, Stallard, Thomson, Vanderford, Wienecke-Friedman. ABSENT: Aguiar-Curry.

13. Approval of the Minutes for the Meeting of June 29, 2016

Approved the Minutes for the Meeting of June 29, 2016 on Consent.

14. Review, Approve and Adopt the Updated Injury Illness Prevention Program (Holt)

Approved recommended action on Consent.

15. Review, Approve and Adopt the YCH Hazardous Energy Control Program (Lockout/Tagout) (Holt and Baker)

Approved recommended action on Consent.

16. Review, Approve and Adopt YCH Hazard Communication Program (Holt and Baker)

Approved recommended action on Consent.

17. Review, Approve and Adopt YCH Return to Work Policy (Holt)

Approved recommended action on Consent.

18. Review, Approve and Adopt Resolution for SEMAP Certification as High Performer (Jimenez-Perez)

Approved **Resolution No. 16-08** on Consent.

## REGULAR AGENDA

19. Receive Update Report on City controlled Boxing Club Site and the Proposed Community Center (Baker)

CEO Lisa Baker provided a report on the Woodland controlled Boxing Club Site and the Proposed Community Center, noting there are many issues they are trying to resolve with the City of Woodland. Commissioner Stallard made comments.

20. Receive Verbal Report from CEO on JPA Formation

CEO Lisa Baker updated the Board on the JPA formation, noting they are close to a resolution and should be taking this to the Board of Supervisors in the fall and acting after that. She believes the Board of Commissioners should see something by October.

21. Receive Verbal Report from CEO on status of Housing Choice Voucher Program and Recommendations

CEO Lisa Baker provided general information on the status of the Housing Choice Voucher Program noting YCH will have a slight shortfall of funding for housing families this December. She noted they will be applying for shortfall funding. In the meantime, they are continuing with cost control by not issuing vouchers (last vouchers issued were February 9, 2016), rescinding vouchers on the street, and no extensions, except for reasonable accommodations. When folks come to their jurisdiction with a voucher, they are billing back to the originating housing authority. These steps have mitigated their loss quite a bit, but at the expense of 106 families who have not been able to be served. If not successful in receiving funding from HUD, then they will be returning to the Commission. She provided the Commissioners with a few options for consideration if there is a shortfall.

22. Receive comments from Commissioners

There were no comments from the Commissioners.

**CLOSED SESSION**

23. Conference with Real Property Negotiations (Section 54956.8)  
Property: Parcel 063-060-004  
Agency Negotiation: Lisa A. Baker  
Negotiating Parties: Housing Authority of the County of Yolo and City of Woodland  
Under Negotiation: Price and Terms of Payment

**ADJOURNMENT**

Next meeting is September 14, 2016 at 4:00 p.m.

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Cecilia Aguiar-Curry, Chair  
Yolo County Housing

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Julie Dachtler, Clerk  
Yolo County Housing

# YOLO COUNTY HOUSING

## AGENDA

### REGULAR MEETING

August 10, 2016

4:00 p.m.



**YOLO COUNTY HOUSING**  
HOUSING COMMISSION

CECILIA AGUIAR-CURRY  
MARK JOHANNESSEN  
TOM STALLARD  
HELEN MACLEOD THOMSON  
JENNIFER WIENECKE-FRIEDMAN  
KAREN VANDERFORD

**BOARD OF SUPERVISORS CHAMBERS**  
625 COURT STREET, ROOM 206  
WOODLAND, CALIFORNIA 95695

LISA A. BAKER  
CHIEF EXECUTIVE OFFICER

HOPE WELTON  
AGENCY COUNSEL

## Reminder: Please turn off cell phones.

### ANNOUNCEMENT

1. Oath of Office for new Commissioner, Will Arnold

### CALL TO ORDER

2. Pledge of Allegiance.
3. Consider approval of the agenda.
4. Public Comment: Opportunity for members of the public to address the Housing Authority on subjects not otherwise on the agenda relating to Housing Authority business. The Board reserves the right to impose a reasonable limit on time afforded to any topic or to any individual speaker.

### PRESENTATIONS

5. Presentation: Family Self-Sufficiency graduate, Lynesha Macias
6. Presentation: Family Self-Sufficiency Specialist Certification, Maria Ceja
7. Presentation: Award of Merit, Bridge to Housing
8. Presentation: Award of Merit, Crosswood Apartments
9. Presentation: Appreciation to FPI Management for Crosswood Apartment Energy Retrofit development
10. Presentation: Certificate of Appreciation to Thomas Lewis for volunteerism and for creative graphic design for Award Showcase
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12. Presentation: Year to Date Accomplishments, January – August 2016

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20. Receive Verbal Report from CEO on JPA Formation
21. Receive Verbal Report from CEO on status of Housing Choice Voucher Program and Recommendations
22. Receive comments from Commissioners

#### **CLOSED SESSION**

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Property: Parcel 063-060-004  
Agency Negotiation: Lisa A. Baker  
Negotiating Parties: Housing Authority of the County of Yolo and City of Woodland  
Under Negotiation: Price and Terms of Payment

## ADJOURNMENT

Next meeting is September 14, 2016 at 4:00 p.m.

I declare under penalty of perjury that the foregoing agenda was posted Friday, August 5, 2016 by 5:00 p.m. at the following places:

- On the bulletin board at the east entrance of the Erwin W. Meier Administration Building, 625 Court Street, Woodland, California; and
- On the bulletin board outside the Board of Supervisors Chambers, Room 206 in the Erwin W. Meier Administration Building, 625 Court Street, Woodland, California; and
- On the bulletin board of Yolo County Housing, 147 West Main Street, Woodland, California.

I declare under penalty of perjury that the foregoing agenda will be posted no later than Friday, August 5, 2016 by 5:00 p.m. as follows:

- On the Yolo County website: [www.yolocounty.org](http://www.yolocounty.org).

Julie Dachtler, Clerk of the Board

By: \_\_\_\_\_  
Clerk

### NOTICE

If requested, this agenda can be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 and the Federal Rules and Regulations adopted in implementation thereof. Persons seeking an alternative format should contact the Clerk of the Board for further information. In addition, a person with a disability who requires a modification or accommodation, including auxiliary aids or services, in order to participate in a public meeting should telephone or otherwise contact the Clerk of the Board as soon as possible and at least 72 hours prior to the meeting. The Clerk of the Board may be reached at (530) 666-8195 or at the following address:

Yolo County Housing  
c/o Clerk of the Board of Supervisors  
County of Yolo  
625 Court Street, Room 204, Woodland, CA 95695

Yolo County Housing  
Yolo County, California

Meeting Date: August 10, 2016

To: County Counsel ✓  
Yolo County Housing ✓

1.

Oath of Office for new Commissioner, Will Arnold

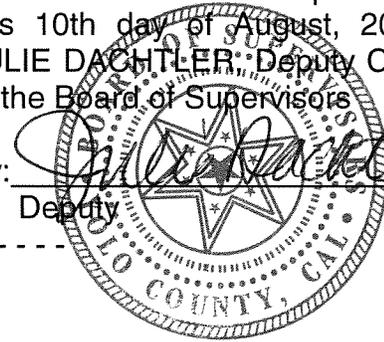
The Clerk of the Board swore in new Commissioner, Will Arnold.

STATE OF CALIFORNIA  
COUNTY OF YOLO

I, JULIE DACHTLER, Deputy Clerk to the Board of Supervisors of said County of Yolo, hereby certify that at a regular meeting of said Board of Supervisors, held in the Erwin Meier Administration Center, in said County on the 26th day of July, 2016, Will Arnold, was appointed to serve on the Yolo County Housing Board of Commissioners, as it appears in the records of said Board of Supervisors now in my custody.

IN WITNESS WHEREOF, I  
hereunto affix my hand and the  
Seal of said Board of Supervisors  
this 10th day of August, 2016.  
JULIE DACHTLER, Deputy Clerk  
of the Board of Supervisors

By: \_\_\_\_\_  
Deputy



STATE OF CALIFORNIA  
COUNTY OF YOLO

I, Will Arnold, solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

\_\_\_\_\_

Subscribed and sworn to before me, this 10th day of August, 2016.

\_\_\_\_\_

The seal of the Board of Supervisors for Yolo County, California, is circular. It features a central five-pointed star surrounded by smaller stars. The text "BOARD OF SUPERVISORS" is at the top and "YOLO COUNTY, CAL." is at the bottom. A signature is written across the seal.

Yolo County Housing  
Yolo County, California

To: Co. Counsel ✓  
Yolo County Housing ✓

CONSENT CALENDAR

Excerpt of Minute Order No. 16-18 Item No. 13, of the Yolo County Housing meeting of August 10, 2016.

MOTION: Thomson. SECOND: Wienecke-Friedman. AYES: Arnold, Johannessen, Stallard, Thomson, Vanderford, Wienecke-Friedman. ABSENT: Aguiar-Curry.

13.

Approval of the Minutes for the Meeting of June 29, 2016

Approved the Minutes for the Meeting of June 29, 2016 on Consent.

# Yolo County Housing Yolo County, California

June 29, 2016

## MINUTES

The Yolo County Housing met on the 29th day of June, 2016, in regular session in its Chambers in the Erwin W. Meier Administration Building, 625 Court Street, Woodland, California at 4:00 p.m.

Present: Mark Johannessen; Tom Stallard; Helen Thomson; Karen Vanderford; Jennifer Wienecke-Friedman

Absent: Cecilia Aguiar-Curry

Staff Present: Lisa Baker, CEO  
Hope Welton, Agency Counsel  
Janis Holt, General Managing Director  
Julie Dachtler, Clerk

### CALL TO ORDER

1. Pledge of Allegiance.
2. Consider approval of the agenda.

Minute Order No. 16-10: Approved agenda as submitted.

MOTION: Thomson. SECOND: Wienecke-Friedman. AYES: Johannessen, Stallard, Thomson, Vanderford, Wienecke-Friedman. ABSENT: Aguiar-Curry.

3. Public Comment: Opportunity for members of the public to address the Housing Authority on subjects not otherwise on the agenda relating to Housing Authority business. The Board reserves the right to impose a reasonable limit on time afforded to any topic or to any individual speaker.

There was no public comment.

## PRESENTATIONS

4. Presentation, Resolution of the Pacific Southwest Regional Council of NAHRO for Serving as Local Host at 2016 Regional Conference

Janis Holt, General Managing Director, presented the Resolution of the Pacific Southwest Regional Council of NAHRO for Serving as Local Host at 2016 Regional Conference.

5. Presentation, 2015 Agency Safety Award, California Housing Workers' Compensation Authority

Janis Holt, General Managing Director, presented the 2015 Agency Safety Award, California Housing Workers' Compensation Authority.

6. Presentation, Donation of Art to YCH, done by Veteran artists through YoloArts project in honor of VASH award

Janis Holt, General Managing Director, and YCH Employee Irma Rodriguez, presented the donation of Art to YCH, done by Veteran artists through YoloArts project in honor of VASH award.

7. Presentation, Congressional Commendation on Winning Two National Award of Merits from NAHRO

CEO Lisa Baker presented the Congressional Commendation on winning two National Award of Merits from NAHRO.

## CONSENT AGENDA

Minute Order No. 16-11: Approved Consent Agenda Item Nos. 8-11.

MOTION: Stallard. SECOND: Thomson. AYES: Johannessen, Stallard, Thomson, Vanderford, Wienecke-Friedman. ABSENT: Aguiar-Curry.

8. Approval of Minutes from the meeting of May 11, 2016

Approved the minutes of May 11, 2016 on Consent.

9. Review and Approve the Collective Bargaining Agreement with the Management Unit (Baker, Holt)

Approved **Agreement No. 16-02** on Consent.

10. Review, Approve and Adopt Resolution Setting Flat Rent Schedule in Conventional Rental Housing (Dogias, Holt)

Approved **Resolution No. 16-05** on Consent.

11. Review and Approve Updated Corporate Credit Card Guidelines and Procedures (Gillette, Baker)

Approved recommended action on Consent.

## REGULAR AGENDA

12. Review, Approve and Adopt Resolution for Rent Increases to Davis Solar Homes (Dogias, Holt)

Minute Order No. 16-12: Approved recommended action by **Resolution No. 16-06**.

MOTION: Vanderford. SECOND: Wienecke-Friedman. AYES: Johannessen, Stallard, Thomson, Vanderford, Wienecke-Friedman. ABSENT: Aguiar-Curry.

13. Review and Approve Revised Water Conservation Measures (Ichtertz, Holt)

Minute Order No. 16-13: Approved recommended action.

MOTION: Stallard. SECOND: Thomson. AYES: Johannessen, Stallard, Thomson, Vanderford, Wienecke-Friedman. ABSENT: Aguiar-Curry.

14. Review, Approve and Authorize the CEO to Execute MASH Settlement Agreement with PGE (Baker)

Minute Order No. 16-14: Approved recommended action by **Agreement No. 16-03**.

MOTION: Thomson. SECOND: Stallard. AYES: Johannessen, Stallard, Thomson, Vanderford, Wienecke-Friedman. ABSENT: Aguiar-Curry.

15. Review and Approve Trio Home Lease with Purchase Option Financing Program to Yolo (Gillette, Baker)

Minute Order No. 16-15: Approved recommended action.

MOTION: Stallard. SECOND: Wienecke-Friedman. AYES: Johannessen, Stallard, Thomson, Vanderford, Wienecke-Friedman. ABSENT: Aguiar-Curry.

16. Review, Approve and Adopt Resolution Adopting FY 2016-2017 Annual Budget (Gillette, Holt, Baker)

Minute Order No. 16-16: Approved recommended action by **Resolution No. 16-07**.

MOTION: Vanderford. SECOND: Stallard. AYES: Johannessen, Stallard, Thomson, Vanderford, Wienecke-Friedman. ABSENT: Aguiar-Curry.

17. Select Meeting Dates for July, August, September, October and December 2016

The following meeting dates were selected for the remainder of the year:

August, 10, 2016 - 4 pm

September 14, 2016 - 4 pm

October 26, 2016 - 4 pm

December 14, 2016 - 4 pm

18. Receive comments from CEO.

CEO Lisa Baker noted recent challenges, in particular two incidents with one at Yolano Donnelly and the other at Pacifico. She expressed appreciation to the City of Woodland and their police department for the work on the Woodland incident. She noted that the resident caretaker position is now in place at Pacifico and is a great help to YCH. Also, artwork in the summer camp program is now being offered, which is a positive program. She spoke of the Spring Fling and the new community garden at the El Rio Villas, which is going quite well. Pacifico also has a new garden area. Spoke about the Annual Planning Meeting on June 15th and she thought it was the best engagement by staff taking ownership of their goals and objectives. And all three migrant centers opened and were filled up on opening day. Now doing recycling at the unincorporated areas and El Rio Villas, which is going well and has been embraced. Annual federal real estate inspections at El Rio Villas received an 81% rating, which means no inspection again for two years. Working on lots of organizational stuff and doing RFP's to update services contracts. Soccer league is up and running. Crosswood has gone through an inspection. Invitation on July 9th for a night out of stargazing with Tuleyome. National Night Out is coming up soon on Tuesday, August 2nd and they will be a part of it. They still have drought money from the grants received.

19. Receive comments from Commissioners.

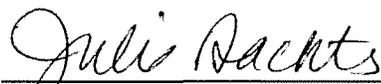
Commissioner Thomson commented about a trailer bill, AB1618, that will be signed to address the matter of housing for the the mentally ill titled 'No Place Like Home.' This bill is for a \$2 billion bond for homeless and mentally ill housing. Housing and Community Development is in charge of this funding so she suggested YCH should apply to tap into these funds if they have not already done so. Also spoke about a 'Project Welcome Home' article she recently read in the San Jose Mercury. She offered to help in any way she could. Commissioner Stallard voiced his appreciation to the YCH and Lisa in particular, on behalf of the City regarding recent court ordered inspections for certain properties in a troubled area of the City. Lisa noted that she had a summary and timeline of where they are at on the Governance matter.

### CLOSED SESSION

20. **Conference with Legal Counsel – Anticipated Litigation**  
Government Code § 54956.9(d)(2)  
Significant exposure to litigation: 1 case
21. **Conference with Real Property Negotiators**  
Government Code § 54956.8  
Property: 1752 Drew Circle  
Negotiators: Lisa A. Baker  
Under Negotiation: Price and Terms of Payment

### ADJOURNMENT

Next meeting is scheduled: August 10, 2016



Julie Dachtler, Clerk  
Yolo County Housing



Cecilia Aguiar-Curry, Chair  
Yolo County Housing

Yolo County Housing  
Yolo County, California

To: Co. Counsel ✓  
Yolo County Housing ✓

CONSENT CALENDAR

Excerpt of Minute Order No. 16-18 Item No. 14, of the Yolo County Housing meeting of August 10, 2016.

MOTION: Thomson. SECOND: Wienecke-Friedman. AYES: Arnold, Johannessen, Stallard, Thomson, Vanderford, Wienecke-Friedman. ABSENT: Aguiar-Curry.

14.

Review, Approve and Adopt the Updated Injury Illness Prevention Program (Holt)

Approved recommended action on Consent.



## ***Yolo County Housing***

147 W. Main Street  
WOODLAND, CA 95695

Woodland: (530) 662-5428  
Sacramento: (916) 444-8982  
TTY: (800) 545-1833, ext. 626

**DATE:** August 10, 2016  
**TO:** YCH Housing Commission  
**FROM:** Lisa A. Baker, CEO  
**PREPARED BY:** Janis Holt, General Director  
**SUBJECT:** **Review and Approve the Revised Yolo County Housing Injury and Illness Prevention Program (IIPP)**

### **RECOMMENDED ACTION**

That the Housing Commission:

- 1 Review and Approve the Revised Yolo County Housing Injury and Illness Prevention Program (IIPP); and
- 2 Authorize the CEO to implement.

### **BACKGROUND/DISCUSSION**

On September 20, 2012, the Housing Commission approved the Yolo County Housing (YCH) Injury Illness and Prevention Program (IIPP) which provided a streamlined tool for staff to implement and manage. The IIPP was developed with guidance tools provided by the California Housing Workers Compensation Authority (CHWCA), which is the JPA that provides worker's compensation coverage to the Agency.

One of the value-added benefits to being a member of CHWCA is participation in their risk control program which provides professional safety and risk control consulting services designed to assess risk exposures, identify internal processes to control risks, and create and maintain a safety culture within member agencies.

As part of YCH's risk control work plan, CHWCA provided an on-site evaluation of our current safety policies and procedures and provided technical assistance to allow us to update them to meet current OSHA standards and requirements.

The substantive changes to the IIPP include the following:

- Hazard Assessment and Inspection Procedures: providing better guidance for ongoing assessment and periodic inspection procedures. Addition of Attachment A and C to assist staff with optimal hazard mitigation.
- Training matrices are provided for housing employee classifications: CHWCA has purchased a new on-line learning management system where staff will be assigned training courses and monitored through Bickmore Risk Services staff assigned to CHWCA JPA.

YCH is scheduled to enroll in the new learning management system in the Fall 2016.

### **FISCAL IMPACT**

No immediate fiscal impact. Improved safety and risk mitigation.

### **CONCLUSION**

Staff recommends that the Commission approve the revised YCH Injury and Illness Prevention Program.

Attachment: Draft Revised YCH Injury and Illness Prevention Program - August 2016



# **Yolo County Housing**

## **Injury and Illness Prevention Program**

**Revision Date: August 10, 2016**  
**Approved by Housing Commission:**

## Table of Contents

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### Appendices

- A. Hazardous/Unsafe Condition Report
- B. Supervisor's Report of Employee Injury
- C. Safety Inspection Report
- D. Employee Safety Training Matrix

## **Policy**

Yolo County Housing (YCH) has established this written Injury and Illness Prevention Program (IIPP) in accordance with Title 8, California Code of Regulations, Section 3203, of the General Industry Safety Orders.

To be successful our program must include proper attitudes toward injury and illness prevention on the part of managers, supervisors, and employees. It also requires cooperation in all safety and health matters, not only between supervisor and employee, but also between co-workers. Only through such a cooperative effort can a safety program in the best interest of all be established and preserved.

All employees are required to comply with our safety and health policies and practices. This includes employees at every level and in all positions.

This IIPP includes the following elements:

- Responsibility and Authority
- Compliance
- Communication
- Hazard Assessment
- Accident Investigation
- Hazard Correction
- Training and Instruction
- Record Keeping

## **Responsibility and Authority**

The Chief Executive Officer is the designated IIPP Administrator and has the authority and responsibility for implementing and maintaining this IIPP.

Managers and supervisors are responsible for implementing and maintaining the IIPP in their work areas and for answering employee questions about the IIPP. Employees are responsible for understanding and following the requirements of the IIPP and for asking questions when direction is unclear.

The Safety Coordinator will assist the Chief Executive Officer, managers, supervisors and employees in promoting accident prevention and carrying out the details of the IIPP.

A copy of our IIPP is available for review in the administrative office and located on the shared drive for employee access.

## **Compliance**

All employees, including managers and supervisors, are responsible for using safe work practices; following all directives, policies, and procedures; and assisting in maintaining a safe work environment.

The system to ensure all employees comply with these practices includes the following:

- Informing employees of the requirements within our IIPP in a readily understandable language;
- Training all employees on general safety policies, rules, and work practices;
- Positively recognizing employees who perform safe and healthful work practices;
- Providing additional training to employees whose safety performance is deficient; and
- Listing the following “essential function” on all YCH Position Descriptions as approved in April 2009: “Perform all duties in a safe and conscientious manner following the YCH Injury Illness and Prevention Guidelines, reporting all injuries within 24 hours to your supervisor or member of the management team, and reporting any safety concerns to your supervisor, member of the management team, or member of the YCH safety committee.” Staff will be evaluated on this essential function as part of the performance evaluation process.

## **Communication**

All managers and supervisors are responsible for communicating with all employees about occupational safety and health in a form readily understandable by all employees. Our communication system encourages all employees to inform their managers and supervisors about workplace hazards without fear of reprisal. Employees can report workplace hazards directly, or anonymously, to their immediate supervisor, General Director, or any member of the safety committee.

Our communication system includes:

- New employee orientation including a discussion of safety and health policies and procedures
- Review of our IIPP
- Safety training programs
- Regularly scheduled safety meetings
- Posted or distributed safety information
- The YCH Safety Committee that includes employee participation from a cross section of departments.

## Hazard Assessment

### Hazard Assessment

The YCH Safety Committee will identify safety hazards relevant to its operations in a hazard assessment. Specific hazards unique to operations, tasks, or facilities will be identified. The hazard assessment is an ongoing process and will be revised periodically by each department.

### Periodic Inspection Procedures

Periodic facility inspections will be conducted to evaluate physical hazards, use of hazardous materials, and safe work practices. The inspections may be performed by employees or management personnel. Results will be submitted to the Safety Coordinator.

YCH has developed the following inspection schedule:

Building/Location	Frequency
Administrative Office	Annual
Field Offices	Annual
Shops	Bi-annual

In addition to the department periodic inspection schedule, inspections will be conducted as required in the following situations:

- When we initially established our IIPP;
- When new substances, processes, procedures, or equipment that present potential new hazards are introduced into our workplace;
- When new, previously unidentified hazards are recognized;
- When occupational injuries and illnesses occur; and
- Whenever workplace conditions warrant an inspection.

## **Hazard Correction**

When unsafe or unhealthy work conditions, practices, or procedures are observed or discovered, they will be corrected in a timely manner based on the severity of the hazards. When an imminent hazard exists that cannot be immediately corrected, the exposed employees will be removed from the immediate hazard except those needed to correct the condition and to address security issues. Employees who are required to correct the hazardous condition will be provided with the necessary protection.

## **Accident/Incident Investigation**

Yolo County Housing will conduct accident investigations for all workplace injuries and illnesses, regardless of their severity. These investigations will be performed by the Chief Executive Officer, General Director and/or assigned management personnel. Procedures for investigating workplace accidents and hazardous substance exposures include:

- Interviewing injured employees and witnesses;
- Examining the workplace for factors associated with the accident/exposure;
- Determining the cause of the accident/exposure;
- Taking corrective action to prevent the accident/exposure from reoccurring; and
- Recording the findings and actions taken.

Department-specific investigation and reporting procedures are located in the department IIPP supplements.

## **Training and Instruction**

All employees will participate in safety training on general and job-specific hazards and safe work practices. Each supervisor and manager will be trained on all health and safety hazards to which employees under their immediate direction and control are exposed.

In addition to hazard-specific safety training, training will be provided when:

- The IIPP is first established
- New employees are hired
- Employees are reassigned to a new area or task with no prior training
- New substances, operations, or equipment are introduced

General and job specific training requirements are identified in the Employee Safety Training Matrices (Attachment D).

## **Record Keeping**

The following IIPP documentation is located in the Human Resources Department and will be maintained a minimum of three years:

- Safety training for each employee, including the employee's name, training dates, type of training, and training providers;
- Inspections, including the person(s) conducting the inspection; the unsafe conditions and work practices identified; corrective action, and follow up;
- Accidents, illnesses, and near-miss inspections that identify the root cause and corrective action taken;
- Safety committee meeting agendas and minutes;
- Hazard/Unsafe Condition reports; and
- Annual program reviews.

## Attachment A - Hazardous/Unsafe Condition Report

Person conducting inspection: \_\_\_\_\_ Date: \_\_\_\_\_

Area(s) inspected:

Were any unsafe conditions or work practices identified?  Yes  No

If yes, please describe:

What action(s) have been taken to correct the unsafe conditions or work practices identified?

## Attachment B - SUPERVISOR'S REPORT OF EMPLOYEE INJURY

This form is not to be used for reporting workers' compensation claims. It is intended as a guide to aid management in identifying unsafe acts and/or conditions that caused an injury.

1. GENERAL INFORMATION PLEASE PRINT - COMPLETE THIS FORM AS SOON AS POSSIBLE				
EMPLOYEE NAME		DATE AND TIME OF INJURY		<input type="checkbox"/> AM
				<input type="checkbox"/> PM
PHA NAME	DEPARTMENT		JOB TITLE	
EXACT LOCATION WHERE INJURY OCCURRED		WITNESSES		
2. DESCRIPTION OF INJURY				
TYPE OF INJURY (SPRAIN, CUT, BURN, ETC.)		PART(S) OF BODY INJURED		
3. DESCRIPTION OF INCIDENT				
WHAT HAPPENED?				
WHY DID IT HAPPEN?				
4. CAUSE OF INJURY FIND OUT WHAT FACTORS CAUSED THE INJURY				
WHAT UNSAFE ACT(S) CAUSED THE INJURY?				
DID AN UNSAFE PHYSICAL CONDITION CONTRIBUTE TO THE INJURY?				
WHAT, IF ANY, SAFETY PROCEDURES WERE NOT FOLLOWED?				
5. PREVENTATIVE / CORRECTIVE ACTION NO INVESTIGATION IS COMPLETE UNLESS CORRECTIVE ACTION IS TAKEN				
WHAT ACTION CAN BE TAKEN TO PREVENT A SIMILAR INJURY?				
HAS ANYTHING BEEN DONE SO FAR TO PREVENT A RECURRENCE?				
IS IT POSSIBLE THIS INJURY OCCURRED OFF THE JOB? GIVE DETAILS				
PERSON CONDUCTING INVESTIGATION		DATE	CONTACT PHONE #	

Place completed form in OSHA File with Employer's First Report of Injury

# Attachment C - SAFETY INSPECTION REPORT

CONFIDENTIAL - INTENDED FOR INTERNAL DISTRIBUTION ONLY

<b>Housing Authority Name</b>	<b>Department/Location</b>	<b>Date of Inspection</b>
<b>Person(s) Performing Safety Inspection</b>		
Name	Department	
Name	Department	
Name	Department	
The objective of the safety inspection is to (1) Identify and correct unsafe work practices performed by employees, and (2) eliminate hazardous physical conditions for employees and residents. Management is responsible to correct deficiencies in a timely manner.		

GENERAL CONDITIONS	GENERAL CONDITIONS	GENERAL CONDITIONS	GENERAL CONDITIONS	COMMENTS
Employee work areas clean and orderly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Mats placed in areas where slip/falls may occur (entrances, sinks, refrigerators).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Floors free from trip/fall hazards, such as cords, boxes, debris, missing tiles, or material defects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Wet or slippery floor conditions cleaned up quickly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Large and heavy items and materials stored on middle shelves to help reduce lifting injuries.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Employees lifting boxes and materials properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Desk and file draws closed when not in use.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Tool and equipment safety devices and machinery guards operational.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Proper ladders or step stools being used and in good working condition.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Storage cabinets and shelving over 5' tall secured to wall to prevent them from tipping.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____

CHEMICALS	CHEMICALS	CHEMICALS	CHEMICALS	COMMENTS
Chemical containers capped or sealed, except when in use.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Chemical containers properly labeled.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Employees using appropriate PPE as required when using chemicals.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
MSDSs current and readily accessible in the workplace for review by employees.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____

OFFICE ERGONOMICS	OFFICE ERGONOMICS	OFFICE ERGONOMICS	OFFICE ERGONOMICS	COMMENTS
Computer keyboards aligned with computer monitors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Employees holding the phone to their ear or using headsets (not cradling phone on neck).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Employees' chairs adjusted properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Employee's desks kept free of clutter with adequate room under the desk for legs and feet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Computer monitors adjusted to the proper height.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____

FIRST AID & PERSONAL PROTECTION EQUIPMENT (PPE)	FIRST AID & PERSONAL PROTECTION EQUIPMENT (PPE)	FIRST AID & PERSONAL PROTECTION EQUIPMENT (PPE)	FIRST AID & PERSONAL PROTECTION EQUIPMENT (PPE)	COMMENTS
First-aid kits mounted, accessible, and adequately stocked.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Emergency eyewash stations accessible and operational.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Employee's wearing appropriate PPE in the correct manner when it is required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
PPE is in good working condition.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____

FIRE AND ELECTRICAL SAFETY	FIRE AND ELECTRICAL SAFETY	FIRE AND ELECTRICAL SAFETY	FIRE AND ELECTRICAL SAFETY	COMMENTS
Power cords secured underneath desks or alongside baseboards to prevent tripping hazards.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Portable electric heaters equipped with a tip-over switch and located 18" from combustibles.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Electrical cords and plugs in good condition with proper grounding.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Electrical cords, outlets, and junction boxes free of exposed wiring.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Extension cords only being used to power temporary equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Emergency exits, aisles and walkways clear of storage, obstacles, and obstructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Flammable and combustible liquids stored in an approved storage cabinet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
36" clearance maintained in front of all electrical panels.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Fire extinguishers mounted, accessible, and fully charged.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Monthly inspections being performed and documented on fire extinguishers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____

**OTHER UNSAFE WORK PRACTICES OR CONDITIONS OBSERVED:**

<b>YOLO COUNTY HOUSING EMPLOYEE SAFETY TRAINING MATRIX</b>	<b>Training Frequency</b>	<b>Ca/OSHA Section Reference</b>	<b>Office/ Administration</b>	<b>Maintenance</b>	<b>Resident Manager</b>	<b>Inspectors</b>		
Injury & Illness Prevention Program	I/U	<a href="#">3203</a>	X	X	X	X	X	X
Emergency Response & Fire Safety	I/U	<a href="#">3220</a> , <a href="#">3221</a>	X	X	X	X	X	X
Workplace Violence Prevention	I	<a href="#">3203</a>	X	X	X	X	X	X

Aerial Devices	I/(3yr)	<a href="#">3646</a> , <a href="#">3648</a>		X				
Aerosol Transmissible Diseases	I/A	<a href="#">5199</a>		X				
Aerosol Transmissible Diseases - Zoonotics		<a href="#">5199.1</a>						
Asbestos Awareness	I/A	<a href="#">1529</a> , <a href="#">5208</a>		X		X		
Battery Handling & Maintenance	I	<a href="#">5185</a>		X				
Bloodborne Pathogens	I/A	<a href="#">5193</a>		X	X	X		
Compressed Gas Safety	I	<a href="#">3301</a> , <a href="#">3304</a>		X				
Confined Space Awareness	I/U	<a href="#">5157</a> , <a href="#">5158</a>		X				
Confined Space Entry	I/U	<a href="#">5157</a> , <a href="#">5158</a>						
Defensive Driving (designated staff)	I	<a href="#">3203</a>	X	X	X	X		
Electrical Safety (General Awareness)	I/U	<a href="#">3203</a>	X	X	X	X		
Electrical Safety (Industrial High/Low Voltage)	I	<a href="#">2299 - 2974</a>		X				
Emergency Eye Wash	I	<a href="#">5162</a>		X				
Equipment Operation Safety (dept. specific)	I/U	<a href="#">Title 8 Index</a>		X				
Ergonomics - Office	I	<a href="#">5110</a>	X	X	X	X		
Ergonomics – Back Safety	I	<a href="#">5110</a>	X	X	X	X		
Excavation/Trenching/Shoring	I	<a href="#">1540</a>		X				
Fall Protection	I	<a href="#">1670</a>		X				
First Aid/CPR (designated staff)	I/C (2yr)	<a href="#">3400</a>	X	X	X	X		
Forklift	I/C (3yr)	<a href="#">Article 24</a>						
Hazard Communication (General)	I/U	<a href="#">5194</a>	X	X	X	X		
Haz Waste/HAZWOPER (designated staff)	A	<a href="#">5192</a>						

<b>YOLO COUNTY HOUSING EMPLOYEE SAFETY TRAINING MATRIX</b>	<b>Training Frequency</b>	<b>Ca/OSHA Section Reference</b>	<b>Office/ Administration</b>	<b>Maintenance</b>	<b>Resident Manager</b>	<b>Inspectors</b>		
Hearing Conservation	I/A	<a href="#">5095</a>		X				
Heat Illness Prevention	A-Spring	<a href="#">3395</a>		X		X		
Heavy Equipment Operations	I/U	<a href="#">1590 - 1596</a>		X				
Ladder Safety	I	<a href="#">3276</a>	X	X	X	X		
Lead Awareness	I/A	<a href="#">5216</a>		X				
Lockout/Tag Out	I/U	<a href="#">3314</a>		X				
Machine Shop Safety	I	<a href="#">3940</a>		X				
New Employee Safety Orientation	I	<a href="#">3203</a>	X	X	X	X		
Outdoor Hazards (plants, animals, insects)	A-Spring	<a href="#">3203</a>		X	X	X		
Office Safety and General Housekeeping	I/U	<a href="#">3203</a>	X	X	X	X		
Personal Protective Equipment Requirements	I/U	<a href="#">3380, 3385</a>		X				
Pesticide Use Safety	I/U	<a href="#">5194</a>		X				
Respiratory Protection	I/A	<a href="#">5144</a>		X				
Rigging/Hoisting	I	<a href="#">5006</a>		X				
Scaffold Safety	I/U	<a href="#">1637</a>						
Standard Operating Procedures (dept. specific)	A	N/A		X				
Storm Water Pollution	I	N/A						
Supervisor Safety Training (designated staff)	I/U	<a href="#">3203</a>	X	X	X			
Tools – Hand & Power (dept. specific)	I/U	<a href="#">Article 20</a>		X	X	X		
Traffic Control & Flagger Training	I	<a href="#">1599</a>						
Tree Work	I	<a href="#">3421</a>		X				
Welding & Cutting/Fire Watch/Hot Work	I	<a href="#">4799, 4848</a>		X				

Yolo County Housing  
Yolo County, California

To: Co. Counsel ✓  
Yolo County Housing ✓

CONSENT CALENDAR

Excerpt of Minute Order No. 16-18 Item No. 15, of the Yolo County Housing meeting of August 10, 2016.

MOTION: Thomson. SECOND: Wienecke-Friedman. AYES: Arnold, Johannessen, Stallard, Thomson, Vanderford, Wienecke-Friedman. ABSENT: Aguiar-Curry.

15.

Review, Approve and Adopt the YCH Hazardous Energy Control Program (Lockout/Tagout)  
(Holt and Baker (Holt))

Approved recommended action on Consent.



## ***Yolo County Housing***

147 W. Main Street      Woodland: (530) 662-5428  
WOODLAND, CA 95695      Sacramento: (916) 444-8982  
TTY: (800) 545-1833, ext. 626

**DATE:** August 10, 2016  
**TO:** YCH Housing Commission  
**FROM:** Lisa A. Baker, CEO  
**PREPARED BY:** Janis Holt, General Director  
**SUBJECT:** **Review, Approve and Adopt the Yolo County Housing Hazardous Energy Control Program (Lockout/Tagout)**

### **RECOMMENDED ACTION**

That the Housing Commission:

1. Review, Approve and Adopt the Yolo County Housing Hazardous Energy Control Program; and
2. Authorize the CEO to implement

### **BACKGROUND/DISCUSSION**

In a continued effort to provide an optimal safe work environment, the Housing Commission and staff review and approve policies, procedures and plans to provide the Agency with updated safety guidelines and programs. The Housing Commission approved the YCH Bloodborne Pathogen Exposure Control Plan and the YCH Heat Illness Prevention Plan on May 21, 2015 and will be considering approval of the YCH Return to Work Program, YCH Hazard Communication Program and updated YCH Injury Illness and Prevention Program during the August 10, 2016 meeting.

The Agency is responsible for providing updated risk management and safety programs that fit with the growing and changing environment of the organization and stay compliant with California Code of Regulations and Cal/OSHA guidelines.

The Hazardous Energy Control Work Plan is a stand alone program that meets Cal/OSHA requirements. This Plan was developed in collaboration with the Agency's worker's compensation carrier, California Housing Workers Compensation Authority (CHWCA) and, if approved, will replace the Agency's previous Hazardous Control Plan and Lockout/Tagout (LOTO) Procedures.

The purpose of our Hazardous Energy Control Program is to reduce the risk of fatalities, injuries and property damage. This program outlines authorization, rules, and techniques to be utilized,

*Working together to provide quality affordable housing and community development services for all*

including the standard operating procedure to control hazardous energy sources for the servicing and maintenance of equipment, machines, or processes where unexpected energization or startup could harm employees.

Job duties associated with the job classifications of Senior Maintenance Worker, Maintenance Worker II, Maintenance Worker I, Senior Migrant Center Coordinator and Migrant Center Coordinator fall within the category of authorized employees in relation to the Hazardous Control Plan LOTO procedures. These procedures apply to maintenance and/or servicing of machines and equipment, and not to normal production operations. However, lockout/tagout procedures do apply to normal production operations wherever guards are removed, bypassed, or other safety devices are bypassed, or any part of the body is in a danger zone for servicing and/or maintenance. Three primary exposure areas for maintenance job classifications where LOTO would be used are: electricity, gas and water.

The YCH Hazardous Control Plan provides staff with guidelines to prevent and minimize employees' occupational exposure. This Plan addresses the following areas:

- Responsibilities
- Requirements for Lockout/Tagout Devices
- Lockout/Tagout Procedures
- Restoring Equipment to Service
- Training
- Inspections and Audits

Each authorized employee is provided a Lockout/Tagout Kit for his/her use during employment with YCH. Employees are responsible for maintaining the kit and for notifying the supervisor of any lost, damaged or replacement items.

Annually, management and YCH Safety Committee members will gather feedback from authorized employees, review the elements of the Plan, and make adjustments in accordance with Cal/OSHA guidance and regulations.

### **FISCAL IMPACT**

The Agency could incur costs associated with purchasing or maintaining LOTO kits which is accounted for annually in the agency's budget.

### **CONCLUSION**

Staff recommends that the Commission approve the YCH Hazardous Energy Control Program

**Attachment:** Draft YCH Hazardous Energy Control Program





**Yolo County Housing**

**Hazardous Energy Control Program  
(Lockout/Tagout)**

**August 2016**

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### Appendices

- A. Lockout Procedure - Electrical Outlets, Light Switches, Lights and/or Hard-Wired Smoke Detectors
- B. Lockout Procedure - Gas
- C. Lockout Procedure - Water
- D. Lockout/Tagout Annual Evaluation Report
- E. Examples of Lockout/Tagout Devices
- F. Agreement to Abide

## Introduction

Each year, thousands of workers are injured or killed as a result of the inadvertent release of stored energy by machines or equipment. As a result, the California Division of Occupational Safety and Health (Cal/OSHA) requires employers to develop policies and procedures to ensure that hazardous energy is properly controlled. It is the intent of the Yolo County Housing (YCH) to fully comply with California Code of Regulations (CCR) Title 8 Section 3314.

## Purpose

The purpose of our Hazardous Energy Control Program is to reduce the risk of fatalities, injuries and property damage. This program outlines authorization, rules, and techniques to be utilized, including the standard operating procedure to control hazardous energy sources for the servicing and maintenance of equipment, machines, or processes where unexpected energization or start-up could harm employees.

Lockout/tagout (LOTO) procedures apply to maintenance and/or servicing of machines and equipment, and not to normal production operations. However, lockout/tagout procedures do apply to normal production operations wherever guards are removed, bypassed, or other safety devices are bypassed, or any part of the body is in a danger zone for servicing and/or maintenance. This procedure does not apply to:

1. Work on cord and plug connected electric equipment for which exposure to the hazards of unexpected energization or startup of the equipment is controlled by the unplugging of the equipment from the energy source and by the plug being under the extensive control of the employee performing the servicing or maintenance.
2. Minor tool changes and adjustments, and other minor servicing activities, which take place during normal operations if they are repetitive, and integral to the use of the equipment for production, provided that the work is performed using alternative measures which provide effective protection.
3. Where an employer has a uniform system with unique and personally identifiable locks designed for lockout, that are placed on the source of energy, accident prevention signs or tags are not required.

## Scope

It shall be the duty of all agency employees and contractors who service and maintain equipment, to ensure compliance with all procedures contained within this program.

Listed below are examples of common energy sources:

- Electrical
- Mechanical
- Pneumatic
- Fluid & Gases
- Hydraulic
- Thermal
- Gravity
- Water under pressure

Examples of the type to which this standard would apply are:

- Major repair work
- Replacement of parts
- Renovation
- Adjustments
- Removal or by-passing of equipment guard(s) in the event of servicing.

## Definitions

**Affected employee** - an employee whose job requires him/her to operate or use a machine or equipment on which cleaning, repairing, servicing, setting-up or adjusting operations are being performed under lockout or tagout, or whose job requires the employee to work in an area in which such activities are being performed under lockout or tagout.

Note: Tenants also fit in this definition if the unit is occupied and they are present during lockout/tagout procedures.

**Authorized employee** - a qualified person who locks out or tags out specific machines or equipment in order to perform cleaning, repairing, servicing, setting-up, and adjusting operations on that machine or equipment. An affected employee becomes an authorized employee when that employee's duties including performing cleaning, repairing, servicing, setting-up and adjusting operations covered under this section.

**Capable of being locked out** - An energy isolating device is capable of being locked out if it has a hasp or other means of attachment to which, or through which, a lock can be affixed, or it has a locking mechanism built into it. Other energy isolating devices are capable of being locked out, if lockout can be achieved without the need to dismantle, rebuild, or replace the energy isolating device or permanently alter its energy control capability.

**Energized** - Connected to an energy source or containing residual or stored energy.

**Energy isolating device** - A mechanical device that physically prevents the transmission or release of energy, including but not limited to the following: A manually operated electrical circuit breaker, a disconnect switch, a manually operated switch by which the conductors of a circuit can be disconnected from all ungrounded supply conductors and, in addition, no pole can be operated independently; a line valve; a block; and any similar device used to block or isolate energy. Push buttons, selector switches and other control circuit type devices are not energy isolating devices.

**Energy source** - Any source of electrical, mechanical, hydraulic, pneumatic, chemical, thermal, or other energy.

**Lockout** - The placement of a lockout device on an energy isolating device, in accordance with an established procedure, ensures that the energy isolating device and the equipment being controlled cannot be operated until the lockout device is removed.

**Lockout device** - A device that utilizes a positive means such as a lock, either key or combination type, to hold an energy isolating device in the safe position and prevent the energizing of a machine or equipment. Included are blank flanges and bolted slip blinds.

**Major Message** - That portion of a tag's inscription that is more specific than the signal word and that indicates the specific hazardous condition or the instruction to be communicated to the employee. Examples include: "High Voltage," "Close Clearance," "Do Not Start," or "Do Not Use," or a corresponding pictograph used with a written text or alone.

**Normal production operations** - The utilization of a machine or equipment to perform its intended production function.

**Pictograph** - A pictorial representation on the tag used to identify a hazardous condition or to convey a safety instruction.

**Servicing and/or maintenance** - Workplace activities such as constructing, installing, setting up, adjusting, inspecting, modifying, and maintaining and/or servicing machines or equipment. These activities include lubrication, cleaning or unjamming of machines or equipment and making adjustments or tool changes, where the employee may be exposed to the unexpected energization or startup of the equipment or release of hazardous energy.

**Setting up** - Any work performed to prepare a machine or equipment to perform its normal production operation.

**Signal Word** - That portion of a tag's inscription that contains the word or words that are intended to capture the employee's immediate attention.

**Tag** - A device usually made of card, paper, pasteboard, plastic or other material used to identify a hazardous condition.

**Tagout** - The placement of a tagout device on an energy isolating device, in accordance with an established procedure, to indicate that the energy isolating device and the equipment being controlled may not be operated until the tagout device is removed.

**Tagout device** - A prominent warning device, such as a tag and a means of attachment, which can be securely fastened to an energy isolating device in accordance with an established procedure, to indicate that the energy isolating device and the equipment being controlled may not be operated until the tagout device is removed.

## **Responsibilities**

### **YOLO COUNTY HOUSING (YCH)**

YCH shall provide accident prevention signs, tags, padlocks or other similarly effective means which may be required for cleaning, servicing, adjusting, repair work or setting-up operations.

### **YCH Management**

1. Maintain the written Control of Hazardous Energy Program (Lockout/Tagout).
2. Facilitate training for the appropriate departments.
3. Audit the implementation of the program.

### **YCH Supervisors and Administrators**

1. Ensure that all affected employees working by machines or equipment which contain hazardous energy resources understand and comply with all lockout/tagout procedures and receive training.
2. Ensure compliance with all aspects of the lockout/tagout program by auditing the procedures annually.
3. Identify authorized employees.
4. Communicate YCH lockout/tagout program to potential contractors.

### **YCH Employees:**

1. Complying with all aspects of the lockout/tagout program.
2. Receiving training in lockout/tagout procedures and work safely.

### **Authorized Employees**

YCH employees servicing or repairing equipment that requires a LOTO procedure are considered an Authorized Employee. An affected employee becomes an authorized employee when that employee's duties include performing, cleaning, repairing, servicing, setting-up and adjusting operations on any given machine or equipment. Below are employees that can be either affected or authorized employees:

## **Maintenance Workers**

Primary duties: To maintain and repair agency residential and commercial building; to maintain grounds and landscaped areas of agency facilities.

General responsibilities that may require lockout/ tagout procedure:

- Complete general repairs, as plumbing, electrical, roofing, appliances HVAC
- Operate and maintain hand and power tools and equipment
- Operate power landscape equipment such as lawn mower, chainsaw, power pruner, loader and leaf blower
- Test, clean and repair tools and equipment
- Complete general repairs, such as plumbing, electrical, roofing, appliances and HVAC
- Operate and maintain hand and power tools and equipment
- Repair and maintain:
  - Commercial chillers, cooling towers, furnaces, air conditioning systems, boilers, ventilators and heat pumps
  - Industrial evaporative coolers, motors and pumps
  - Electrical and plumbing equipment
  - Solar water systems
  - Commercial refrigeration and appliances, and lighting systems
  - Exhaust gas removal systems
  - Gas welding equipment
  - Fire, burglar and life support systems

## **Requirements for Lockout/Tagout Devices**

### **Lockout Device**

A lockout device (such as a padlock) used in lockout procedures can work with a key or with a combination. In addition, a lockout device must meet the following requirements:

- Each worker must have his/her own lock and the only key to that lock.
- Durable enough for heat, cold, humidity, or corrosiveness in the area where it's used for as long as it is needed.
- Standardized by color, shape, or size throughout the facility.
- Strong enough so it can't be removed without heavy force or tools like bolt cutters.

- Identified by the name of the employee who installs and removes it.
  - Authorized employees will be issued personal “lockout” padlocks.
  - Authorized employees are responsible for the care and upkeep of their lock.
  - Lost or damaged locks must be reported to the Authorized employees’ supervisor to ensure timely replacement.

## **Tagout Device**

Tagout devices act as a warning not to restore energy – they are not a physical restraint. Tagout devices must meet the following requirements:

- Used only for tagout.
- Contain a signal word such as “Danger” or “Caution” that is visible from five feet.
- The major message must be presented in pictographs or text such as “Do Not Operate”, “Do Not Use”, or “High Voltage”, or all.
- Strong and resilient enough to prevent accidental loss or removal.
- Standardized, red and white in color with black lettering.
- Capable of enduring 50 pounds of applied force, and a non-reusable type.
- Affixed as close as safely possible to their respective hazards by a positive means such as string, wire, or adhesive that prevents their loss or unintentional removal.
- Provide space to identify the authorized employee, date, time and reason for lockout.

## **Lockout/Tagout Procedure**

The following procedures outline the steps to follow during equipment shutdown, isolation of equipment, applying and removing lockout and tagout devices, and the safe release of stored energy to achieve a zero-energy state.

### **Lockout - Shut Down and Isolation of Equipment Sequence.**

1. Notify all affected employees and/or tenants that servicing or maintenance is required on a machine or a piece of equipment, and you are about to start lockout/tagout procedure.
2. Locate all energy sources which power the piece of equipment you will be servicing; some machinery may have more than one. Always be on the look-out for a hidden energy source.
3. Every power source has its own procedure for shutdown. This may be accomplished by pulling the power plug, removing the fuse, disconnecting a switch, closing a valve, bleeding a line, and/or blocking the machine in place. Shut the machine down by following the normal method for shutdown.
4. Turn off the energy at the main power source.
5. Turn the machine switch back on to confirm that the power source has been deactivated.

6. Release all residual energy to ensure a zero energy state. Drain all valves, bleed off air from system, eliminate stored hydraulic pressure, or any other method necessary.
7. Attempt to restart the machine to guarantee that the power is shut off, then return the switch to the “**OFF**” position.
8. Lock out *all energy sources* involved by applying your lockout device. Inform others of the lockout situation by applying your tagout device with the following information:
  - o name of authorized employee;
  - o date;
  - o time.

**Note: Additional locks needed by authorized employees are to be obtained from his/her supervisor.**

9. With your lock in place, test the disconnect to make sure it can't be turned on. Make absolutely sure the power can't be supplied unless you know about it.

**Note: If more than one person is involved in performing the service or maintenance, each person must apply his/her lock and tag.**

## **Tagout Procedure**

There are only two scenarios allowed by Cal/OSHA which enable the employer to use tagout without lockout:

1. If the machine or piece of equipment cannot be physically locked out then tagout is allowed. However, precautions must be taken in informing affected and authorized employees that tagout is being used in place of lockout. Tags can not physically lock-down a device: they only act as a warning.
2. If the employer can effectively demonstrate that tagout alone can provide the same degree of safety and employee protection as a lockout.

**Note: Tags act as a warning not to restore energy—they are not a physical restraint.**

## **Tagout - Shut Down and Isolation of Equipment Sequence**

1. Notify all affected employees or tenants that servicing or maintenance is required on a machine or piece of equipment, and you are about to start a tagout procedure.
2. Locate all energy sources which power the piece of equipment you will be servicing, some machinery have more than one. Always be on the look-out for hidden energy sources.
3. Every power source has its own procedure for shut down. This may be accomplished by pulling the power plug, removing the fuse, disconnecting a switch, closing a valve, bleeding a line, and/or blocking the machine in place. Shut the machine down by following the normal method for shutdown.
4. Turn off the energy at the main power source and apply tagout device.

5. Turn the machine switch back on to confirm that the power source has been deactivated.
6. Release all stored energy to ensure a zero energy state. Drain all the valves, bleed off air from a system, eliminated stored hydraulic pressure, or any other method necessary.
7. Attempt to restart the machine to guarantee that the power is shut off and all residual energy has been released, then return the switch to the “**OFF**” position.
8. Apply your tagout device to all energy sources involved.
9. Others will be informed of the lockout situation by the information on the tag:
  - o name of authorized employee
  - o date
  - o time
  - o Reason for lockout.

**Note: If more than one person is involved in performing the service or maintenance, each person must apply his/her lock.**

10. When a tag is attached to an energy isolating means, it is not to be removed without authorization of the authorized person responsible for it, and it is never to be bypassed, ignored, or otherwise defeated.

## **Restoring Equipment to Service**

When the servicing or maintenance is completed and the machine or equipment is ready to return to normal operating condition, the following steps shall be taken:

1. Check the machine or equipment and the immediate area around the machine to ensure that nonessential items (i.e. tools, parts, materials) have been removed and that the machine or equipment components are operationally intact.
2. Replace all the machine guards.
3. Check the work area to ensure that all affected employees or tenants have been safely positioned or removed from the area.
4. Verify that the controls are in neutral or in the “off” position.
5. Remove your lockout and tagout device.
6. Reconnect all sources of energy.
7. Inform all affected employees or tenants that your work is complete and the lockout/tagout procedure is over.
8. Restart the equipment.

## **Miscellaneous**

### **Group Locks**

In cases where more than one person will perform service or maintenance on a piece of equipment or machinery that requires lockout/tagout, a multiple lockout adapter must be used. This device must be able to hold several locks and tags.

Each authorized employee will place his or her lock on the adapter. Only the person who placed a lock on the device may remove the lock.

**Note: It is strictly prohibited to remove another person's lock without proper notification.**

In all group lock situations, the lead employee will be first to place his or her lock on the group adapter and be last to remove his or her lock.

### **Shift Change**

In cases where the next shift of personnel will continue to work on a locked-out piece of equipment, the employee reporting for duty must apply his or her lock and tag first, then the employee who is leaving may remove his or her lock and tag.

### **Contractors**

YCH is responsible for informing contractors of the agency's policy to control hazardous energy sources while servicing and maintaining equipment. The agency and its contractors need to inform each other of their respective program and use the agency's locks to ensure compliance. The agency shall ensure that his/her employees understand and comply with the restrictions and prohibitions of the outside employer's energy control program

### **Training**

All authorized employees must be trained in the following regarding lockout/tagout procedures:

- Recognition of hazardous energy sources;
- Specific energy sources within the work place;
- Show how to isolate and control this energy.

All affected employees must be trained in the purpose and use of lockout/tagout and the importance of not to restart locked out or tagged out equipment.

YCH will document and maintain employee training records.

## Periodic Inspections and Audits

Inspections and audits of the program will be conducted by an authorized employee at least annually. This is to ensure that proper procedures are being followed. The audit should include, but limited to, the following items:

- Do employees understand and follow the current procedures
- Are the proper locks and tags being used
- Are employees using locks and tags correctly
- Have any new processes or procedures been identified
- Are there any new hazards that have been identified

All audits must be done by an authorized employee who does not use the energy control procedures being inspected.

The inspection must also include a review between the inspector and authorized employees of their responsibilities under the hazardous energy control procedure being inspected.

YCH will ensure the periodic inspections have been performed as needed. The inspections shall identify the machine or equipment on which the hazardous energy control procedure was being utilized, the date of the inspection, the employees included in the inspection, and the person performing the inspection.

## Written Lockout/Tagout Procedures

In order to protect employees from injury and to protect property from damage, YCH has developed written Lockout/Tagout procedures for controlling all types of hazardous energy.

## Identifying & Labeling the Energy Disconnecting Means

Make an initial survey of the operation to identify all energy sources.

This must be done by physical inspection, possibly in combination with a study of drawings and equipment manuals.

Locate and mark the disconnecting means, indicating their function. Categorize the identification details as to equipment supplied and energy type and magnitude, from material worked on beforehand in this lockout/tagout program planning study.

*Example:*

Household electrical panel – 100 amps

A sign or sticker—"**LOCKOUT HERE**"—placed at the disconnecting means will help direct employees to correct lockout devices. After surveying the operation, additional and more practical means may be installed. In complicated operations, schematics of just the disconnecting means may need to be drawn up by the plant's engineering department.

## **Methods of Locking Out Controls**

There are many different ways to lock out a piece of equipment. Commonly, the main disconnect switch has one opening where a lock can be placed.

If more than one employee works on the equipment, a lockout adaptor suitable for the installation of several locks must be used, enabling all workers to lock out the machine with their individual locks.

If the switches are in a metal box, the box itself must be locked out.

If a fuse was removed in order to de-energize the equipment, the fuse box must be locked.

If the controls are in a metal-covered box, a common hasp can be welded or riveted to the door, along with a lock staple. Then the switch can be "opened" and the door closed and padlocked.

Fuse boxes can also be locked in this way.

Machines activated by compressed air or steam will have valves that control movement. These valves will need not only to be locked out, but also bled to release any back pressure.

## Appendix A

### Lockout Procedure - Electrical Outlets, Light Switches, Lights and/or Hard-Wired Smoke Detectors

Lockout procedure for replacing electrical outlets, light switches, lights and/or hard-wired smoke detectors

---

#### Purpose

This procedure establishes the minimum requirements for lockout of energy sources that could cause injury to personnel. All employees shall comply with the procedure.

#### Responsibility

The responsibility for seeing that this procedure is followed is binding upon all employees. All employees shall be instructed in the safety significance of the lockout procedure by the Facilities Director. Each new or transferred affected employee shall be instructed by Facilities Director in the purpose and use of the lockout procedure.

#### Preparation for Lockout

Employees authorized to perform lockout shall be certain as to which switch or other energy isolating devices apply to the equipment being locked out. More than one energy source may be involved. Any questionable identification of sources shall be cleared by the employees with their supervisors.

#### Sequence of Lockout Procedure

1. Notify all affected employees or tenants that a lockout is required.
2. Deenergize equipment at circuit breaker panel by switching breaker to "off" position.
3. Place a lock and tag on the individual breaker switch or on the entire panel with an assigned individual lock.
4. Test the electrical circuits with properly calibrated electrical testing equipment, or if applicable attempt to energize the circuit by turning on the light switch to guarantee that the power is shut off, then return the switch to the "OFF" position.
5. After ensuring that no personnel are exposed and locks/tags are in place, work may begin on the equipment.

#### Restoring Equipment to Service

1. When the job is complete and equipment is ready for testing or normal service, check the equipment area to see that no one is exposed.
2. When equipment is clear, remove all locks. The energy isolating devices may be operated to restore energy to equipment.

## **Procedure Involving More Than One Person**

In the preceding steps, if more than one individual is required to lock out equipment, each shall place his/her own personal lock on the energy isolating device(s). One designated individual of a work crew or a supervisor, with the knowledge of the crew, may lock out equipment for the whole crew. In such cases, it may be the responsibility of the individual to carry out all steps of the lockout procedure and inform the crew when it is safe to work on the equipment. Additionally, the designated individual shall not remove a crew lock until it has been verified that all individuals are clear.

## **Rules for Using Lockout Procedure**

All equipment shall be locked out to protect against accidental or inadvertent operation when such operation could cause injury to personnel. Do not attempt to operate any switch, valve, or other energy isolating device bearing a lock.

## Appendix B

### Lockout Procedure - Gas

Lockout procedure for repairing or replacing gas appliances.

---

#### Purpose

This procedure establishes the minimum requirements for lockout of electrical energy sources that could cause injury to personnel and property.

#### Responsibility

The responsibility for seeing that this procedure is followed is binding upon all employees. All employees shall be instructed in the safety significance of the lockout procedure by the Facilities Director. Each new or transferred affected employee shall be instructed by the Facilities Director in the purpose and use of the lockout procedure.

#### Preparation for Lockout

Employees authorized to perform lockout shall be certain as to which switch or other energy isolating devices apply to the equipment being locked out. More than one energy source may be involved. Any questionable identification of sources shall be cleared by the employees with their supervisors.

#### Lockout Procedure

- Notify all affected persons or tenants that servicing or maintenance is required and lockout/tagout will occur.
- Ensure the area is clear and no hazards have been identified.
- Locate all energy sources (i.e. gas/electric). Always be on the look-out for hidden energy source as some machinery or equipment may have more than one energy source.
- Shut down the equipment by following the normal method for shutdown. This may be accomplished by turning off gas valve, bleeding line, disconnecting power plug, removing a fuse, or disconnecting a circuit breaker switch.
- Release all residual energy to ensure a zero energy state.
- Lock out all energy sources involved (gas/electric) by applying your energy isolating device, lock and tag.
- Attempt to re-start the equipment to confirm the power source has been deactivated. Return the switch or valve to the **"OFF"** position.
- Use test equipment as needed to ensure residual energy is dissipated.
- Attempt to re-start the equipment, if applicable, to confirm the power source has been deactivated. Return the switch or valve to the **"OFF"** position.
- Use test equipment as needed to ensure residual energy is dissipated.

## Restoring Service

- Check the area surrounding the machine or equipment to ensure nonessential items (i.e. tools, parts, materials) have been removed and the machine or equipment components are operationally intact.
- Inform all affected persons or tenants that work is completed and power is about to be restored. All persons in the immediate vicinity should be safely positioned or removed from the area.
- Verify the equipment controls are in neutral or in the “off” position.
- Remove your lock, energy isolating device and tag.
- Restore service.
- Restart the equipment.

## Rules for Using Lockout Procedure

All equipment shall be locked out to protect against accidental or inadvertent operation when such operation could cause injury to personnel. Do not attempt to operate any switch, valve, or other energy isolating device bearing a lock.

## Appendix C

### Lockout Procedure - Water

Lockout procedure for repairing or replacing water faucets, water heaters and other related equipment.

---

#### Purpose

This procedure establishes the minimum requirements for lockout of water sources that could cause injury to personnel or property.

#### Responsibility

The responsibility for seeing that this procedure is followed is binding upon all authorized employees. All authorized employees shall be instructed in the safety significance of the lockout procedure by a Maintenance Supervisor or a trainer designated by YCH. New or transferred authorized employees shall be instructed in the same manner.

#### Preparation for Lockout

Employees authorized to perform lockout shall be certain as to which energy isolating devices apply to the equipment being locked out. In the event there is more than one energy source involved, all energy sources must be locked out. Any questionable identification of sources shall be cleared by the employees with their supervisors.

#### Removing

- Notify all affected persons or tenants that the water will be turned off and that a lockout is required.
- Ensure the area is clear and no hazards have been identified.
- Turn off water at the shutoff valve(s) or main valve by turning valve(s) to "off" position.
- Drain water from system.
- Place an energy isolating device and lock on the valve(s). If a lock cannot be used, apply your tagout device to the valve.
- Test the valve to ensure the water is effectively shut off.
- After ensuring that water has been isolated, no persons or property are exposed to a hazard and locks/tags are in place, work may begin on the equipment.

#### Restoring Service

- When the work is completed and water is ready for testing or normal service, check the area to see that it is clear.
- Notify any affected persons or tenants that the water is about to be restored to service.
- When all equipment, material and employees are clear, remove all locks and energy isolating devices.
- Turn valve(s) to on position.

### **Procedure Involving More Than One Person**

If more than one individual is required to lock out the water supply, each shall place and remove his/her own lock on the energy isolating device(s).

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## Appendix D

### Lockout/Tagout Annual Evaluation Report

Date(s) of Evaluation: \_\_\_\_\_

Evaluation was made by: \_\_\_\_\_  
(Print Name)

General policy has been reviewed: YES/NO (Circle one)

COMMENTS ON GENERAL POLICY:

THE FOLLOWING SPECIFIC PROCEDURES HAVE BEEN REVIEWED (LIST BELOW):

THE FOLLOWING SPECIFIC PROCEDURES WERE MODIFIED (LIST BELOW):

THE FOLLOWING SPECIFIC PROCEDURES WERE ADDED (LIST BELOW):

A REVIEW OF THE LOG OF OCCUPATIONAL INJURIES AND ILLNESSES (OSHA FORM 300 OR EQUIVALENT) AND THE ASSOCIATED ACCIDENT REPORTS AND INJURY/ILLNESS REPORTS: **YES/NO (CIRCLE ONE)**

THE FOLLOWING INJURIES RESULTED FROM LOCKOUT/TAGOUT (LIST BELOW):

## Appendix E Examples of Lockout/Tagout Devices



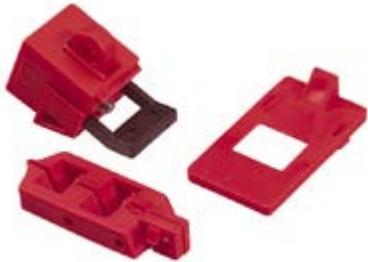
### Universal Multi-Pole Breaker Lockout

- Works with most major multi-pole breakers with tie-bar type switches
- Easy to install - thumbscrew secures and locks tie-bar in place; no self-locking cable tie required



### Single-Throw/Multi Pole Breaker Lockout

- 480/600V lockout device designed primarily for Square D 480/600V single-throw/multi pole circuit breaker switches (Models KAL, LA and LAL)
- Snap-on cleat accessory securely locks out long sliding switch throws with large angular rotation commonly found on some Westinghouse, ITE, Square D and Federal Pacific breakers



### Single-Pole Breaker Lockouts

- Hinged single-pole lockout with locking post design, locks lever in off position to isolate and prevent breaker use
- Universal model features unique screw clamp to lock out all single pole-breakers (except Square D QO and some Federal Pacific breakers)
- Snap-on cleat accessory securely locks out long sliding switch throws with large angular rotation commonly found on some Westinghouse, Square D and Federal Pacific breakers



### Large Breaker Lockout

- Locks out breakers up to 2-1/2" wide and 7/8" thick
- Designed for large 480/600V breaker switches
- Accepts up to 9/32" padlock shackle
- Durable plastic construction
- Easy to install - no tools required



### Fuse Lockouts

- Fuse lockout snaps into place and can be cable tied for added security
- Highly visible fuse blockouts snap into blade-type fuse blocks to prevent installation of fuses
- Fits most Buss and Gould fuse blocks



### Universal Ball Valve Lockout

- Designed to lock out quarter turn valves of varying sizes and geometries
- Locks valve in on, off or throttled position
- Nylon and stainless construction
- Additional arms necessary to lock in throttled position and to lock out 3-, 4-, and 5-way valves



### Gate Valve Lockouts

- Durable plastic resists chemicals and extreme temperatures to 240oF
- Stainless steel hinge for added strength and security
- Unique knockout feature accommodates OS&Y or rising stem gate valves
- Accepts locks with up to 3/8" shackles and 3/4" or greater vertical shackle clearance



### Heavy Duty Lockout Tags

- High-visibility lettering
- Laminated plastic tags with non-fade legends resist corrosive and harsh environments
- Write-on tag with 7/8" grommet can be padlocked to device to help prevent unauthorized removal
- Exceeds OSHA's 50-lb pullout requirement



### Safety Lockout Padlocks & Lock Labels

- Safety Lockout Padlocks - for easy identification
- Master Padlocks - withstands abuse and environmental hazards
- Lock Labels - identification labels for employees locks



### Safety Lockout Hasps

- Allow up to six workers to lock out a single energy source
- Rust proofed, plated and vinyl-coated
- Labeled hasps feature anodized aluminum alloy construction for long-term durability
- Permanent "Do Not Operate" labels accepts pens, pencils and permanent markers



## Appendix F

### AGREEMENT TO ABIDE BY YOLO COUNTY HOUSING SAFETY POLICY

I acknowledge that I have received the Hazardous Energy Control Plan, which includes training on lockout/tagout. I understand that it is my responsibility to read the contents in its entirety and follow the Hazardous Energy Control Plan because failure to do so could result in injury to myself and/or others. I further understand that failure to abide by the Hazardous Energy Control Plan may result in disciplinary action.

PRINT NAME: \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

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

SUPERVISOR NAME: \_\_\_\_\_

*This form is to be kept in the employee's personnel file.*

Yolo County Housing  
Yolo County, California

To: Co. Counsel ✓  
Yolo County Housing ✓

CONSENT CALENDAR

Excerpt of Minute Order No. 16-18 Item No. 16, of the Yolo County Housing meeting of August 10, 2016.

MOTION: Thomson. SECOND: Wienecke-Friedman. AYES: Arnold, Johannessen, Stallard, Thomson, Vanderford, Wienecke-Friedman. ABSENT: Aguiar-Curry.

16.

Review, Approve and Adopt YCH Hazard Communication Program (Holt and Baker)

Approved recommended action on Consent.



## ***Yolo County Housing***

147 W. Main Street      Woodland: (530) 662-5428  
WOODLAND, CA 95695      Sacramento: (916) 444-8982  
TTY: (800) 545-1833, ext. 626

**DATE:** August 10, 2016  
**TO:** YCH Housing Commission  
**FROM:** Lisa A. Baker, CEO  
**PREPARED BY:** Janis Holt, General Director  
**SUBJECT:** **Review, Approve and Adopt the Yolo County Housing Hazard Communications Program**

### **RECOMMENDED ACTION**

- 1 That the Housing Commission: Review, Approve and Adopt the Yolo County Housing Hazard Communication Program; and
- 2 Authorize the CEO to implement

### **BACKGROUND/DISCUSSION**

As with all YCH policies, in a continued effort to provide an optimal safe work environment, the Housing Commission and staff review and approve policies, procedures and plans to provide the Agency with updated safety guidelines and programs. The Housing Commission approved the YCH Bloodborne Pathogen Exposure Control Plan and the YCH Heat Illness Prevention Plan on May 21, 2015 and will be considering approval of the YCH Return to Work Program, YCH Hazardous Control Program and updated YCH Injury Illness and Prevention Program during the August 10, 2016 meeting.

The Agency is responsible for providing updated risk management and safety programs that fit with the growing and changing environment of the organization and stay compliant with California Code of Regulations and Cal/OSHA guidelines. The Hazard Communications Program is a stand alone program that meets Cal/OSHA requirements. This Plan was developed in collaboration with the Agency's worker's compensation carrier, California Housing Workers Compensation Authority (CHWCA) and, if approved, will replace the agency's previous Hazard Communication Program in accordance with Title 8, California Code of Regulations, Section 5194 and incorporates the use of GHS compliant labels.

The purpose of our Hazard Communication Program is to establish YCH's procedures to inform employees of safety considerations and handling of potentially hazardous substances to which they may be exposed in the workplace. YCH policy requires staff to use "green products" at all

times unless there is no green equivalent available. Employees must get approval from the CEO prior to being authorized to use alternative products.

Although staff exposure to hazardous chemicals is minimal, employees in the job classifications of Senior Maintenance Worker, Maintenance Worker II, Maintenance Worker I, Senior Migrant Center Coordinator and Migrant Center Coordinator are those most likely to use products that fall under the hazard communications program such as cleaning products, paint, etc.

The YCH Hazard Communications Program provides staff with guidelines to prevent and minimize employees' occupational exposure. This Program addresses the following areas:

- Program Administration
- Hazardous Substance Inventory
- Safety Data Sheets (SDS) Requirements
- Labeling
- Training
- Recordkeeping
- Program Evaluation

YCH currently has SDS sheets available at each shop location and has been working on moving the sheets to a centralized database for ease of access by field staff (maintenance). Employees are responsible for notifying the Facilities Director of any "new" products or potential exposures and print the SDS sheet for distribution to all SDS manuals.

Annually management and safety committee members will gather feedback from authorized employees, review the elements of the Program, and make adjustments in accordance with Cal/OSHA guidance and regulations.

#### **FISCAL IMPACT**

None.

#### **CONCLUSION**

Staff recommends that the Commission approve the YCH Hazard Communications Program

**Attachment:** Draft YCH Hazard Communications Program



**Yolo County Housing**

# **Hazard Communication Program**

**August 2016**

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### Appendix

- A. Hazardous Substance Inventory Form
- B. Hazard Communication Employee Training Program Handout
- C. SDS Request Letter

## General

The Hazard Communication Program establishes the Yolo County Housing's procedures to inform employees of the hazardous substances to which they are exposed in the workplace as required by Title 8, California Code of Regulations, Section 5194. The hazard communication program includes specific procedures and defines responsibilities for the implementation of the program's critical elements:

- Maintain an inventory of hazardous substances
- Maintain Safety Data Sheets (SDS) for products used in the workplace containing hazardous substances
- Ensure proper labels and other forms of warning
- Provide employee information and training
- Develop procedures for non-routine tasks involving hazardous substances
- Inform contractors of hazardous substances in work area
- Inform employees of contractor activities and hazardous substances
- Maintain compliance records for the program
- Conduct periodic evaluations of program effectiveness

The Hazard Communication Program applies to all employees (and temporary employees) who handle or may be exposed to hazardous substances during normal work, non-routine tasks or during a foreseeable emergency. In addition, this program may apply to visitors and contractors who handle or may be exposed to hazardous substances at agency worksites.

## Program Administration

- The Facilities Director is responsible for the implementation of this program and its review, maintenance and updating as necessary.
- All employees, including permanent and independent contractors, who may have exposure to hazardous chemicals during normal work or in emergency situations must comply with the practices and procedures outlined in this program.
- Yolo County Housing, through people in specific supervisory positions, will be responsible for maintaining Cal/OSHA records at all times.
- Yolo County Housing through people in specific supervisory positions will be responsible for training, maintaining training records and making this program available to employees and contractors.

## Hazardous Substances Inventory

The Agency will develop and maintain a current inventory of all hazardous substances to which employees may be exposed. Each department manager or supervisor will ensure the hazardous substances inventory form (Appendix A) is completed for work areas under their direct

supervision and control. The Program Administrator will monitor the update of the hazardous substances inventory. The inventory provided by the manager/supervisor will include:

- List of chemical products in use (manufacturer name, product name)
- Physical location of storage area and work area/process where the product is used
- Hazardous substances contained in the product

#### Safety Data Sheet Requirements

##### SDS Management

Safety Data Sheets (SDS) is required for **every** hazardous chemical in the workplace with the following exclusions:

- Hazardous wastes regulated by the EPA
- Tobacco products
- Natural wood or chemically untreated wood products for retail sale
- Manufactured items, articles that do not result in an employee exposure such as items for immediate use or retail sale
- Food, drugs and cosmetics consumed or used by employees on the job
- Retail trade establishments
- Pesticide use regulated by California Dept. of Food and Agriculture
- Consumer products (**unless** quantities used or exposures are greater than ordinary home consumer quantities)

In work areas where employees handle hazardous substances only in sealed containers (e.g. warehouse, storage areas or transportation), we will obtain and maintain SDS and make them readily available in the work area or in a central location.

Products containing hazardous substances may not be purchased or otherwise brought onto the facility unless a SDS has been obtained and the product reviewed for use in the workplace. Employees are not allowed to bring consumer products containing hazardous substances into the workplace for personal use or for any other purpose.

##### SDS Availability

The Agency will ensure employee access to SDS on a 24-hour basis at each site. SDS must be readily available for review to all employees in their work area during each work shift.

Where department employees travel to multiple worksites, we will retain SDS at a primary central location and develop a method to ensure that employees can obtain the required information in an emergency.

#### Labels and Other Forms of Warning

The Agency requires legible labels and other forms of warning to clearly communicate the identity and hazards of the chemicals in all work areas. Managers and supervisors must comply with the labeling requirements of this program in work areas under their supervision and control.

##### Primary Container Labels

Workplace containers may use the same label provided on shipped containers for the chemical under the revised GHS rule, or with label alternatives that meet the requirements for the

standard. Alternative labeling systems such as the National Fire Protection Association (NFPA) 704 Hazard Rating and the Hazardous Material Information System (HMIS) are permitted for workplace containers. However, the information supplied on these labels must be consistent with the revised rule, e.g., no conflicting hazard warnings or pictograms. In order to ensure consistency, our Agency will transition to GHS-compliant labels as manufacturers and distributors provide labels in the new format for products in use in our facilities.

GHS-compliant labels require the following information:

- Pictograms (Eight GHS pictograms to convey hazard category information)
- Signal words (“Danger” or “Warning”)
- Hazard statement (assigned to each GHS hazard category)
- Precautionary statement (to prevent effects of exposure)

#### Secondary Container Labels

Hazardous substances transferred from the original containers to a secondary portable container should be labeled with information consistent with the primary labeling method. GHS-compliant secondary labels will be provided where manufacturers and distributors have transitioned to the new format.

**Note:** Portable containers for immediate use during a single shift by a single employee who performs the transfer himself are exempt from the labeling requirements. It is the policy of our Agency to simply require labels on all secondary containers.

#### Individual Stationary Process Containers

Identification of the contents and hazards of materials contained in individual stationary process containers (e.g. storage tanks and other vessels) may be accomplished with signs, placards, or information contained in batch records or work instructions. The required label information must be included.

#### Employee Information and Training

Hazard Communication training is required for all employees who may be exposed to hazardous substances in the workplace or through a reasonably foreseeable emergency resulting from work operations. Employees are required to receive training on all hazardous substances in their work area upon initial assignment, whenever a new hazard is introduced and periodically thereafter. Employees are required to be trained in workplace specific materials and procedures. All training, including training conducted by a supervisor, will be documented and retained for a minimum of 5 years. Information and training must include:

- Overview of the hazard communication regulation
- Written hazard communication program and department specific procedures
- Location of hazardous substances inventory and SDS at the site
- Information on GHS-compliant labels and SDS format
- Specific operations or work areas where hazardous substances are present
- Information on the physical and health hazards of substances
- Warning signs and symptoms for the hazardous substances in their work area
- Appropriate control measures such as work practices, personal protective equipment, local exhaust ventilation and emergency procedures
- Employees informed of right to medical and exposure records

### Non-routine Tasks Involving Hazardous Substances

The manager /supervisor of the site will identify non-routine tasks involving hazardous substances and use a job safety analysis or similar process to identify the hazards and precautions to be taken for non-routine, unusual, or high-hazard tasks. The site-specific addendum will identify the operations or types of operations that may be performed.

### Contractors

Managers/supervisors will ensure that outside contractors work safely in their facility or work area to protect employees from chemicals. SDS will be requested and reviewed to ensure that employees will not be affected during the project. The Agency will provide the Contractor with information (SDS, labeling information) on hazardous substances in the Agency facility or work area where the Contractor employees may be located. The department manager/ supervisor are responsible for giving and receiving information from contractors at this facility.

### Record Keeping

The Program Administrator is responsible for maintaining hazard communication compliance documents related to program oversight including the hazardous substances inventory, SDS information, employee training records, and employee exposure records (e.g. air monitoring records) must be maintained for the duration of employment of any exposed employee plus 30 years.

Note: SDS for products no longer used must also be maintained as described here.

### Program Evaluation

Hazard communication program revisions will be made whenever a change in operations, program management, or regulatory requirements occurs. The Agency will conduct a periodic evaluation of the program and update as necessary.



## Hazard Communication Employee Training Program Handout

ORGANIZATION: **Yolo County Housing**

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

DEPARTMENT: \_\_\_\_\_

We have developed a training program to increase employee awareness of hazardous substances in our workplace and to motivate employees to protect themselves. The training program is based on the types of hazardous substances used at the work site and the associated hazards.

### **Overview of Hazard Communication Regulation**

The hazard communication regulation is intended to ensure both employers and employees understand the dangers associated with hazardous substances in the workplace. The following information is a review of the specific requirements of a hazard communication program, including container labeling, Safety Data Sheets (SDS), and training.

### **Written Hazard Communication Program**

We have a written program that outlines how we provide information on and control your exposure to hazardous substances. This plan is available to you during our training or during your work shift from your Supervisor or the Facilities Director.

### **Hazardous Substances Used in Our Workplace**

In our organization we use a variety of chemical products. Most of these products contain one or more hazardous substances. Let's review the hazardous substance inventory list in your work area. For specific hazard information on each brand of material, review the SDS and, if applicable, the Proposition 65 list of chemicals.

### **Reading Labels, Warnings, and SDS**

*Labels* - A product label on both the original and secondary containers should be read before working with the material. Each label has two important pieces of information:

1. Identity of the hazardous substance
2. Hazard warnings

The label on the original container also gives the name and address of the manufacturer.

The label should act as a visual reminder of the information we have presented in this training session and of the detailed information on the SDS.

*Proposition 65 warnings.* These are provided to you prior to exposure in the form of labels, placards, employee training, and the like so you know certain chemicals in your workplace are known to the state to cause cancer, birth defects, or other reproductive harm.

**It is essential to your safety that you read the hazard warning and use the hazardous substances only within the prescribed guidelines. Questions concerning any of the warning message(s) should be directed to your supervisor or Facilities Director.**

*SDS* - Manufacturers and importers are responsible for providing us with adequate information for using the hazardous substances safely. We use SDS as the primary source for informing you about the hazards of the substances in our facilities. SDS are kept at our Main Office (Facilities Department), each AMP Office (Winters and West Sacramento), each Agricultural Housing Office (Davis, Madison and Dixon), and each NHCDC Office (Cottonwood and Crosswood). SDS's are readily available to you in every shift.

You will be trained on the specific hazards of the substances in **your** work area. You will also be trained on how to read the information in the SDS. The information includes:

1. Chemical and physical properties of hazardous substances, such as vapor pressure or specific gravity
2. Physical hazards of the chemicals, such as flammability or reactivity
3. Health hazards of the hazardous substances, such as signs and symptoms of exposure
4. Routes of entry
5. Protective measures, such as work practices, engineering controls, and use of personal protective equipment
6. Methods to detect the release of a hazardous substance in the work area
7. Emergency and first aid procedures

You can read the California hazard communication regulation for additional information on any specific program element.

## Appendix C

### SDS Request Letter

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Chemical Organization or Distributor: \_\_\_\_\_

RE: SDS for \_\_\_\_\_

Please send me an up-to-date copy of your Safety Data Sheet (SDS) for the above product(s). The SDS is needed for compliance with the State of California Hazard Communication Regulation, Title 8, *California Code of Regulations*, Section 5194.

Please send the SDS to:

**Facilities Director  
YOLO COUNTY HOUSING  
147 W. Main Street  
Woodland, CA 95695**

If this product does not require an SDS, please notify us in writing.

If you have any questions regarding our request, please contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Sincerely,

Yolo County Housing  
Yolo County, California

To: Co. Counsel ✓  
Yolo County Housing ✓

CONSENT CALENDAR

Excerpt of Minute Order No. 16-18 Item No. 17, of the Yolo County Housing meeting of August 10, 2016.

MOTION: Thomson. SECOND: Wienecke-Friedman. AYES: Arnold, Johannessen, Stallard, Thomson, Vanderford, Wienecke-Friedman. ABSENT: Aguiar-Curry.

17.

Review, Approve and Adopt YCH Return to Work Policy (Holt)

Approved recommended action on Consent.



## ***Yolo County Housing***

147 W. Main Street      Woodland: (530) 662-5428  
WOODLAND, CA 95695      Sacramento: (916) 444-8982  
TTY: (800) 545-1833, ext. 626

**DATE:** August 10, 2016  
**TO:** YCH Housing Commission  
**FROM:** Lisa A. Baker, CEO  
**PREPARED BY:** Janis Holt, General Director  
**SUBJECT:** **Review, Approve and Adopt the Yolo County Housing Return-to-Work Policy**

### **RECOMMENDED ACTION**

That the Housing Commission:

- 1 Review and Approve the Yolo County Housing Return-to-Work Program; and
- 2 Authorize the CEO to implement

### **BACKGROUND/DISCUSSION**

Yolo County Housing (YCH) takes every precaution to protect our employees from workplace injury through our Injury Illness and Prevention Program (IIPP), safety training, workplace inspections, support policies and programs and oversight of our Risk/Safety Committee. Our Agency attributes our very low injury frequency rate to the care and professionalism of our employees and to their commitment to the YCH philosophy of "safety first".

However, there is still that occasional occurrence where an employee experiences an injury which requires him/her to be out of work or on limited duty for a period of time. In those instances, YCH works closely with the injured employee to minimize the impact of the injury, promote rapid recovery, provide a safe and timely transition back to work, and help control Agency costs. In order to better guide the employee and management through this recovery process, staff has determined that it would be beneficial to develop a formal Return-to-Work Program that would improve the process during these work transitions.

The purpose of our Return-to-Work Program is to establish a system for YCH employees who have sustained an industrial injury or illness to be able to return to work as soon as practicable. The program is intended to provide a transition period of temporarily modified, or light duty, to help facilitate the employee's return to regular duty within a short period time. The Return-To-Work program outlines the various roles and responsibilities of:

- Employees
- Managers/Supervisor
- Department Heads
- Human Resources
- Third Party Administrators

Where possible, temporary assignments that fit any work restrictions are identified for the returning employee which may otherwise be outside the current division/department. The injured employee, Human Resources, and the employee's supervisor work together with the treating physician or medical provider to identify any limited duty or work restrictions, identify an alternative assignment for which the employee is qualified, and monitor progress. Temporary work assignments should be no more than three months in duration.

The temporary transitional/modified duty assignment will end when the employee is released to his/her usual and customary job duties by the treating physician and/or medical provider, or where it is determined that the employee will not be able to return to his/her customary position; or where the temporary transitional/modified duty is no longer available due to lack of work or the exhaustion of assignment.

In addition to potential savings on workers compensation costs, the important ancillary benefit of a Return-to-Work Program is the ability to maintain the work connection with staff for a limited period of time until the employee can resume full duty.

#### **FISCAL IMPACT**

None at this time. Some possible future reduction in worker's compensation costs that are, as yet, unknown and unrealized.

#### **CONCLUSION**

Staff recommends that the Commission approve the YCH Return-to-Work Program

**Attachment:** Draft Return-To-Work Program



**Yolo County Housing  
Return-to-Work Program**

**August 2016**

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- F. Physician or Medical Provider’s Return-to-Work Reminder Letter & Physical Capabilities Form
- G. Return-to-Work Agreement

## **Policy Statement**

Our employees are the Yolo County Housing's (YCH) most valued assets. Their safety and well-being are a major concern for YCH. In spite of YCH's commitment to providing a safe workplace, injuries still occur.

YCH developed the Return-to-Work (RTW) Program with the intention of:

- Minimizing an injury's or illness's impact on the employee;
- Promoting the employee's rapid recovery from work-related injuries;
- Providing a safe and timely transition back to work; and
- Helping control YCH's workers' compensation and disability costs.

When offering an employee meaningful temporary work assignments through the RTW Program, both the employee and YCH benefit. Numerous studies have shown the sooner an injured employee returns to work, the faster s/he will recover and be able to return to regular assignments.

Note: This document is not designed as a substitute for reasonable accommodation under any applicable federal or state laws, such as Americans with Disabilities Act, The Rehabilitation Act of 1973, or other applicable laws. To preserve the ability to meet YCH needs under changing conditions, YCH reserves the right to revoke, change, or supplement guidelines at any time with written notice. The policies and procedures in this return-to-work program are not intended to be contractual commitments and they shall not be construed as such by our employees. This policy is not intended as a guarantee of continuity of benefits or rights. No permanent employment for any term is intended or can be implied by this policy.

## **Purpose/Goals**

The purpose of this policy is to establish a system for YCH employees who have sustained an industrial injury or illness to return to work as soon as practicable. The system will improve the capability of identifying and appropriately managing temporary and permanent disabilities. The program is intended to provide a transition period of temporarily modified or light duty to facilitate the employee's return to regular duty within a short period of time.

In addition to providing for employee health and wellness, this program provides compliance with California workers' compensation laws, California disability laws, and the federal Americans with Disabilities Act (ADA), as well as the Memorandums of Understanding (MOU) between the YCH and the unions representing its employees.

## **Scope**

This program is available for employees who sustain industrial injuries and illnesses. Participation is mandatory. Refusal to accept transitional duty that meets the physician's or medical provider's restrictions may result in the loss of entitlement to temporary disability/salary continuation benefits.

This program covers cases that involve lost time injuries, conditions with temporary medical restrictions, and, when possible, non-work related cases with temporary medical restrictions. If temporary medical restrictions render the employee unable to perform some or all of his/her usual assignments, modification of the position's duties or an alternate assignment may be necessary as a temporary accommodation.

RTW Program participation has the following criteria:

- All full-time regular and part-time, temporary, and/or at-will employees are eligible.
- The employee's medical condition **temporarily** prevents the employee from performing the full range of his or her regular duties.
- Any workers' compensation or disability claim that is approved or is in delayed status.
- The treating physician or medical provider has determined the employee's work capacity and released the employee to transitional duty assignment.
- The treating physician or medical provider provides an estimated recovery period.
- The employee may continue to participate in the Transitional Work Program for a period of up to three (3) months so long as the employee is making medical progress toward recovery and return to full regular duties.
- Transitional work assignments may be extended beyond the original three (3) months when it is determined the additional time would facilitate a return to full regular duties and would not adversely affect YCH's operational goals or the objectives of the Program.

## **Responsibilities**

### **Employees**

Employees are responsible for the following in YCH's RTW Program.

- Report all injuries immediately<sup>1</sup> to the supervisor.
- Inform the treating physician or medical provider that YCH has transitional/modified duty assignments available.
- Provide a "return-to-work" restriction note from the treating physician or medical provider to the supervisor or Human Resources Department as soon as possible upon receipt from the physician or medical provider.
- Meet with the supervisor or Human Resources Department to review job duties that fit within the parameters of the medically imposed restrictions.
- Sign the return-to-work agreement document.
- Work within the restrictions specified by the treating physician or medical provider.
- Report any physical problems with the work assignment to the supervisor.
- Report to his/her own department or assigned "out-of-department" supervisor as appropriate at the beginning of the transitional/modified duty assignment.

---

<sup>1</sup> "Immediately" is defined as "as soon as the injury is known."

- Adhere to all YCH policies and procedures, including employment policies and safety rules, at the location of the transitional/modified duty.
- Attend all scheduled medical appointments and keep the assigned supervisor and the Human Resources Department apprised of work status.
- If there is a problem with the physician's or medical provider's/clinic's ability to schedule appointments during non-working hours, notify Human Resources Department to receive assistance in transferring facilities.

### **Department Heads**

Department heads are responsible for ensuring the full cooperation of their department's managers and supervisors in the management of YCH's RTW Program.

- Ensure all managers and supervisors attend RTW Program training at hire and as required by YCH.
- Work with the Human Resources Department to identify transitional/modified duty assignments available in the department that fit within the parameters of the medically imposed restrictions.
- Ensure managers and supervisors comply with the employee's work restrictions as outlined by the treating physician or medical provider.

### **Managers and Supervisors**

Managers and supervisors have the greatest opportunity to affect the successful return of the employee to full health and duties. They can ensure the safe return of the injured/ill employee by completing the following responsibilities.

- Provide the return-to-work (restriction) form received from the employee to the Human Resources Department within four hours of receipt from the medical services provider.
- Work with the Human Resources Department to identify transitional/modified duty assignments that fit within the parameters of the medically imposed restrictions.
- Review the employee's work capacity and work with the employee and the Human Resources Department to advise the employee of the availability of job duties that fit within the parameters of the employee's restrictions.
- Provide daily supervision to ensure the employee is working within the work restrictions outlined by the treating physician or medical provider.
- Report any physical difficulties the employee may have with the work assignment to the Human Resources Department for potential referral back to the treating physician/medical provider to review work restrictions.
- Maintain ongoing contact with injured workers who are currently unable to participate in the RTW Program.
- If the injury is a work-related injury and the employee refuses an approved temporary transitional/modified duty assignment, notify the Human Resources Department immediately, but not more than two hours after the refusal, for notice to the third party administrator.

## **Human Resources Department**

The Human Resources Department is the facilitator of the RTW Program and has the following responsibilities.

- Review the employee's work capacity/restrictions and work with the employee and employee's supervisor to determine the availability of job duties that fit within the parameters of the restrictions.
- Explore other departments' job assignments if there is no work within the employee's own department.
- Notify the third party administrator in writing of the date transitional/modified duty is available to the employee to return to work and maintain a copy in the employee's file. Please note this may differ in some cases from the actual date the employee returns to work.
- Upon nearing maximum transitional/modified duty duration of three months, notify the third party administrator to develop a case strategy.
- On an ongoing basis, re-assess the availability of transitional/modified duty for those cases where the employee is eligible for transitional/modified duty but none is immediately available.
- Notify the third party administrator immediately, within two hours, of the employee's refusal or lack of response to notice of approved transitional duty.
- Train department heads, managers, supervisors, and employees regarding YCH's RTW Program at hire and periodically thereafter.
- Advise YCH's designated industrial clinics, physicians, or medical providers in writing of the entity's RTW Program using the physician or medical provider's return-to-work notification letter (see the forms in the appendix).
- Immediately advise department heads, managers, supervisors, employees, and third party administrators of any significant changes to the RTW Program.

## **Third Party Administrators**

Third party administrators should:

- Maintain contact with the injured/ill employee at least every two weeks; and
- Pay workers' compensation wage loss benefits for industrial injuries if the employee works less than their normal weekly scheduled hours.

## General Information — Guidelines

- The treating physician or medical provider should provide an estimated period of recovery or target date for return to full duty.
- Initial duration for transitional/modified work assignment is up to 90 calendar days per injury and shall be evaluated every 30-calendar days up to a maximum of three months.
- Transitional/modified duty assignments are not permanent positions. **All assignments are temporary.**
- Nothing in this policy is intended to circumvent provisions of any MOU. The provisions of this policy are intended to supplement existing MOU provisions. Where there is any conflict between this policy and a MOU provision, the MOU provision will prevail.

## Termination of Restricted Duty

YCH may terminate temporary transitional/modified duty assignments when:

- The employee is released to his/her usual and customary job duties by the treating physician or medical provider;
- The treating physician or medical provider determines the employee will not be able to return to his/her usual and customary position; or
- Temporary transitional/modified duty is no longer available due to the lack of work or the exhaustion of temporary transitional/modified duty.

## Appendix A - Definitions/Glossary

**Essential functions:** Duties considered crucial to the job the injured/ill employee wants or has. When being considered for alternative work, the injured/ill employee must have both the physical and mental qualifications to fulfill the job's essential functions.

**Modified duty (temporary modified work assignment):** The employee returns to his or her original job, but the treating physician or medical provider places some physical restrictions on the employee.

**Light duty (temporary alternate work assignment):** The employee returns to work, but because the original job cannot be modified to conform to the physician's or medical provider's restrictions, the employee performs another work assignment on a temporary basis that accommodates the injured/ill employee's abilities either in his/her own department or in another department (within his/her own bargaining unit), if available and approved by both department heads. Assignments outside a bargaining unit will be considered on a case-by-case basis.

**Occupational "injury or illness":** An injury or disease arising out of employment and compensable under the State of California's workers' compensation laws.

**Physician or medical provider:** A medical doctor, an osteopath, a psychologist, an acupuncturist, an optometrist, a dentist, a podiatrist, or a chiropractor licensed in California.

**Return-to-Work Coordinator:** Person assigned to work with the injured/ill employee and his/her department to find work within the work restrictions established by the injured/ill employee's physician or medical provider.

**Temporarily partially disabled:** When an employee, as a result of an injury or illness, is permitted to perform some occupational function.

**Temporary partial disability (TPD) benefits:** Payments the injured/ill employee receives if s/he can do some work while recovering from a work-related injury or illness, but s/he earns less than before the injury.

**Temporarily totally disabled:** When an employee, as a result of an injury or illness, is medically incapable of performing any work.

**Transitional duty:** Temporary job duty, within the physician's or medical provider's restrictions, offered to injured/ill employees.

**Work restrictions:** A physician's or medical provider's description of the work the injured/ill employee can and cannot do. Work restrictions help protect the employee from further injury.

## Appendix B

### Return-to-Work Process Flow

The following steps outline the overall approach of the RTW Program.

Step 1	Employee provides documentation of restrictions to supervisor and Human Resources Department.
Step 2	<p>The Human Resources Department and the employee's supervisor evaluate the medically imposed restrictions and determine the availability of an acceptable temporary assignment. If the restrictions require a change from the employee's regular duties:</p> <p>1<sup>st</sup> choice     Modify the employee's current position to fit the restrictions;</p> <p>2<sup>nd</sup> choice     Temporarily assign the employee to an existing position within the employee's department or division that meets the restrictions;</p> <p>3<sup>rd</sup> choice     Assign the employee alternative responsibilities within the department; or</p> <p>4<sup>th</sup> choice     Temporarily places the employee in another department.</p>
Step 3	The supervisor explains the restrictions to the employee. For all work-related (industrial) injuries, the employee signs the return-to-work agreement form acknowledging s/he understands and will comply with the restrictions. The employee is then placed and observed performing duties to verify acceptability.
Step 4	The assigned supervisor checks with the employee daily and verifies that s/he is indeed doing the assigned job within the specified restrictions. The modified duty tracking form documents modified duty assignments on a daily basis until the authorized treating physician or medical provider releases the employee to full or regular duty.

**Appendix C**

**Modified Duty Tracking Form**

Employee Name:		Regular Supervisor:	
Department:		Temporary Supervisor:	
Division:		Regular Job:	
Restrictions:			

**TEMPORARY MODIFIED DUTY ASSIGNMENT(S)**

Month:	Year:
--------	-------

<b>SUNDAY</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>
DATE: JOB: STAFF INITIALS:						
DATE: JOB: STAFF INITIALS:						
DATE: JOB: STAFF INITIALS:						
DATE: JOB: STAFF INITIALS:						

Regular Supervisor Initials: \_\_\_\_\_ Signature: \_\_\_\_\_

Temporary Supervisor Initials: \_\_\_\_\_ Signature: \_\_\_\_\_

## Appendix D

### Return-to-Work Program Announcement to Employees

Yolo County Housing (YCH) considers you, our employee, as one of our most valued assets. Your safety and well-being are a major concern for us. We strive and are committed to providing a safe workplace, but unfortunately, injuries and illnesses may occur.

Our Return-to-Work Program provides employees who are temporarily disabled by an occupational injury or illness and unable to return to regular work immediately with a smooth, timely transition through recovery and return to full regular duties.

The process involves monitoring an employee's progress and identifying transitional/modified work opportunities that are suited to physical capacity guidelines established by your medical provider. It is based upon recent medical findings that some physical and mental activity early in the healing process can actually speed recovery.

YCH will coordinate transitional/modified return to work with you. YCH will work closely with your treating physician, the claims adjuster/nurse, and you in order to ensure you receive quality medical care, timely benefits, and a timely return to work that is as quick as medically possible. To accomplish this we have developed a variety of transitional modified duties. These are temporary duties that, if available and meet with your restrictions, will allow you to return to gainful employment at your regular wages and promote a rapid recovery.

These initial temporary transitional duties may be available for up to 90 days and are evaluated every 30 days up to a maximum of three months. Upon exhausting three months of transitional duty, you may no longer be eligible for **this** program. However, your claim will be re-evaluated for feasibility of a return to permanent alternate or modified work if available and within your limitations.

Employees working in a transitional/modified position will be expected to adhere to the same employee policies and procedures as all YCH employees.

This program is not designed as a substitute for reasonable accommodation under any applicable federal or state laws, such as Americans with Disabilities Act, The Rehabilitation Act of 1973, or other applicable laws. To preserve the ability to meet YCH needs under changing conditions, YCH reserves the right to revoke, change, or supplement guidelines at any time with written notice. The policies and procedures in this return-to-work program are not intended to be contractual commitments and they shall not be construed as such by our employees. This policy is not intended as a guarantee of continuity of benefits or rights. No permanent employment for any term is intended or can be implied by this policy.

If you have any questions regarding our Return-to-Work Program, please contact your supervisor or the Human Resources Department.

#### Worker Acknowledgment

- The return-to-work policy and procedures have been explained to me.
- I have read and fully understand all procedures and responsibilities.
- I agree to observe and follow these procedures.
- I have received a copy of this policy and procedure.
- I understand failure to follow these procedures may affect my re-employment, reinstatement, and vocational assistance rights.

---

Employee Signature

Date

**Appendix E**

**Physician's or Medical Provider's Return-to-Work Announcement Letter**

[                    ]  
[                    ]  
[                    ]

**Re:** Employees of \_\_\_\_\_

Dear Physician or Medical Provider:

The purpose of this letter is to inform you that we have a Return-to-Work Program and may have a temporary transitional/modified work assignment available for our employee.

Assignments frequently can be modified to meet any reasonable restrictions set forth by you. If you feel the employee may not be able to work a full 8-hour workday, we can often provide shortened hours within the temporary assignment for limited periods of time. Therefore, we request that you provide us with the employee's work restrictions in detail using the enclose form or a similar form that describes the physical restrictions.

We have found the longer employees stay away from work, the more difficult it becomes for them to return to the work force. We also know it is vitally important that employees feel like a productive team member and it is important to us to maintain our most valued asset, our employees. This is why we do everything reasonably possible to return employees to the work site as soon as is safely practicable.

We hope you will work with us to return your patient to the workplace as soon as you feel s/he is capable. We also look forward to working with you as your patient's physical work capacity increases, so we can revise the transitional work assignments according to your evaluation.

Please call us at \_\_\_\_\_ if you have any questions or would like to discuss these temporary transitional/modified work assignments further.

Thank you for your assistance.

Sincerely,

Enclosure – Physical Capabilities Form

## Physical Capabilities Form

**TO THE PHYSICIAN OR MEDICAL PROVIDER**

Yolo County Housing maintains a Return-to-Work Program to provide a period of temporary modified or light duty to facilitate the employee's return to regular duty within a short period of time. If the employee is unable to immediately return to regular work, we will make every effort to assign transitional/modified duty within the employee's physical capabilities. Please provide the regular work release date or transitional/modified duty restrictions below.

Fax to:  Or scan and email to:

<b>EMPLOYEE:</b>	<b>DATE OF INJURY:</b>
<b>OCCUPATION:</b>	<b>EMPLOYER CONTACT:</b>

Patient is released for regular work without restrictions on:

**Work Activity Restricted To**

General	None	<3 Hrs.	3-5 Hrs.	>5 Hrs.	<15 Min.	15-30 Min	31-60 Min.	>60 Min	Date patient can perform job requirement
Sitting									
Standing									
Walking									
Reaching									
Overhead									
Climbing									
Bending at Waist									
Kneeling									

**Number of Times Weight May Be Lifted Daily**

Lifting (lbs.)	None	1-10	11-25	26-50	>50
1-10					
11-25					
26-50					
>50					

	Tool, Machine, Object	Hand			Hours Per Day
		Right	Left	Both	
Sample Grasping					
Fine Manipulation					
Pushing & Pulling					

Vehicles/Equipment	Hand			Feet			Hours Per Day
	Left	Right	Both	Left	Right	Both	

**Medications** (indicate if medications prescribed restrict driving or equipment use):

---



---

<b>Physician or Medical Provider</b>	_____ <small>Signature</small>	_____ <small>Date</small>
	_____ <small>Print Name</small>	_____ <small>Phone Number</small>
<b>Address: Street, City, Zip</b>	_____ <small>Street</small>	_____ <small>City</small>
		_____ <small>Zip Code</small>

**Appendix F**

**Physician or Medical Provider's *Return-to-Work* Reminder Letter**

[                    ]  
[                    ]  
[                    ]

**Re:** Patient [                    ]

Dear Physician or Medical Provider:

On [                    ] we sent a letter to you regarding the \_\_\_\_\_'s Return-to-Work Program. The purpose of this letter is to remind you that we may have a temporary transitional/modified work assignment available for our employee.

Please review the enclosed Job Analysis. The physical requirements of the employee's assignments can frequently be modified to meet any reasonable restrictions set forth by you. If you feel the employee may not be able to work a full 8-hour workday, we can often provide shortened hours within the temporary assignment for limited periods of time.

We have found the longer employees stay away from work, the more difficult it becomes for them to return to the work force. We also know that it is vitally important that employees feel like a productive team member and it is important to us to maintain our most valued asset, our employees. This is why we do everything reasonably possible to return employees to the work site as soon as is safely practicable.

We hope you will work with us to return your patient to the workplace as soon as you feel s/he is capable. We also look forward to working with you as your patient's physical work capacity increases, so we can revise the transitional work assignments according to your evaluation.

Please call me at \_\_\_\_\_if you have any questions or would like to discuss these temporary transitional work assignments further.

Thank you for your assistance.

Sincerely,

Enclosure – Physical Capabilities Form

## Physical Capabilities Form

**TO THE PHYSICIAN OR MEDICAL PROVIDER**

Yolo County Housing maintains a *Return-to-Work* Program provide a period of temporary modified or light duty to facilitate the employee's return to regular duty within a short period of time. If the employee is unable to immediately return to regular work, we will make every effort to assign transitional/modified duty within the employee's physical capabilities. Please provide the regular work release date or transitional/modified duty restrictions below.

Fax to:  Or scan and email to:

<b>EMPLOYEE:</b>	<b>DATE OF INJURY:</b>
<b>OCCUPATION:</b>	<b>EMPLOYER CONTACT:</b>

Patient is released for regular work without restrictions on:

**Work Activity Restricted To**

General	None	<3 Hrs.	3-5 Hrs.	>5 Hrs.	<15 Min.	15-30 Min	31-60 Min.	>60 Min	Date patient can perform job requirement
Sitting									
Standing									
Walking									
Reaching									
Overhead									
Climbing									
Bending at Waist									
Kneeling									

**Number of Times Weight May Be Lifted Daily**

Lifting (lbs.)	None	1-10	11-25	26-50	>50
1-10					
11-25					
26-50					
>50					

	Tool, Machine, Object	Hand			Hours Per Day
		Right	Left	Both	
Sample Grasping					
Fine Manipulation					
Pushing & Pulling					

Vehicles/Equipment	Hand			Feet			Hours Per Day
	Left	Right	Both	Left	Right	Both	

**Medications** (indicate if medications prescribed restrict driving or equipment use):

---



---

<b>Physician or Medical Provider</b>	_____ <small>Signature</small>	_____ <small>Date</small>
	_____ <small>Print Name</small>	_____ <small>Phone Number</small>
<b>Address: Street, City, Zip Code</b>	_____ <small>Street</small>	_____ <small>City</small>
		_____ <small>Zip Code</small>

**Appendix G**

**Return-to-Work Agreement**

If you are unable to perform your regular job duties due to a work-related injury/illness, we will make every effort to provide you with work that conforms to the physician’s or medical provider’s work restrictions, as temporary modification of your usual job duties or alternative temporary work duties. **This program is available on a short-term basis only when the department has available work appropriate for your work restrictions. Your participation in the Return-to-Work Program is limited to a maximum of 90 calendar days.**

<b>Employee:</b>			
<b>Assigned supervisor:</b>			
<b>Restrictions:</b>			
<b>Usual job duty accommodations:</b>			
<b>Alternative job duties assigned:</b>			
<b>Work schedule:</b>			
<b>Start date:</b>		<b>End date:</b>	

**EMPLOYEE INFORMATION**

1. Your treating physician or medical provider has released you to perform work with restrictions as outlined above. The \_\_\_\_\_ has temporary transitional duties available within these restrictions.
  2. You are expected to report to work on the above start date and thereafter according to the above work schedule.
  3. All regular personnel policies and procedures with respect to attendance and performance will apply as usual while you are participating in the Return-to-Work Program.
  4. If you experience an increase in symptoms while performing these duties, immediately advise your supervisor and the Human Resources Department.
  5. If you are unable to perform any of your assigned temporary transitional/modified duties because of your injury, immediately advise your supervisor and the Human Resources Department. You will need a Work Status Report/disability slip from your treating physician or medical provider to cover any lost days.
  6. After each medical appointment, you will need to provide the Human Resources Department with an updated copy of a **Work Status Report** listing your restrictions.
  7. A temporary/modified duty assignment is temporary and the \_\_\_\_\_ reserves the right to reassign and/or terminate transitional/modified duty assignments at any time.
- I understand and agree to the guidelines of the *Return-to-Work* Assignment as outlined above.**
- I refuse to accept the guidelines of the *Return-to-Work* Assignment as outlined above; I understand that refusal may result in loss of entitlement to supplemental job displacement benefits.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Distribution:      Human Resources      Employee      Supervisor

Yolo County Housing  
Yolo County, California

To: Co. Counsel ✓  
Yolo County Housing ✓

CONSENT CALENDAR

Excerpt of Minute Order No. 16-18 Item No. 18, of the Yolo County Housing meeting of August 10, 2016.

MOTION: Thomson. SECOND: Wienecke-Friedman. AYES: Arnold, Johannessen, Stallard, Thomson, Vanderford, Wienecke-Friedman. ABSENT: Aguiar-Curry.

18.

Review, Approve and Adopt Resolution for SEMAP Certification as High Performer (Jimenez-Perez)

Approved **Resolution No. 16-08** on Consent.



## Yolo County Housing

147 W. Main Street  
WOODLAND, CA 95695

Woodland: (530) 662-5428  
Sacramento: (916) 444-8982  
TTY: (800) 545-1833, ext. 626

DATE: August 10, 2016  
TO: YCH Housing Commission  
FROM: Lisa A. Baker, Chief Executive Officer  
PREPARED BY: Marianne Krager –MK Compliance Solutions (Contractor)  
SUBJECT: **REVIEW, APPROVE AND ADOPT RESOLUTION FOR SECTION 8  
MANAGEMENT ASSESSMENT PROGRAM (SEMAP)  
CERTIFICATION**

### **RECOMMENDED ACTION:**

That the Housing Commission:

1. Adopt a resolution approving the Yolo County Housing (YCH) Self-Certification score for Section 8 Management Assessment Program (SEMAP) Certification and Analysis for Fiscal Year 2015-2016; and
2. Authorize the CEO to submit it to HUD.

### **BACKGROUND / DISCUSSION**

SEMAP was developed by the U.S. Department of Housing and Urban Development (HUD) to assess the utilization and operations of the Housing Choice Voucher (HCV) Program, and measure the performance of individual public housing agencies (PHA's). SEMAP collects data from HUD's Public and Indian Housing Information Center (PIC) system, a national database used to remotely measure PHAs' performance and administration of the HCV program. In addition to the PIC system, SEMAP uses information from audits conducted annually by independent auditors. HUD annually assign each PHA a rating on each of the 14 indicators, and an overall performance rating of high, standard, or troubled based on this information. There is a maximum of 145 points (or 150 points with the addition of 5 bonus points for eligible jurisdictions). The indicators of performance show whether PHAs help eligible families afford decent rental units, at a reasonable subsidy cost, as intended by Federal housing legislation.

While the required self-assessment can be completed in-house, YCH has chosen to contract out for the services of the assessment in order to use it as a valid third party assessment of operational compliance over and above that required under the Single Audit.

It was determined, after completion of the assessment, that YCH scores 145 out of the possible 145 points (100.00%), a perfect score. Yolo County Housing therefore is once again a High Performing agency in Voucher operations for the seventh consecutive year.

### **FISCAL IMPACT**

PHA's with SEMAP scores of at least 90 percent shall be rated high performers. PHAs that achieve an overall performance rating of high performer may receive national recognition by the Department of Housing and Urban Development and may receive a competitive advantage under notices of funding availability.

### **CONCLUSION**

After completion of the self-assessment and review of the back-up documents, YCH is prepared to successfully submit SEMAP information to HUD. HUD requires YCH to submit a self-certification of SEMAP indicators within 60 days after the end of the YCH fiscal year of June 30, 2016. Once approved by the Housing Commission, the attached certification will be submitted on or before the due date of August 29, 2016.

### **Attachments:**

Resolution  
SEMAP indicator scoring document  
SEMAP Certification –HUD form 52648

**FILED**

AUG 26 2016

BY Julie Rachte  
DEPUTY CLERK OF THE BOARD

**YOLO COUNTY HOUSING  
RESOLUTION NO. 16-08**

**Resolution regarding the Section Eight Management Assessment Program (SEMAP)  
Certification for Fiscal Year Ending June 2016**

**WHEREAS**, the Housing Authority of the County of Yolo ("YCH") must submit to the U.S. Department of Housing and Urban Development ("HUD") Section Eight Management Assessment Program (SEMAP) Certification on or before August 29, 2016; and

**WHEREAS**, the submittal of the SEMAP Certification requires the approval and authorization of the Housing Commission of YCH; and

**WHEREAS**, the SEMAP Certification will be submitted to HUD electronically through HUD'S website on or before August 29, 2016 after review by the Chief Executive Officer; and

**WHEREAS**, the Housing Commission of YCH have determined to the best of their knowledge that the SEMAP Certification for year ending June 30, 2016 is true and correct.

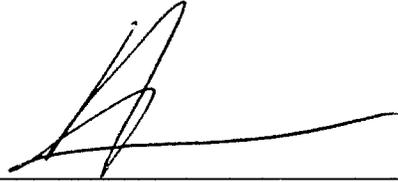
**NOW, THEREFORE, BE IT RESOLVED, ORDERED AND FOUND** by the Housing Commission of the Housing Authority of the County of Yolo, as follows:

1. Each of the foregoing recitals is true and correct.
2. The Board of Commissioners hereby confirms and approves the submittal of the SEMAP Certification for the year ending June 30, 2016, which will be submitted electronically through HUD'S website on or before August 29, 2016.

**EFFECTIVE DATES:** This Resolution shall take effect from and after the date of its adoption.

**PASSED AND ADOPTED**, by the Housing Commission of the Housing Authority of the County of Yolo, State of California, this 10<sup>th</sup> day of August 2016 by the following vote:

AYES: Arnold, Johannesen, Stallard, Thomson, Wienecke-Friedman, Vanderford.  
NOES: None.  
ABSTAIN: None.  
ABSENT: Aguiar-Curry.



Mark Johannesen, Vice Chair  
Housing Commission of the  
Housing Authority of the County of Yolo

Approved as to Form:

By Hope P. Welton  
Hope Welton, Agency Counsel

Attest:  
Julie Dachtler, Clerk  
Housing Commission of the  
Housing Authority of the County of Yolo

By \_\_\_\_\_



**SEMAP INDICATORS**  
**[24CFR 985.3 and form HUD-52648]**  
**FY 2015/2016**

The table below lists each of the SEMAP indicators and contains a description of each indicator.

<b>INDICATORS</b>	<b>SCORE</b>
<b>Indicator 1: Selection from the waiting list</b> <b>Maximum Score: 15</b> <ul style="list-style-type: none"> <li>• Proper selection of applicants from the housing choice voucher waiting list</li> </ul>	<b>15</b>
<b>Indicator 2: Rent reasonableness</b> <b>Maximum Score: 20</b> <ul style="list-style-type: none"> <li>• Sound determination of reasonable rent for each unit leased</li> </ul>	<b>20</b>
<b>Indicator 3: Determination of adjusted income</b> <b>Maximum Score: 20</b> <ul style="list-style-type: none"> <li>• Accurate verification of family income</li> </ul>	<b>20</b>
<b>Indicator 4: Utility Allowance Schedule</b> <b>Maximum Score: 5</b> <ul style="list-style-type: none"> <li>• Maintenance of a current schedule of allowances for tenant utility costs</li> </ul>	<b>5</b>
<b>Indicator 5: HQS Quality Control Inspections</b> <b>Maximum Score: 5</b> <ul style="list-style-type: none"> <li>• Performing of quality control inspections to ensure housing quality</li> </ul>	<b>5</b>
<b>Indicator 6: HQS Enforcement</b> <b>Maximum Score: 10</b> <ul style="list-style-type: none"> <li>• Timely annual housing quality inspections</li> </ul>	<b>10</b>
<b>Indicator 7: Expanding Housing Opportunities</b> <b>Maximum Score: 5</b> <ul style="list-style-type: none"> <li>• Expand housing choice outside areas of poverty or minority concentration</li> </ul>	<b>5</b>
<b>Indicator 8: FMR limit and Payment Standards</b> <b>Maximum Points: 5</b> <ul style="list-style-type: none"> <li>• Establishment of payment standards within the required range of the HUD fair market rent</li> </ul>	<b>5</b>
<b>Indicator 9: Annual Re-examinations</b> <b>Maximum Points: 10</b> <ul style="list-style-type: none"> <li>• Timely annual reexaminations of family income</li> </ul>	<b>10</b>

<b>Indicator 10: Correct tenant rent calculations</b> <b>Maximum Points: 5</b> <ul style="list-style-type: none"> <li>• Correct calculation of the tenant share of the rent and the housing assistance payment</li> </ul>	<b>5</b>
<b>Indicator 11: Pre-contract HQS Inspections</b> <b>Maximum Points: 5</b> <ul style="list-style-type: none"> <li>• Ensure units comply with the housing quality standards before families enter into leases and PHAs enter into housing assistance contracts</li> </ul>	<b>5</b>
<b>Indicator 12: Annual HQS Inspections</b> <b>Maximum Points: 10</b> <ul style="list-style-type: none"> <li>• Timely annual housing quality inspections</li> </ul>	<b>10</b>
<b>Indicator 13: Lease-up</b> <b>Maximum Points: 20</b> <ul style="list-style-type: none"> <li>• Ensure that all available housing choice vouchers are used</li> </ul>	<b>20</b>
<b>Indicator 14: Family Self-Sufficiency (FSS) enrollment and escrow account balances</b> <b>Maximum Points: 10</b> <ul style="list-style-type: none"> <li>• Enroll families in the family self-sufficiency (FSS) program as required and help FSS families achieve increases in employment income.</li> </ul>	<b>10</b>
<b>TOTAL SCORE</b>	<b>145</b>

- (a) High performer rating. PHAs with SEMAP scores of at least 90 percent shall be rated high performers under SEMAP. PHAs that achieve an overall performance rating of high performer may receive national recognition by the Department and may be given competitive advantage under notices of fund availability.
- (b) Standard rating. PHAs with SEMAP scores of 60 to 89 percent shall be rated standard
- (c) Troubled rating. PHAs with SEMAP scores of less than 60 percent shall be rated troubled.

Staff found, after completion of the self-assessment, that (once again) it score 145 out of the possible 145 points (100%) **YCH scored maximum points on each indicator**

# Section 8 Management Assessment Program (SEMAP) Certification

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0215  
(exp. 11/30/2016)

Public reporting burden for this collection of information is estimated to average 12 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB control number.

This collection of information is required by 24 CFR sec 985.101 which requires a Public Housing Agency (PHA) administering a Section 8 tenant-based assistance program to submit an annual SEMAP Certification within 60 days after the end of its fiscal year. The information from the PHA concerns the performance of the PHA and provides assurance that there is no evidence of seriously deficient performance. HUD uses the information and other data to assess PHA management capabilities and deficiencies, and to assign an overall performance rating to the PHA. Responses are mandatory and the information collected does not lend itself to confidentiality.

**Instructions** Respond to this certification form using the PHA's actual data for the fiscal year just ended.

PHA Name <b>Housing Authority of the County of Yolo</b>	For PHA FY Ending (mm/dd/yyyy) <b>06/30/2016</b>	Submission Date (mm/dd/yyyy) <b>08/29/2016</b>
--	---	---

**Check here if the PHA expends less than \$300,000 a year in Federal awards**

Indicators 1 - 7 will not be rated if the PHA expends less than \$300,000 a year in Federal awards and its Section 8 programs are not audited for compliance with regulations by an independent auditor. A PHA that expends less than \$300,000 in Federal awards in a year must still complete the certification for these indicators.

### Performance Indicators

1. Selection from the Waiting List. (24 CFR 982.54(d)(1) and 982.204(a))

(a) The PHA has written policies in its administrative plan for selecting applicants from the waiting list.

PHA Response Yes  No

(b) The PHA's quality control samples of applicants reaching the top of the waiting list and of admissions show that at least 98% of the families in the samples were selected from the waiting list for admission in accordance with the PHA's policies and met the selection criteria that determined their places on the waiting list and their order of selection.

PHA Response Yes  No

2. Reasonable Rent. (24 CFR 982.4, 982.54(d)(15), 982.158(f)(7) and 982.507)

(a) The PHA has and implements a reasonable written method to determine and document for each unit leased that the rent to owner is reasonable based on current rents for comparable unassisted units (i) at the time of initial leasing, (ii) before any increase in the rent to owner, and (iii) at the HAP contract anniversary if there is a 5 percent decrease in the published FMR in effect 60 days before the HAP contract anniversary. The PHA's method takes into consideration the location, size, type, quality, and age of the program unit and of similar unassisted units, and any amenities, housing services, maintenance or utilities provided by the owners.

PHA Response Yes  No

(b) The PHA's quality control sample of tenant files for which a determination of reasonable rent was required shows that the PHA followed its written method to determine reasonable rent and documented its determination that the rent to owner is reasonable as required for (check one):

PHA Response  At least 98% of units sampled  80 to 97% of units sampled  Less than 80% of units sampled

3. Determination of Adjusted Income. (24 CFR part 5, subpart F and 24 CFR 982.516)

The PHA's quality control sample of tenant files shows that at the time of admission and reexamination, the PHA properly obtained third party verification of adjusted income or documented why third party verification was not available; used the verified information in determining adjusted income; properly attributed allowances for expenses; and, where the family is responsible for utilities under the lease, the PHA used the appropriate utility allowances for the unit leased in determining the gross rent for (check one):

PHA Response  At least 90% of files sampled  80 to 89% of files sampled  Less than 80% of files sampled

4. Utility Allowance Schedule. (24 CFR 982.517)

The PHA maintains an up-to-date utility allowance schedule. The PHA reviewed utility rate data that it obtained within the last 12 months, and adjusted its utility allowance schedule if there has been a change of 10% or more in a utility rate since the last time the utility allowance schedule was revised.

PHA Response Yes  No

5. HQS Quality Control Inspections. (24 CFR 982.405(b))

A PHA supervisor (or other qualified person) reinspected a sample of units during the PHA fiscal year, which met the minimum sample size required by HUD (see 24 CFR 985.2), for quality control of HQS inspections. The PHA supervisor's reinspected sample was drawn from recently completed HQS inspections and represents a cross section of neighborhoods and the work of a cross section of inspectors.

PHA Response Yes  No

6. HQS Enforcement. (24 CFR 982.404)

The PHA's quality control sample of case files with failed HQS inspections shows that, for all cases sampled, any cited life-threatening HQS deficiencies were corrected within 24 hours from the inspection and, all other cited HQS deficiencies were corrected within no more than 30 calendar days from the inspection or any PHA-approved extension, or, if HQS deficiencies were not corrected within the required time frame, the PHA stopped housing assistance payments beginning no later than the first of the month following the correction period, or took prompt and vigorous action to enforce the family obligations for (check one):

PHA Response  At least 98% of cases sampled  Less than 98% of cases sampled

7. Expanding Housing Opportunities. (24 CFR 982.54(d)(5), 982.153(b)(3) and (b)(4), 982.301(a) and 983.301(b)(4) and (b)(12)).

**Applies only to PHAs with jurisdiction in metropolitan FMR areas.**

**Check here if not applicable**

(a) The PHA has a written policy to encourage participation by owners of units outside areas of poverty or minority concentration which clearly delineates areas in its jurisdiction that the PHA considers areas of poverty or minority concentration, and which includes actions the PHA will take to encourage owner participation.

**PHA Response** Yes  No

(b) The PHA has documentation that shows that it took actions indicated in its written policy to encourage participation by owners outside areas of poverty and minority concentration.

**PHA Response** Yes  No

(c) The PHA has prepared maps that show various areas, both within and neighboring its jurisdiction, with housing opportunities outside areas of poverty and minority concentration; the PHA has assembled information about job opportunities, schools and services in these areas; and the PHA uses the maps and related information when briefing voucher holders.

**PHA Response** Yes  No

(d) The PHA's information packet for voucher holders contains either a list of owners who are willing to lease, or properties available for lease, under the voucher program, or a list of other organizations that will help families find units and the list includes properties or organizations that operate outside areas of poverty or minority concentration.

**PHA Response** Yes  No

(e) The PHA's information packet includes an explanation of how portability works and includes a list of neighboring PHAs with the name, address and telephone number of a portability contact person at each.

**PHA Response** Yes  No

(f) The PHA has analyzed whether voucher holders have experienced difficulties in finding housing outside areas of poverty or minority concentration and, where such difficulties were found, the PHA has considered whether it is appropriate to seek approval of exception payment standard amounts in any part of its jurisdiction and has sought HUD approval when necessary.

**PHA Response** Yes  No

8. Payment Standards. The PHA has adopted current payment standards for the voucher program by unit size for each FMR area in the PHA jurisdiction and, if applicable, for each PHA-designated part of an FMR area, which do not exceed 110 percent of the current applicable FMR and which are not less than 90 percent of the current FMR (unless a lower percent is approved by HUD). (24 CFR 982.503)

**PHA Response** Yes  No

Enter current FMRs and payment standards (PS)

0-BR FMR <u>864</u>	1-BR FMR <u>870</u>	2-BR FMR <u>1164</u>	3-BR FMR <u>1672</u>	4-BR FMR <u>2032</u>
PS <u>864</u>	PS <u>870</u>	PS <u>1164</u>	PS <u>1672</u>	PS <u>2032</u>

**If the PHA has jurisdiction in more than one FMR area, and/or if the PHA has established separate payment standards for a PHA-designated part of an FMR area, attach similar FMR and payment standard comparisons for each FMR area and designated area.**

9. Annual Reexaminations. The PHA completes a reexamination for each participating family at least every 12 months. (24 CFR 982.516)

**PHA Response** Yes  No

10. Correct Tenant Rent Calculations. The PHA correctly calculates tenant rent in the rental certificate program and the family rent to owner in the rental voucher program. (24 CFR 982, Subpart K)

**PHA Response** Yes  No

11. Precontract HQS Inspections. Each newly leased unit passed HQS inspection before the beginning date of the assisted lease and HAP contract. (24 CFR 982.305)

**PHA Response** Yes  No

12. Annual HQS Inspections. The PHA inspects each unit under contract at least annually. (24 CFR 982.405(a))

**PHA Response** Yes  No

13. Lease-Up. The PHA executes assistance contracts on behalf of eligible families for the number of units that has been under budget for at least one year.

**PHA Response** Yes  No

14a. Family Self-Sufficiency Enrollment. The PHA has enrolled families in FSS as required. (24 CFR 984.105)

**Applies only to PHAs required to administer an FSS program.**

**Check here if not applicable**

**PHA Response**

a. Number of mandatory FSS slots (Count units funded under the FY 1992 FSS incentive awards and in FY 1993 and later through 10/20/1998. Exclude units funded in connection with Section 8 and Section 23 project-based contract terminations; public housing demolition, disposition and replacement; HUD multifamily property sales; prepaid or terminated mortgages under section 236 or section 221(d)(3); and Section 8 renewal funding. Subtract the number of families that successfully completed their contracts on or after 10/21/1998.)

18

or, Number of mandatory FSS slots under HUD-approved exception

b. Number of FSS families currently enrolled

16

c. Portability: If you are the initial PHA, enter the number of families currently enrolled in your FSS program, but who have moved under portability and whose Section 8 assistance is administered by another PHA

Percent of FSS slots filled (b + c divided by a)

89.00

14b. Percent of FSS Participants with Escrow Account Balances. The PHA has made progress in supporting family self-sufficiency as measured by the percent of currently enrolled FSS families with escrow account balances. (24 CFR 984.305)

Applies only to PHAs required to administer an FSS program.

Check here if not applicable

PHA Response Yes  No

88

Portability: If you are the initial PHA, enter the number of families with FSS escrow accounts currently enrolled in your FSS program, but who have moved under portability and whose Section 8 assistance is administered by another PHA

**Deconcentration Bonus Indicator** (Optional and only for PHAs with jurisdiction in metropolitan FMR areas).

The PHA is submitting with this certification data which show that:

- (1) Half or more of all Section 8 families with children assisted by the PHA in its principal operating area resided in low poverty census tracts at the end of the last PHA FY;
- (2) The percent of Section 8 mover families with children who moved to low poverty census tracts in the PHA's principal operating area during the last PHA FY is at least two percentage points higher than the percent of all Section 8 families with children who resided in low poverty census tracts at the end of the last PHA FY;

or

- (3) The percent of Section 8 mover families with children who moved to low poverty census tracts in the PHA's principal operating area over the last two PHA FYs is at least two percentage points higher than the percent of all Section 8 families with children who resided in low poverty census tracts at the end of the second to last PHA FY.

PHA Response Yes  No  If yes, attach completed deconcentration bonus indicator addendum.

I hereby certify that, to the best of my knowledge, the above responses under the Section 8 Management Assessment Program (SEMAP) are true and accurate for the PHA fiscal year indicated above. I also certify that, to my present knowledge, there is not evidence to indicate seriously deficient performance that casts doubt on the PHA's capacity to administer Section 8 rental assistance in accordance with Federal law and regulations.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Executive Director, signature

Chairperson, Board of Commissioners, signature

Date (mm/dd/yyyy) 08/10/2016

Date (mm/dd/yyyy) 08/10/2016

The PHA may include with its SEMAP certification any information bearing on the accuracy or completeness of the information used by the PHA in providing its certification.

# SEMAP Certification - Addendum for Reporting Data for Deconcentration Bonus Indicator

Date (mm/dd/yyyy) \_\_\_\_\_

PHA Name \_\_\_\_\_

Principal Operating Area of PHA \_\_\_\_\_  
(The geographic entity for which the Census tabulates data)

**Special Instructions for State or regional PHAs** Complete a copy of this addendum for each metropolitan area or portion of a metropolitan area (i.e., principal operating areas) where the PHA has assisted 20 or more Section 8 families with children in the last completed PHA FY. HUD will rate the areas separately and the separate ratings will then be weighted by the number of assisted families with children in each area and averaged to determine bonus points.

1990 Census Poverty Rate of Principal Operating Area \_\_\_\_\_

## Criteria to Obtain Deconcentration Indicator Bonus Points

To qualify for bonus points, a PHA must complete the requested information and answer yes for only one of the 3 criteria below. However, State and regional PHAs must always complete line 1) b for each metropolitan principal operating area.

- 1) \_\_\_\_\_ a. Number of Section 8 families with children assisted by the PHA in its principal operating area at the end of the last PHA FY who live in low poverty census tracts. A low poverty census tract is a tract with a poverty rate at or below the overall poverty rate for the principal operating area of the PHA, or at or below 10% whichever is greater.  
\_\_\_\_\_ b. Total Section 8 families with children assisted by the PHA in its principal operating area at the end of the last PHA FY.  
\_\_\_\_\_ c. Percent of all Section 8 families with children residing in low poverty census tracts in the PHA's principal operating area at the end of the last PHA FY (line a divided by line b).  
Is line c 50% or more? Yes  No

- 2) \_\_\_\_\_ a. Percent of all Section 8 families with children residing in low poverty census tracts in the PHA's principal operating area at the end of the last completed PHA FY.  
\_\_\_\_\_ b. Number of Section 8 families with children who moved to low poverty census tracts during the last completed PHA FY.  
\_\_\_\_\_ c. Number of Section 8 families with children who moved during the last completed PHA FY.  
\_\_\_\_\_ d. Percent of all Section 8 mover families with children who moved to low poverty census tracts during the last PHA fiscal year (line b divided by line c).  
Is line d at least two percentage points higher than line a? Yes  No

- 3) \_\_\_\_\_ a. Percent of all Section 8 families with children residing in low poverty census tracts in the PHA's principal operating area at the end of the second to last completed PHA FY.  
\_\_\_\_\_ b. Number of Section 8 families with children who moved to low poverty census tracts during the last two completed PHA FYs.  
\_\_\_\_\_ c. Number of Section 8 families with children who moved during the last two completed PHA FYs.  
\_\_\_\_\_ d. Percent of all Section 8 mover families with children who moved to low poverty census tracts over the last two completed PHA FYs (line b divided by line c).  
Is line d at least two percentage points higher than line a? Yes  No

**If one of the 3 criteria above is met, the PHA may be eligible for 5 bonus points.**

**See instructions above concerning bonus points for State and regional PHAs.**

Yolo County Housing  
Yolo County, California

Meeting Date: August 10, 2016

To: County Counsel ✓  
Yolo County Housing ✓

19.

Receive Update Report on City controlled Boxing Club Site and the Proposed Community Center (Baker)

CEO Lisa Baker provided a report on the Woodland controlled Boxing Club Site and the Proposed Community Center, noting there are many issues they are trying to resolve with the City of Woodland. Commissioner Stallard made comments.



## ***Yolo County Housing***

**Lisa A. Baker, Chief Executive Officer**

147 W. Main Street  
WOODLAND, CA 95695

Woodland: (530) 662-5428  
Sacramento: (916) 444-8982  
TTY: (800) 545-1833, ext. 626

**DATE:** August 10, 2016  
**TO:** YCH Housing Commission  
**FROM:** Lisa A. Baker, Chief Executive Officer  
**SUBJECT:** **Receive Update Report on City Controlled Boxing Club Site and the Proposed Community Center**

### **RECOMMENDED ACTIONS**

That the Commission receive an update on the City Boxing Club and an update on progress with regard to the proposed new community center.

### **BACKGROUND / DISCUSSION**

It has recently been brought to staff's attention via news articles, discussion with City staff and through social media that there are conditions within the site controlled by the City Boxing Club program that may not meet YCH standards. Staff from both the City and YCH are working together on a short term resolution, while continuing to work together on the new Community Center development project on the old Administration Building site.

It should be noted that the City has had possession of this property since roughly 1988 when it master leased a large site and renamed it Rick Gonzales City Park, located on the public road known as Lemen Avenue. In 2008, the City returned the

open space to YCH, but retained possession of the site known as the Boxing Club, which is a former YCH maintenance shop. At some point unknown to YCH, the City made improvements to the shop and located the Boxing Club to the site (see timeline below). The City retains possession and YCH staff have limited access to the site. Repairs are done as they are on all YCH property, based on resident requests for services within the work order system. YCH does not have key access to several rooms within the facility.

As we work through the options and opportunities, staff is bringing this update to the Commission in order to 1) give a briefing to newer commissioners who may not be aware of the history of this site; and 2) to give an overview of the past, current and future planning actions and an update on milestones. (As a further note, YCH is not privy to internal city matters and so, this timeline focuses on YCH data and YCH interactions with the City. It is not meant to represent other City considerations.)

**Boxing Club Timeline - Leasing and Uses**

Date	Summary
Approximately 1988	City of Woodland and YCH entered into an agreement for the <b>City to master lease the site and rename it the Rick Gonzales City Park</b> located on Lemen Avenue in the Yolano Village campus.
Uncertain	City makes improvements to maintenance shop for boxing club, including upgraded ADA restrooms.
June 2008	City of Woodland informed YCH that they were <b>no longer going to lease the Rick Gonzales Park and removed the City Park signage. City removed programs except for Boxing Club</b> , which it continued in the same building they had master leased as part of the entire park complex.
June 2008	<b>YCH requested that City remove Boxing Club due to underutilization by residents and ongoing issues with loitering.</b> City stated there was no alternative site for the Club. City did not lease the facility or pay rent. Club remained. City continued to charge fees to participants.
July 2008	YCH took over the grounds maintenance of the property where the soccer field/playground is located.  <b>Playground, boxing club (including a hole in the roof), restrooms were not maintained and left in substandard condition. City demolished restrooms due to YCH request. YCH patched roof at its own expense.</b>  City of Woodland continued programming, including summer program for youth in

	2008 and 2009 out of the building that houses boxing club.
October 2008	<b>Demolition of existing playground</b> area due to hazardous condition - cost to YCH <b>\$4,890</b> . City demolishes hazardous restrooms at own expense.
2008-2009	<p>City of Woodland continued to use Yolano Soccer field for their league practices and scrimmages without permission and without leasing site while continuing to collect fees from leagues.</p> <p>YCH informed City that without an agreement in place or compensation, they could no longer use the fields. Ceased use of fields approximately 2010. City continued to control Boxing Club site and charge fees. No rent or reimbursement to YCH. YCH not given keys to interior rooms. Has minimal access to main spaces and to restrooms (this condition still in place).</p>
July 2009	<b>YCH, from its funds, paid for interior and exterior refurbishment and painting of boxing club</b> for total amount of <b>\$25,753</b> .
January 2012	Two new playgrounds installed to replace the demolished site. One at Yolano Village and one at Donnelly Circle. Total cost: <b>\$347,206</b> . City contributed <b>\$65,826</b> to assist due to condition of demolished playground.
April 2012	Sent Facilities Use Agreement to City
May 2012	<p>City sent back with comments/revisions - requested exclusive use.</p> <p>Sent Use Agreement to YCH Legal Counsel for comments/revisions.</p>
	Partners agreed to wait until walk through with City before Facilities Use Agreement implementation. <b>During walk through - improvements were discussed and agreed upon.</b>
June 2012	<b>Commission approved repairs/improvements to boxing club</b> which included dry rot and other roofing repairs and interior painting. Total amount of <b>\$24,797</b> .
October 2012	Sent Facility Use Agreement to City and requested walk through prior to implementation.
November 2012	Received comments back from the City requesting exclusive rights to the building -- <b>YCH agreed to move forward with a Lease Agreement instead of a Use Agreement.</b>
	Conducted walk through of facility after improvements.
2013	<b>City and YCH agree to development of new site</b> to accommodate expanded programming and boxing as a long term solution.
March 2013	City contacted YCH because Folklorico didn't have a home - YCH/City of Woodland worked together to include umbrella liability coverage for Folklorico to use building. Agreed that City would provide oversight/include in their programming.
August 2013	<b>YCH sent draft lease agreement to City - \$300/annual leasing fee</b> to assist in covering costs.
September 2013	<p>City stated that they could not agree to:</p> <ul style="list-style-type: none"> <li>• Annual lease amount and utility payments</li> <li>• City maintaining interior of building - they agreed that they would repair</li> </ul>

	damage but would not agree to regular janitorial/maintenance of interior
	City and YCH met and discussed proposed revisions.
December 2013	On call maintenance number provided to Ricardo directly. <b>Laminated signs with on-call maintenance number were provided to Boxing Club to make calls for any urgent repairs after hours.</b>
	City returned lease with requested changes. <b>City requested that YCH take on all repairs related to the building (interior and exterior). City and YCH at impasse.</b>
February 2015	<b>Notified by City that there will be extended hours at the boxing club</b> from 3:30pm - 9:30pm. Still no lease or compensation.
March 2016	Folklorico moved off-site to practice at another location. YCH contacted City regarding Folklorico. City says no longer City-affiliated program.
August 2016	<b>No lease agreement has been entered into between the City and YCH to date.</b>

Review of Total Work Orders and Costs to YCH from 2008 to present, excluding improvements listed above.

Year	Total # work orders	Type	Cost	Revenue
2008	2	Roof patch	\$1,625	\$0
2009	0	0	\$0	\$0
2010	1	Graffiti at Club	\$195	\$0
2011	2	Broken door lock; graffiti	\$488	\$0
2012	4	Repair Boxing Club walls; repair windows; repair water leak; cut tree and work on roof	\$780	\$0
2013	6	Repair swamp coolers; pick up garbage at Club (2 x's); repair women's clogged toilet (2 x's); Change out fire extinguisher	\$1,027	\$0
2014	8	Set up swamp coolers after winter; remove graffiti on wall; pick up tree limbs; change out fire extinguisher; repair toilets that did not flush; prep	\$926	\$0

		swamp coolers for winter and repair toilets (2nd time)		
2015	9	Repair sewer; remove graffiti (2 x's); repair clogged toilets (2 x's); repair trip hazard at metal door; Rekey front door; prep swamp coolers and then prep for winter	\$780	\$0
2016	5 (not including 2 in August)	Remove graffiti; repair clogged toilet; repair vent; clean restrooms for soccer event for YCH; repair toilets leaking at base	\$585	\$0
		<b>Total</b>	<b>\$6,406</b>	<b>\$0</b>

**New Community Center with Expanded Programming**

In 2013-2014, YCH and the City began work on development of a training and education center that would give residents access for the 1st time to a community center space, while also giving the Boxing Club a new site for its activities and would be community asset for both entities. YCH is very excited about this shared vision for expanded programming and has worked with the City on a phased approach to development. Phasing has been a required component of the project due to limited annual funding that has been available.

To date, YCH has received CDBG funds from the City in 2013-2014 and in 2014-2015, along with some reprogrammed funds from 2011-2012 in order to complete the following tasks:

- Phase I for demolition of 1224 Lemen Avenue
- Exterior elevations and interior design for new center
- Demolition plans, hazard testing and mitigation
- Demolition of site

The current timeline and milestones for the demolition phase is as follows:

- Out to bid in August
- Pre-bid conference and RFI cutoff in August
- Bid opening by end of August/beginning of September

- Bid award in September
- Project completion of demolition by end of October/beginning of November

At this time, the project does not have its development financing. Staff has prepared a draft capital campaign that is expected to kick off in September/October and which staff will bring back to the Commission at its September meeting for consideration and input.

### **FISCAL IMPACT**

None anticipated at this time. Total YCH expenditures to date for repairs and replacement former Park and Boxing Club are \$343,226 including the 2 playgrounds, not counting ongoing grounds maintenance.

City assistance for 1 playground of \$65,826 at Yolano Village as partial funding for replacement. \$181,032 towards new center development. \$0 for operations and repairs at Boxing Club Center. Total city non-operational assistance of \$246,858 in CDBG funds.

### **CONCLUSION**

Staff will continue to update commissioners regularly on the status of the community center and boxing club.