

BOARD OF SUPERVISORS
SAN FRANCISCO

2019 MAY 23 PM 1:53

BY



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23 May 2019

VIA HAND DELIVERY

President Norman Yee
c/o Angela Calvillo, Clerk of the Board
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place
City Hall, Room 244
San Francisco, CA 94102

Subject: Appeal of Port's Decision on Planning Case No. 2019-002440ENV –
Navigation Center for Seawall Lot 330

Dear President Yee and Honorable Members of the Board of Supervisors:

This office represents Safe Embarcadero For All ("SEFA"), an association of South Beach and Rincon Hill residents who live near Seawall Lot 330. On 23 April 2019 the Port Commission ("Port") approved the construction of a 200-bed "Navigation Center" for the homeless at Seawall Lot 330 (the "Project") and a categorical CEQA exemption for the Project. (Planning Case No. 2019-002440ENV.) A copy of the Port Commission's Resolution approving the Project is attached as **Exhibit A**, and a copy of the categorical CEQA exemption is attached as **Exhibit B**. SEFA objected to the Port's approval of the Project and the categorical CEQA exemption, and files this appeal to the Board of Supervisors.

The grounds for this appeal include all those grounds raised in writing to the Port in the "Memorandum For Objector Safe Embarcadero For All", dated 22 April 2019 and incorporated here by reference (including all its exhibits), and any other grounds raised orally or in writing to the Port or to the Board of Supervisors by SEFA or by any other party, including the appeal filed on 22 May 2019 on behalf of the Portside Master Association and the Portside Homeowners Association. More specifically:

1. Seawall Lot 330 may not be leased (defined by statute to include any “improve[ment]”) for purposes such as homeless shelters (if it may constitutionally be leased for such purposes at all) prior to review and approval by the State Lands Commission upon its making of specific required findings. Yet the State Lands Commission has not reviewed, approved, or made the required findings of the proposed lease or improvements here.
2. San Francisco Administrative Code § 106.2(a) imposes certain requirements on Navigation Centers, including generally limiting them to 100 residents at a time, which are not met here. For example, the Project proposes to allow up to 200 residents at a time.
3. Article 2 section 240 *et seq* of the Planning Code requires the Port’s Design Review Committee to review development on Seawall Lot 330 at a public hearing prior to Port approval, because Seawall Lot 330 is in a Waterfront Special Use District. Yet the Port’s Design Review Committee has not reviewed the Project at a public hearing.
4. The categorical exemption invoked, Class 32, does not apply according to its own terms, including because:
 - a. The Project is not consistent with the applicable general plan designation and all applicable general plan policies as well as with applicable zoning designation and regulations, such as those requiring prior review by the Port’s Design Review Committee.
 - b. The Project site has value as habitat for endangered, rare, or threatened species because the Project site is located on historic San Francisco Bay, which is habitat for many endangered, rare, or threatened species.
 - c. The Project would result in significant effects relating to traffic, noise, air quality, or water quality, including because:
 - i. Emergency 911 services requiring emergency police or paramedic services have been needed at least daily, and often more than once per day, at other Navigation Centers. (The incident reports attached as **Exhibit C** document some of the emergency services required in other centers in just one

month.¹) That level of emergency services required at this even larger Navigation Center is likely to frequently snarl nearby traffic, including on the Embarcadero and Bay Bridge.

- ii. Soil and groundwater contamination has been documented at the site. Contamination is an ongoing concern, as the City is currently doing more testing at the site. The Project would delay cleanup of that contamination for the duration of the Project, which may continue to adversely affect water quality onsite and in San Francisco Bay (located immediately adjacent and downhill from the Project site). Other adverse impacts are discussed and cited at pages 15-16 of SEFA's 22 April 2019 written submission to the Port.
- d. The City has not demonstrated that it is able to provide adequate utilities and public services to Navigation Centers. The City has not created or managed a Navigation Center this big, on this short of a timeframe, before. The City's other Navigation Centers experience daily emergencies. No water, electric, or gas service exists at the site, and the MOA the Port approved disclaims the Port's responsibility for providing any utilities.
- e. Unusual circumstances here will cause significant impacts. Several Navigation Centers and homeless services sites already exist in District Six. Adding the City's largest Navigation Center to District Six on top of what already exists there amounts to an unusual circumstance relative to the rest of the City and area. The individual and cumulative

¹ Please consider this letter to also be a Public Records Act request for all incident reports for Navigation Centers dating back to 2016. If you have trouble understanding this request, I request assistance in reformulating it in a way that is more understandable. If this request is not addressed correctly, please forward it to the appropriate person who handles Public Records Act requests for the City. I also request that documents available in electronic format be produced in their electronic format.

Government Code section 6253(c) requires, within 10 days, the City to determine whether it has any disclosable public records, and to promptly notify me.

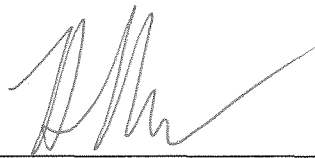
All Navigation Center-related incident reports are hereby incorporated by reference into this appeal and into the administrative record in this matter.

President Norman Yee
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impacts associated with this unusual circumstance are likely to be significant.

The Board should grant this appeal and reverse the Port's decisions on the Project.

Very truly yours,
BRISCOE IVESTER & BAZEL LLP



Peter Prows
Attorneys for Safe Embarcadero for All

cc: Lisa Gibson, Environmental Review Officer
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**PORT COMMISSION
CITY AND COUNTY OF SAN FRANCISCO**

RESOLUTION NO. 19-16

- WHEREAS, California Government Code Sections 8698 through 8698.2 authorize the governing body of a political subdivision, including the San Francisco Board of Supervisors, to declare the existence of a shelter crisis upon a finding by the governing body that a significant number of persons within the jurisdiction are without the ability to obtain shelter, and that the situation has resulted in a threat to the health and safety of those persons; and
- WHEREAS, In April 2016, the Board of Supervisors enacted Ordinance No. 57-16, declaring a shelter crisis in the City and County of San Francisco (the "City"), finding that in January 2015, there were 6,686 individuals in San Francisco who were homeless. Since that time, the shelter crisis has grown; and
- WHEREAS, On January 15, 2019, Mayor London N. Breed introduced legislation to affirm that a shelter crisis still exists in San Francisco, which legislation allows the City to take more immediate action to address the homelessness crisis; and
- WHEREAS, On April 4, 2019, Mayor London N. Breed signed legislation to declare a shelter crisis and to amend the San Francisco Administrative Code and Planning Code to streamline contracting for and siting of homeless shelters (Ordinance 61-19); and
- WHEREAS, According to the January 2017, Point in Time Homeless Count administered by the Department of Homelessness and Supportive Housing (HSH), there were approximately 7,500 individuals experiencing homelessness in San Francisco on a single night; and
- WHEREAS, HSH proposes to create a temporary SAFE Navigation Center on Port property (the "Embarcadero SAFE Navigation Center") to provide temporary housing and services to homeless individuals as they prepare to move into permanent housing; and
- WHEREAS, HSH wishes to enter into a Memorandum of Understanding (an "MOU") with the Port for use of a portion Seawall Lot 330 (the

“Property”) for the Embarcadero Navigation Center for a period of up to 56 months; and

WHEREAS, HSH and the Port successfully partnered in 2016 to develop and construct a Navigation Center, known as the Central Waterfront Navigation Center on Port property located on a portion of 25th Street as described in Memorandum of Understanding No. M-16161; and

WHEREAS, San Francisco Charter Section B3.581 empowers the Port Commission with the power and duty to use, conduct, operate, maintain, manage, regulate and control the Port area of the City; and

WHEREAS, There are numerous homeless individuals present in and around Port property; and

WHEREAS, The Port and HSH have negotiated a Memorandum of Understanding (the “Embarcadero MOU”), on file with the Secretary of the Port Commission; and

WHEREAS, The permitted uses in the Embarcadero MOU are temporary in nature. On April 19, 2019, the Planning Department issued a determination that the permitted uses described in the Embarcadero MOU is categorically exempt from CEQA as a Categorical Exemption Class 32, Infill Development, and

WHEREAS, Under the proposed MOU, the Port will be paid rent consistent with the Port’s Parameter Rent Schedule and lost revenue from parking operations; now therefore be it;

RESOLVED, That the Port Commission hereby approves the proposed Embarcadero MOU between the Port and HSH on terms substantially consistent with those described [in the Embarcadero MOU] on file with the Secretary of the Port Commission; and be it further

RESOLVED, That the Port Commission hereby finds that the use of the Property for the temporary operation of the Embarcadero SAFE Navigation Center is a permissible interim use of Port property because the Property is not needed for public trust purposes and does not provide access to San Francisco Bay, (ii) the term of the Embarcadero MOU will be for thirty two (32) months with an option for twenty-four (24)

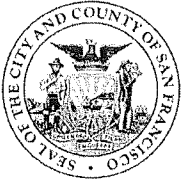
additional months of operations ; (iii) no permanent structures will be constructed that prevent future public trust uses on the Property; and (iv) the Port will receive fair market value rent for the use of the Property; and be it further

RESOLVED, That following approval by the Director of HSH, the Port Commission authorizes the Executive Director of the Port, or her designee, to execute the Embarcadero MOU on terms substantially consistent with those described in the Embarcadero MOU on file with the Secretary of the Port Commission; and be it further

RESOLVED, That the Port Commission authorizes the Executive Director to enter into any additions, amendments or other modifications to the MOU or any other agreement necessary to effectuate the purpose of the MOU and this resolution that the Executive Director, in consultation with the City Attorney, determines are in the best interest of the Port, do not materially increase the obligations or liabilities of the Port, and are necessary and advisable to complete the transaction and effectuate the purpose and intent of this Resolution, such determination to be conclusively evidenced by the execution and delivery by the Executive Director, or her designee, of any such documents.

I hereby certify that the foregoing resolution was adopted by the Port Commission at its meeting of April 23, 2019.

Secretary



SAN FRANCISCO PLANNING DEPARTMENT

BOARD OF APPEALS
JANUARY 2008

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CEQA Categorical Exemption Determination

EJ

PROPERTY INFORMATION/PROJECT DESCRIPTION

Project Address		Block/Lot(s)
SFDPW: Seawall Lot 330		3771002
Case No.		Permit No.
2019-002440ENV		
<input type="checkbox"/> Addition/ Alteration	<input type="checkbox"/> Demolition (requires HRE for Category B Building)	<input checked="" type="checkbox"/> New Construction
<p>Project description for Planning Department approval.</p> <p>The project site is located at Seawall Lot 330, on an irregularly shaped parcel of approximately 75,106 square feet, within the South of Market neighborhood. The parcel has frontages along the Embarcadero to the northeast, Beale Street to the southwest, and a vehicular access point along Bryant Street to the northwest. The existing site is owned by the Port of San Francisco and is currently leased out for private parking. The proposed project would occupy parcel 3771002 on Seawall Lot 330. The neighboring parcel to the north, 3770002, would remain as a parking lot.</p> <p>The proposed project includes the removal of approximately 155 surface parking spaces at the subject parking lot and the construction of a 200-bed, Shelter Access for Everyone (SAFE) Center, providing services and temporary shelter. The project would include the installation of two portable structures to serve as dormitories containing 200 total beds (total of approximately 11,350 square feet); a ventilation system equivalent to MERV13 filtration (or better) would be used for the structures. The project would also include the installation of an additional demountable tensile structure of approximately 6,000 square feet, which includes 1,640 square feet of office space, 2,520 square feet of community/dining space with a pantry room, and 1,840 square feet of additional support space. No meals will be prepared on site.</p> <p>SEE PAGE 5 FOR FULL PROJECT DESCRIPTION.</p>		

STEP 1: EXEMPTION CLASS

Note: If neither class applies, an <i>Environmental Evaluation Application</i> is required.	
<input type="checkbox"/>	Class 1 - Existing Facilities. Interior and exterior alterations; additions under 10,000 sq. ft.
<input type="checkbox"/>	Class 3 - New Construction. Up to three new single-family residences or six dwelling units in one building; commercial/office structures; utility extensions; change of use under 10,000 sq. ft. if principally permitted or with a CU.
<input checked="" type="checkbox"/>	<p>Class 32 - In-Fill Development. New Construction of seven or more units or additions greater than 10,000 sq. ft. and meets the conditions described below:</p> <p>(a) The project is consistent with the applicable general plan designation and all applicable general plan policies as well as with applicable zoning designation and regulations.</p> <p>(b) The proposed development occurs within city limits on a project site of no more than 5 acres substantially surrounded by urban uses.</p> <p>(c) The project site has no value as habitat for endangered rare or threatened species.</p> <p>(d) Approval of the project would not result in any significant effects relating to traffic, noise, air quality, or water quality.</p> <p>(e) The site can be adequately served by all required utilities and public services.</p> <p>FOR ENVIRONMENTAL PLANNING USE ONLY</p>
<input type="checkbox"/>	Class _____

STEP 2: CEQA IMPACTS

TO BE COMPLETED BY PROJECT PLANNER

If any box is checked below, an <i>Environmental Evaluation Application</i> is required.	
<input checked="" type="checkbox"/>	Air Quality: Would the project add new sensitive receptors (specifically, schools, day care facilities, hospitals, residential dwellings, and senior-care facilities within an Air Pollution Exposure Zone? Does the project have the potential to emit substantial pollutant concentrations (e.g., backup diesel generators, heavy industry, diesel trucks, etc.)? (refer to EP_ArcMap > CEQA Catex Determination Layers > Air Pollution Exposure Zone)
<input type="checkbox"/>	Hazardous Materials: If the project site is located on the Maher map or is suspected of containing hazardous materials (based on a previous use such as gas station, auto repair, dry cleaners, or heavy manufacturing, or a site with underground storage tanks): Would the project involve 50 cubic yards or more of soil disturbance - or a change of use from industrial to residential? If yes, this box must be checked and the project applicant must submit an Environmental Application with a Phase I Environmental Site Assessment. <i>Exceptions: do not check box if the applicant presents documentation of enrollment in the San Francisco Department of Public Health (DPH) Maher program, a DPH waiver from the Maher program, or other documentation from Environmental Planning staff that hazardous material effects would be less than significant (refer to EP_ArcMap > Maher layer).</i>
<input type="checkbox"/>	Transportation: Does the project create six (6) or more net new parking spaces or residential units? Does the project have the potential to adversely affect transit, pedestrian and/or bicycle safety (hazards) or the adequacy of nearby transit, pedestrian and/or bicycle facilities?
<input type="checkbox"/>	Archeological Resources: Would the project result in soil disturbance/modification greater than two (2) feet below grade in an archeological sensitive area or eight (8) feet in a non -archeological sensitive area? (refer to EP_ArcMap > CEQA Catex Determination Layers > Archeological Sensitive Area)
<input type="checkbox"/>	Subdivision/Lot Line Adjustment: Does the project site involve a subdivision or lot line adjustment on a lot with a slope average of 20% or more? (refer to EP_ArcMap > CEQA Catex Determination Layers > Topography)
<input type="checkbox"/>	Slope = or > 20%: Does the project involve any of the following: (1) square footage expansion greater than 1,000 sq. ft. outside of the existing building footprint, (2) excavation of 50 cubic yards or more of soil, (3) new construction? (refer to EP_ArcMap > CEQA Catex Determination Layers > Topography) If box is checked, a geotechnical report is required.
<input type="checkbox"/>	Seismic: Landslide Zone: Does the project involve any of the following: (1) square footage expansion greater than 1,000 sq. ft. outside of the existing building footprint, (2) excavation of 50 cubic yards or more of soil, (3) new construction? (refer to EP_ArcMap > CEQA Catex Determination Layers > Seismic Hazard Zones) If box is checked, a geotechnical report is required.
<input checked="" type="checkbox"/>	Seismic: Liquefaction Zone: Does the project involve any of the following: (1) square footage expansion greater than 1,000 sq. ft. outside of the existing building footprint, (2) excavation of 50 cubic yards or more of soil, (3) new construction? (refer to EP_ArcMap > CEQA Catex Determination Layers > Seismic Hazard Zones) If box is checked, a geotechnical report will likely be required.
If no boxes are checked above, GO TO STEP 3. If one or more boxes are checked above, an <i>Environmental Evaluation Application</i> is required, unless reviewed by an Environmental Planner.	
Comments and Planner Signature (<i>optional</i>): Please see Page 6	Laura Lynch

STEP 3: PROPERTY STATUS - HISTORIC RESOURCE

TO BE COMPLETED BY PROJECT PLANNER

PROPERTY IS ONE OF THE FOLLOWING: (refer to Parcel Information Map)	
<input type="checkbox"/>	Category A: Known Historical Resource. GO TO STEP 5.
<input type="checkbox"/>	Category B: Potential Historical Resource (over 45 years of age). GO TO STEP 4.
<input checked="" type="checkbox"/>	Category C: Not a Historical Resource or Not Age Eligible (under 45 years of age). GO TO STEP 6.

STEP 4: PROPOSED WORK CHECKLIST

TO BE COMPLETED BY PROJECT PLANNER

Check all that apply to the project.	
<input type="checkbox"/>	1. Change of use and new construction. Tenant improvements not included.
<input type="checkbox"/>	2. Regular maintenance or repair to correct or repair deterioration, decay, or damage to building.
<input type="checkbox"/>	3. Window replacement that meets the Department's <i>Window Replacement Standards</i> . Does not include storefront window alterations.
<input type="checkbox"/>	4. Garage work. A new opening that meets the <i>Guidelines for Adding Garages and Curb Cuts</i> , and/or replacement of a garage door in an existing opening that meets the Residential Design Guidelines.
<input type="checkbox"/>	5. Deck, terrace construction, or fences not visible from any immediately adjacent public right -of-way.
<input type="checkbox"/>	6. Mechanical equipment installation that is not visible from any immediately adjacent public right-of-way.
<input type="checkbox"/>	7. Dormer installation that meets the requirements for exemption from public notification under <i>Zoning Administrator Bulletin No. 3: Dormer Windows</i> .
<input type="checkbox"/>	8. Addition(s) that are not visible from any immediately adjacent public right -of-way for 150 feet in each direction; does not extend vertically beyond the floor level of the top story of the structure or is only a single story in height; does not have a footprint that is more than 50% larger than that of the original building; and does not cause the removal of architectural significant roofing features.
Note: Project Planner must check box below before proceeding.	
<input type="checkbox"/>	Project is not listed. GO TO STEP 5.
<input type="checkbox"/>	Project does not conform to the scopes of work. GO TO STEP 5.
<input type="checkbox"/>	Project involves four or more work descriptions. GO TO STEP 5.
<input type="checkbox"/>	Project involves less than four work descriptions. GO TO STEP 6.

STEP 5: CEQA IMPACTS - ADVANCED HISTORICAL REVIEW

TO BE COMPLETED BY PROJECT PLANNER

Check all that apply to the project.	
<input type="checkbox"/>	1. Project involves a known historical resource (CEQA Category A) as determined by Step 3 and conforms entirely to proposed work checklist in Step 4.
<input type="checkbox"/>	2. Interior alterations to publicly accessible spaces.
<input type="checkbox"/>	3. Window replacement of original/historic windows that are not "in-kind" but are consistent with existing historic character.
<input type="checkbox"/>	4. Façade/storefront alterations that do not remove, alter, or obscure character -defining features.
<input type="checkbox"/>	5. Raising the building in a manner that does not remove, alter, or obscure character -defining features.
<input type="checkbox"/>	6. Restoration based upon documented evidence of a building's historic condition, such as historic photographs, plans, physical evidence, or similar buildings.

<input type="checkbox"/>	7. Addition(s), including mechanical equipment that are minimally visible from a public right-of-way and meet the <i>Secretary of the Interior's Standards for Rehabilitation</i> .
<input type="checkbox"/>	8. Other work consistent with the <i>Secretary of the Interior Standards for the Treatment of Historic Properties</i> (specify or add comments):
<input type="checkbox"/>	9. Other work that would not materially impair a historic district (specify or add comments): (Requires approval by Senior Preservation Planner/Preservation Coordinator)
<input type="checkbox"/>	10. Reclassification of property status. (Requires approval by Senior Preservation Planner/Preservation <input type="checkbox"/> Reclassify to Category A <input type="checkbox"/> Reclassify to Category C a. Per HRER dated (attach HRER) b. Other (specify):
Note: If ANY box in STEP 5 above is checked, a Preservation Planner MUST check one box below.	
<input type="checkbox"/>	Further environmental review required. Based on the information provided, the project requires an <i>Environmental Evaluation Application</i> to be submitted. GO TO STEP 6.
<input type="checkbox"/>	Project can proceed with categorical exemption review. The project has been reviewed by the Preservation Planner and can proceed with categorical exemption review. GO TO STEP 6.
Comments (optional):	
Preservation Planner Signature:	

STEP 6: CATEGORICAL EXEMPTION DETERMINATION
TO BE COMPLETED BY PROJECT PLANNER

<input type="checkbox"/>	Further environmental review required. Proposed project does not meet scopes of work in either (check all that apply): Step 2 - CEQA Impacts Step 5 - Advanced Historical Review STOP! Must file an <i>Environmental Evaluation Application</i>.	
<input checked="" type="checkbox"/>	No further environmental review is required. The project is categorically exempt under CEQA. There are no unusual circumstances that would result in a reasonable possibility of a significant effect.	
	Project Approval Action: Approval of MOU by SF Port Commission	Signature: <i>Laura C. Lynch</i> 4/19/19
	If Discretionary Review before the Planning Commission is requested, the Discretionary Review hearing is the Approval Action for the project.	
Once signed or stamped and dated, this document constitutes a categorical exemption pursuant to CEQA Guidelines and Chapter 31 of the Administrative Code. In accordance with Chapter 31 of the San Francisco Administrative Code, an appeal of an exemption determination can only be filed within 30 days of the project receiving the first approval action. Please note that other approval actions may be required for the project. Please contact the assigned planner for these approvals.		

Full Project Description

The project site is located at Seawall Lot 330, on an irregularly shaped parcel of approximately 75,106 square feet, within the South of Market neighborhood. The parcel has frontages along the Embarcadero to the northeast, Beale Street to the southwest, and a vehicular access point along Bryant Street to the northwest. The existing site is owned by the Port of San Francisco and is currently leased out for private parking. The proposed project would occupy parcel 3771002 on Seawall Lot 330. The neighboring parcel to the north, 3770002, would remain as a parking lot.

The proposed project includes the removal of approximately 155 surface parking spaces at the subject parking lot and the construction of a 200-bed, Shelter Access for Everyone (SAFE) Center, providing services and temporary shelter. The project would include the installation of two portable structures to serve as dormitories containing 200 total beds (total of approximately 11,350 square feet); a ventilation system equivalent to MERV13 filtration (or better) would be used for the structures. The project would also include the installation of an additional demountable tensile structure of approximately 6,000 square feet, which includes 1,640 square feet of office space, 2,520 square feet of community/dining space with a pantry room, and 1,840 square feet of additional support space. No meals will be prepared on site. The project would additionally install temporary structures to contain 25 toilets, 6 urinals, and 18 showers, and place 12 shipping containers on-site for client storage needs. The temporary structural installations would be placed to create an approximately 10,000 square foot outdoor gathering space. All structures would be placed on 4-6" reinforced concrete pads and anchored to the existing parking-lot surface, with minimal excavation of approximately 4 feet in depth for footings of temporary structure pads. The project will retain approximately 140-150 public parking spaces at the adjacent parcel (3770002). Loading would occur on-site with vehicle access from the existing curb cut along Bryant Street. Fifteen of the existing trees within the parking lot would be removed, and the project would include additional landscaping. The project would require an encroachment permit, for the installation of utilities, from both the San Francisco Port and the San Francisco Public Works Department. The proposed project would be constructed through the Department of Public Works, and would therefore incorporate that Department's Standard Construction Measures for Public Works Projects.

Operation of the project: The Department of Homelessness and Supportive Housing (HSH) will provide a SAFE Center for approximately 200 adults experiencing homelessness. Safe Centers will provide room and board to those experiencing homelessness while case managers work to connect them to support services, including income, public benefits, health services, shelter, and housing. SAFE Centers are different from traditional shelters, with lower barriers for participation by clients, allowing for people to come inside with partners, pets, and possessions. The Centers stay open 24 hours a day, 7 days a week. HSH makes placements into these centers through its Outreach Programs. External referrals or drop-ins are not accepted. A client's length of stay can range from a few hours to up to 30 days, with possible extensions, for those with a known pathway to a supportive housing placement.

Staff will be present at the Navigation Center to monitor activities on-site, including, but not limited to, coordination of site security, uniform and effective program entry, property searches, methods to control access, managing and tracking clients, and collaboration with service partners who are on the program site. Staff will provide oversight, janitorial service and maintenance for the sleeping areas, bathrooms/showers, client laundry facilities, client storage areas, the dining and client community room and general grounds of the program site. Staff will also provide access for clients to the delivered meals, beverages, and snacks, will conduct wellness checks, and will escort clients to critical appointments off-site. Staff will educate clients about how to avoid or reduce impacts and implement "good neighbor" considerations if they return to the streets.

The Memorandum of Understanding between the Port and the HSH for the construction and operation of the SAFE Center also includes a set of Good Neighbor Policies that the SAFE Center operator must follow, which address issues including, but not limited to, the following: communication and information with the neighborhood; avoiding or minimizing the impact on the neighborhood of Navigation Center clients entering, exiting, or waiting for services; discouraging and addressing excessive noise from program clients and others who may be just outside the program site; discouraging loitering in the area immediately surrounding the site; maintaining the safety and cleanliness of the area immediately surrounding the facility; and preventing any blocking of driveways or sidewalks near the site.

A private security company will be hired for security services onsite and 24/7 front desk coverage, and the SAFE Center will contract with a community-based provider who will hire SAFE Center clients to keep the surrounding area clean.

CEQA Impacts

Hazardous Materials: The project would involve soil disturbance of approximately 43 cubic yards of soil for the installation of foundations and for utility work. Additionally, the project would involve the change of use from an industrial use (parking lot) to a housing use (navigation center, providing temporary housing and services). Projects that are located on sites with known or suspected soil and/or groundwater contamination, and that involve soil disturbance and/or changes of use from industrial to housing uses, are subject to the provisions of San Francisco Health Code (SFHC) Article 22A, which is administered by the Department of Public Health (DPH). The project enrolled in the Maher Program on 4/5/2019. A San Francisco Health Code Article 22A Compliance work plan was issued on 4/14/2019, requiring further testing prior to the issuance of any permit related to construction. The project is not located on any list compiled pursuant to Government Code section 65962.5 (hazardous and toxic waste sites).

Air Quality: The proposed project is subject to the Clean Construction Ordinance which requires the use of Tier 2 or higher engines with the most effective Verified Diesel Emission Control Strategy (VDECS). The ordinance prohibits portable diesel engines in most cases, restricts equipment idling to two minutes, and requires contractors to properly maintain and tune their equipment in accordance with manufacturer specifications. The project is required to comply with SF Health Code Article 38 and San Francisco's Clean Construction Ordinance and the Dust Control Ordinance. Additionally, a ventilation system equivalent to MERV13 filtration (or better) would be used for the structures in compliance with Article 38 SF Health Code / American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standard 52.2.

Transportation: Project involves the removal of approximately 146 parking spaces. No new curb cuts for vehicular access are proposed. Loading would occur on-site using the existing curb cut on Bryant Street. The Department reviewed the Transportation Study Determination Request on April 3, 2019, and determined that there is no need for further transportation study. A final Transportation Determination Memo was issued April 19, 2019.

Seismic Hazards - Liquefaction: A Geotechnical Memorandum was prepared by SF Public Works Bureau of Engineering - Structural Engineering Section on 4/2/2019, confirming the property is on a site subject to liquefaction. The project would be required to receive a building permit from the Port's Chief Harbor Engineer, who would review all structural plans and determine adequate foundation types. Additionally, a geotechnical report would be prepared for the project and reviewed, prior to the issuance of any permit related to construction activity.

Water Quality: The project anticipates soil disturbance of approximately 224 square feet. The project would be required to adhere to the provisions of the State General Permit for Discharges of Storm Water Associated with Construction Activity (Construction General Permit Order 2009-0009DWQ), and the Port of San Francisco's stormwater requirements which include compliance with Public Works Code 147 and the Port would review compliance for both the construction and operation of the proposed project.

Noise: The project would comply with the San Francisco Police Code Section 2907(a) by limiting noise related to construction equipment to noise levels of 80dBA when at a distance of 100 feet from such equipment. The contractor shall use best available noise control techniques, including mufflers, ducts, engine enclosures and acoustic attenuating shields or shrouds for all construction-noise equipment and trucks. Police Code Section 2907(a) limits construction activity to the hours of 7:00am to 8:00pm on weekdays; if construction outside those hours is necessary, the project would be required to receive authorization from the Department of Public Works and additional limitation on noise generated from equipment may be applied. Mechanical building equipment, such as heating, ventilation and air conditioning (HVAC) systems, could create operational noise. However, these noise sources would be subject to the San Francisco Noise Ordinance (Article 29 of the Police Code). Section 2909(d) of the noise ordinance establishes maximum noise levels for fixed noise sources (e.g., mechanical equipment) of 55 dBA (from 7 a.m. to 10 p.m.) and 45 dBA (from 10 p.m. to 7 a.m.) inside any sleeping or living room in any dwelling unit located on residential property to prevent sleep disturbance. Furthermore, section 2909(b) of the noise ordinance regulates noise levels at residential and commercial properties. Noise at residential properties is limited to no more than 5 dBA above the ambient noise level at the property plane. The proposed project's mechanical and HVAC systems would be required to meet these noise ordinance standards.

Natural Habitat: The project site consists of a parking lot with trees with limited landscaped areas. The project would involve the removal of approximately 15 trees and a limited amount of existing landscaping. The existing mostly paved site, used as a parking lot, is not suitable habitat for endangered, rare or threatened species and has no value for such habitat. Additionally, in accordance with the Standard Construction Measures for Public Works, the project site would be screened to determine whether biological resources may be affected by construction. If biological resources are present, a qualified biologist will carry out a survey of the project and identify whether habitat for special-status species and/or migratory birds are present. If necessary, measures will be implemented to protect biological resources, such as installing wildlife exclusion fencing, establishing buffer zones, etc. The project is also required to comply with the federal Migratory Bird Treaty Act and the State Endangered Species Act.

General Plan and Zoning: The proposed project would not conflict with General Plan objectives or policies and would meet applicable controls for the area. The project is located within the East SOMA Area Plan and the South Beach Downtown Residential Mixed-Use District (SB-DTR). Pursuant to Planning Code Section 829.46, a homeless shelter use is permitted. The Port of San Francisco Waterfront Land Use Plan allows short-term (generally up to 10 years) interim uses on Port property that are consistent with the City's zoning for the site. The project is a permitted use under applicable zoning. Therefore, the proposed project would be consistent with General Plan designations and policies and applicable zoning designations and regulations.



SAN FRANCISCO PLANNING DEPARTMENT

Neighborhood Notice

Public Notice and Comment. On March 12, 2019, the Planning Department mailed a "Notification of Project Receiving Environmental Review" to community organizations, tenants of the affected property and properties adjacent to the project site, and those persons who own property within 300 feet of the project site. Approximately 13 individuals responded to the notice. Some individuals requested more information about the project, to be added to the distribution list for future environmental review documents or comments related to the merits of the project.

Comments related to the California Environmental Quality Act include Geology and Soils, Air Quality, Public Services, Transportation, and Hazards Materials. The comments as it pertains to each environmental topic are summarized below.

Geology and Soils – Liquefaction:

The project is located within a mapped liquefaction zone. The project would involve temporary structures that would require foundations. The Seismic Hazards Mapping Act (seismic hazard act, located in Public Resources Code 2690 *et seq*), enacted in 1990, protects public safety from the effects of strong ground shaking, liquefaction, landslides, or other ground failures or hazards caused by earthquakes. The California Geological Survey designates the project site as within an area that may be prone to earthquake-induced ground failure during a major earthquake due to liquefaction hazard. Because of this, site design and construction must comply with the seismic hazard act, its implementing regulations, and the California Department of Conservation's guidelines for evaluating and mitigating seismic hazards. In addition to the seismic hazard act, adequate investigation and mitigation of failure-prone soils is also required by the mandatory provisions of the *California Building Code* (state building code, California Code of Regulations, Title 24). In particular, Chapter 18 of state building code, Soils and Foundations, provides the parameters for geotechnical investigations and structural considerations in the selection, design and installation of foundation systems to support the loads from the structure above. Section 1803 sets forth the basis and scope of geotechnical investigations conducted. Section 1804 specifies considerations for excavation, grading and fill to protect adjacent structures and prevent destabilization of slopes due to erosion and/or drainage. Additionally, 1803.2 of the California State Building Code states that the building official shall be permitted to waive the requirement for a geotechnical investigation where satisfactory data from adjacent areas is available that demonstrates an investigation is not necessary for any of the conditions in Sections 1803.5.1 through 1803.5.6 and Sections 1803.5.10 and 1803.5.11. The project would be required to receive a building permit from the Port's Chief Harbor Engineer, who would review all structural plans and determine adequate foundation types. Additionally, a geotechnical report would be prepared for the project and reviewed, prior to the issuance of any permit related to construction activity.

Air Quality— Article 38 Air Pollutant Exposure Zone

In April 2007, the City and County of San Francisco adopted an Ordinance requiring public projects to reduce emissions at construction sites starting in 2009. In March 2015, the City expanded the existing Ordinance to require public projects to further reduce emissions at construction sites in certain areas with high levels of background concentrations of air pollutants. The proposed project would be constructed through the Department of Public Works and is therefore subject to the Clean Construction Ordinance,

中文詢問請電: 415.575.9010

Para información en Español llamar al: 415.575.9010

Para sa impormasyon sa Tagalog tumawag sa: 415.575.9121

which requires the use of Tier 2 or higher engines with the most effective Verified Diesel Emission Control Strategy (VDECS), prohibits portable diesel engines in most cases, restricts equipment idling to two minutes, and requires contractors to properly maintain and tune their equipment in accordance with manufacturer specifications. The ordinance also requires the preparation of a Construction Emissions Minimization Plan and the monitoring of construction emissions from the start of construction. While emission reductions from limiting idling, educating workers and the public and properly maintaining equipment are difficult to quantify, other measures in the Clean Construction Ordinance, specifically the requirement for equipment with Tier 2 engines and Level 3 VDECS can reduce construction emissions by 89 to 94 percent compared to equipment with engines meeting no emission standards and without a VDECS¹ Emissions reductions from the combination of Tier 2 equipment with level 3 VDECS is almost equivalent to requiring only equipment with Tier 4 Final engines.

Hazards and Hazardous Materials

Pursuant to Article 22A of the Health Code, the project is required to enroll in the Maher Program, which is administered by the Department of Public Health (DPH). On April 5th 2019, the project enrolled within the Maher Program through the department of Public Health. The Department of Public Health would be the responsible agency to review and request any additional soil testing at the site, prior to the issuance of a Port Building Permit. Where such analysis reveals the presence of hazardous substances that exceed Cal/EPA public health risk levels given the intended use, the project sponsor must submit a site mitigation plan (SMP) to DPH. The SMP must identify the measures that the project sponsor will take to assure that the intended use will not result in public health or safety hazards in excess of the acceptable public health risk levels established by Cal/EPA or other applicable regulatory standards. The SMP also must identify any soil and/or groundwater sampling and analysis that it recommends the project sponsor conduct following completion of the measures to verify that remediation is complete

If remediation is required, it would typically be achieved through one of several methods that include off-haul and disposal of contaminated soils,³ on-site treatment of soil or groundwater, or a vapor barrier installation. Alternatively, or in addition, restriction on uses or activities at the project site may be required along with a recorded deed restriction. Compliance with Health Code Article 22A and related regulations

¹ PM emissions benefits are estimated by comparing off-road PM emission standards for Tier 2 with Tier 1 and 0. Tier 0 off-road engines do not have PM emission standards, but the United States Environmental Protection Agency's *Exhaust and Crankcase Emissions Factors for Nonroad Engine Modeling – Compression Ignition* has estimated Tier 0 engines between 50 hp and 100 hp to have a PM emission factor of 0.72 g/hp-hr and greater than 100 hp to have a PM emission factor of 0.40 g/hp-hr. Therefore, requiring off-road equipment to have at least a Tier 2 engine would result in between a 25 percent and 63 percent reduction in PM emissions, as compared to off-road equipment with Tier 0 or Tier 1 engines. The 25 percent reduction comes from comparing the PM emission standards for off-road engines between 25 hp and 50 hp for Tier 2 (0.45 g/bhp-hr) and Tier 1 (0.60 g/bhp-hr). The 63 percent reduction comes from comparing the PM emission standards for off-road engines above 175 hp for Tier 2 (0.15 g/bhp-hr) and Tier 0 (0.40 g/bhp-hr). In addition to the Tier 2 requirement, ARB Level 3 VDECSs are required and would reduce PM by an additional 85 percent. Therefore, compliance with the ordinance would result in between an 89 percent (0.0675 g/bhp-hr) and 94 percent (0.0225 g/bhp-hr) reduction in PM emissions, as compared to equipment with Tier 1 (0.60 g/bhp-hr) or Tier 0 engines (0.40 g/bhp-hr).

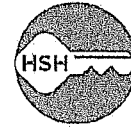
³ Off-haul and disposal of contaminated materials from the project site would be in accordance with the federal Resource Conservation and Recovery Act (RCRA) and United States Department of Transportation regulations and the California Hazardous Waste Control program (Cal. Health and Safety Code Section 21000 *et seq.*)

identified above would ensure that project activities that disturb or release hazardous substances that may be present at the project site would not expose users of the site to unacceptable risk levels for the intended project uses. Additionally, the project is required to conform with Article 22B of the San Francisco Health Code, requiring dust control methods to be applied throughout construction. A San Francisco Health Code Article 22A Compliance work plan was issued on 4/14/2019, requiring further testing prior to the issuance of any permit related to construction. The project is not located on any list compiled pursuant to Government Code section 65962.5 (hazardous and toxic waste sites).

Public Services—Comment raises concerns related to emergency vehicle responses as a result of the proposed use. The project would be required to receive a building permit from the Port's Chief Harbor Engineer, who would review all plans and determine whether there is adequate access for emergency vehicles pursuant to applicable building codes and regulations, including but not limited to, driveway width, access, turning radii for large emergency vehicles, and other factors.

Transportation –

The project involves the removal of approximately 146 parking spaces. No new curb cuts for vehicular access would be provided. The project was reviewed by transportation planners at the San Francisco Planning Department and a Transportation Study Determination Memo was prepared. This memo determined that due to low p.m. peak volume of vehicle trips compared to existing conditions, and because loading would occur on-site, there was no potential for conflicts on the existing public rights of way.



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

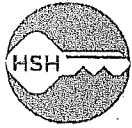
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/12/2019	3pm	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Morgan Hicks		
Names of Witnesses:	Client Witnesses		Staff Witnesses
			Denise Bradford

		Junae Lowe
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A defecated on self, expressed he was in pain and was having suicidal thoughts. 911 was called immediately.		
Describe any injuries observed:		Describe any action taken by staff:
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police:
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3pm Time Arrived: 3:10pm		Name of Police Officer/Badge No.: Engine 36 Where was the client taken: UCSF
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/15/19	
Person Who Completed Report <i>(please print)</i>	Luafa Milo	
Agency Name/Location/Phone <i>(please print)</i>	Division Circle Navigation Center / 224 S Van Ness/ 415-268-4004 ext. 514	
Supervisor Name and Phone	Luafa Milo 415-268-4004 Ext. 514	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/13/2019	3:47 p.m.	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Whitney Burnett	

		Calthea Gomes
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to client A, Client B, etc.)		
<p>Guest was exited on 4-11-2019 for being unseen in 72 hrs. Guest somehow got on property and is refusing to leave. She has been informed that she is no longer a guest and is trespassing. She continued into the dining area to eat her meal and I went to the office to call 911 and request an escort. @4:25 p.m. guest voluntarily left before the police could arrive. She returned @9:45p.m trying to regain entry and was told once again that she has been exited and is no longer a guest and no longer allowed on property.</p>		
Describe any injuries observed:	Describe any action taken by staff: Guest was informed that her exit date was on 4-11-2019 and that she was trespassing.	
<input type="checkbox"/> Check if police were involved Time Called: 3:47p.m Time Arrived: Canceled call @4:28p.m guest left before they could arrive.	Describe what actions were performed by the Paramedics or Police:	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.:	
	Where was the client taken: Guest left to unknown location.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4-15-2019 (Monday)	
Person Who Completed Report <i>(please print)</i>	Whitney Burnett	
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center 680 Bryant Street San Francisco, Ca 94107	
Supervisor Name and Phone	Whitney Burnett	



Department of Homelessness and Supportive Housing Report of Critical Incident

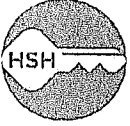
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

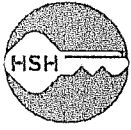
Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/13/2019	10:20pm	<u>Violence</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Daijah Penn	
		Denysia Rabb	



[REDACTED]	Jennifer Savidge
	Jemelle Larry

CONFIDENTIAL

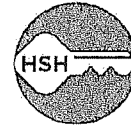
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A had been acting disruptive after being told that the showers were closing for the night and to finish up so staff could clean and close the area. She began yelling and become verbally abusive towards myself and Jemelle, which she was informed was a violation of rules. Client A continued to scream and yell in dorm and then followed me to the welcome center. Client A was asked to step outside and calm herself down, which she refused. Site Manager, Kim Guillory, was contacted to assist talking with the guest and de-escalating Client A, but Client A would not talk to the site manager. Client A continued to yell, be verbally abusive, and refuse to leave so the police were called at 10:35 PM. Client A, continuing to yell went to the dorm to grab some personal items and went outside, where she remained escalated. Client A after a short period of time forced her way back into the center where she got into my face yelling, spitting, and threatening. She left again and continued to yell and be disruptive. Site Manager was contact again and Client A was DOS'ed for verbal threats, and then the police arrived and assisted in removing her from the area in front of the Navigation Center.</p>	
Describe any injuries observed: N/A	Describe any action taken by staff: Staff attempted to de-escalate the situation
<input type="checkbox"/> Check if police were involved Time Called: 10:35 Time Arrived: 10:45	Describe what actions were performed by the Paramedics or Police: They spoke to both me and to client A. Client A was then asked to leave.
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No: # 2238 and #279 Divina Where was the client taken: Client A was asked to leave from inside the shelter
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/15/19
Person Who Completed Report (please print)	Jennifer Savidge



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Agency Name/Location/Phone <i>(please print)</i>	Central Waterfront Navigation Center/600 25th st./415-487-3300 ext. 4311
Supervisor Name and Phone	Kimberly Guillory 415-487-3300 ext. 4323

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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

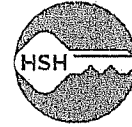
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/15/2019	1215am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		David Albizo	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A came to front desk reporting dizziness, numbness in both arms, and nausea. Guest A reported that he was involved in a fight earlier in the day outside of the facility.		
911 was called and staffed observed Guest A until AMR Unit 120 arrived. Guest A was evaluated by medical personnel and transported to Davies Medical Center for further evaluation.		
Describe any injuries observed: No visible injuries observed.	Describe any action taken by staff: Staff monitored Guest A until SFFD Engine 36 and AMR Unit 120 arrived on scene.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Guest A was evaluated by paramedic and transported to Davies Medical Center for further evaluation.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 1215am Time Arrived: 1223am	Name of Police Officer/Badge No.:	
	Where was the client taken: Guest A was transported to San Francisco General Hospital for further evaluation.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/16/2019	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004	
Supervisor Name and Phone	David Albizo 415-268-4004 x514	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

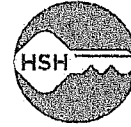
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/15/2019	256AM	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	David Albizo		
Names of Witnesses:	Client Witnesses		Staff Witnesses
			David Albizo

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A reported that he was urinating uncontrollably. Guest had previously fallen and did not want medical attention. Guest was evaluated by AMR Unit 18 and transported to San Francisco General Hospital for further evaluation. Paramedic on scene noted that Client A has had prior 911 calls and will address in notes for possible future involvement by EMS6.		
Describe any injuries observed: None visible.	Describe any action taken by staff: Staff stayed with Client A until AMR Unit 18 arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police:	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 256AM Time Arrived: 310AM	Name of Police Officer/Badge No.: Where was the client taken: Client A was transported to San Francisco General Hospital.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	April 15, 2019	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004	
Supervisor Name and Phone	David Albizo 415-268-4004 x514	



San Francisco Housing and Homeless Division Report of Critical Incident

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/15/2019	6:50	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Truennetta Webb		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Truennetta Webb	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A was lying in bed in pain. Guest A came to the front desk and asked if I can call 911 because his leg wound is leaking. 911 was called and Guest A was taken to St. Mary Hospital for observation.		
Describe any injuries observed:	Describe any action taken by staff: Showed paramedics were guest was	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: guest was put on gurney and wheeled out	
<input checked="" type="checkbox"/> <input type="checkbox"/> Check if paramedics were involved Time Called: 6:50 Time Arrived: 7:10	Name of Police Officer/Badge No.:	
	Where was the client taken: St.Mary Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/16/19	
Person Who Completed Report <i>(please print)</i>	Truenetta Webb	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S. Van Ness Ave/ (415) 268-4004	
Supervisor Name and Phone	Truenetta Webb (415) 268-4004 ext 514	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/15/2019	4:26pm	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Sup. Tamegee Artis	

		Officer Charles August #1119
		Svc. Candra Jordan
		Svc. Yolanda Dunn
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
I arrived at work and guest A was outside with the police and guest B was saying that he threaten her and she wanted him arrested or a restraining order. Guest A was asked to leave the premises by the officer and guest A agreed that would be a good idea. Guest B was visibly shaken and needed to be reassured that she would be safe by the officer.		
Describe any injuries observed: Guest A was visibly shaken	Describe any action taken by staff: Called Site manager and Director to see what could be done and make sure no sanctions were violated involving this incident.	
<input checked="" type="checkbox"/> <input type="checkbox"/> Check if police were involved Time Called: They were already on site when I arrived @ 3:14 pm Time Arrived:	Describe what actions were performed by the Paramedics or Police: Officer asked guest A to leave for the rest of the day to cool down	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No: Officer Charles August #1119 (415)696 0602 3BIC Where was the client taken: Guest A voluntarily left to cool off.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/22/2019	
Person Who Completed Report (please print)	Whitney Burnett	
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

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Date of Incident:	Time Incident Occurred:	Type of Incident:
4/15/2019	7:34p.m.	<u>Other Emergency Services</u>
Navigation Center Name	Bryant Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.	<i>Non-guest</i>	n/a
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Jacqueline Williams

		Jacqueline Williams
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Non-guest entered welcome center requesting medical assistance, he stated that he was a guest at MSC South but they refused to call 911 for him		
Describe any injuries observed:		Describe any action taken by staff: called 911
<input type="checkbox"/> Check if police were involved Time Called :N/A Time Arrived:		Describe what actions were performed by the Paramedics or Police: Guest was picked up by the SFPD ENG 54
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:25 Time Arrived:7:45		Name of Police Officer/Badge No.:
		Where was the client taken: N/A
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4-15-2019 (Monday)	
Person Who Completed Report <i>(please print)</i>	Jacqueline Williams	
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center 680 Bryant Street San Francisco 94107	
Supervisor Name and Phone	Whitney Burnett 415-487-3300 ext. 4411	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

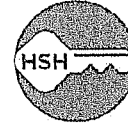
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/16/2019	6:20a.m	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Jacqueline Williams	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A was not able to sleep during the night hours, he came into the welcome center to request medical attention	
Describe any injuries observed: N/A	Describe any action taken by staff: called 911
<input type="checkbox"/> Check if police were involved Time Called :N/A Time Arrived:	Describe what actions were performed by the Paramedics or Police: Guest was picked up by the SFPD ENG 8
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:20 Time Arrived:6:45	Name of Police Officer/Badge No.: Where was the client taken: UCSF
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4-17-2019 (Wednesday)
Person Who Completed Report (please print)	Jacqueline Williams
Agency Name/Location/Phone (please print)	Bryant Navigation Center 680 Bryant Street San Francisco 94107
Supervisor Name and Phone	Whitney Burnett 415-487-3300 ext. 4411



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

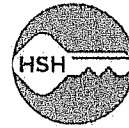
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/16/2019	7:05pm	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.	_____		_____
Client B.	_____		_____
Client C.	_____		_____
Names of Reporting Staff	Linliang Situ		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
	Rodney Lewis	Turenetta Webb	

		Madame Phillips
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 7:05pm, client B came to front desk reported he found client A was overdosing in men's restroom, I(Linliang Situ) and staff Turenetta brought the Narcan to check and saw client A was lying on floor, his pants was off and feces on himself, we found the needles near him, but client had no response and not breathing, so we use 2 cans of Narcan to brought him back. Staff Madame called 911 at the same time, and the 911 operator told us use one more Narcan to client A. Paramedics arrived at 7:09pm, client A was taken to hospital.		
Describe any injuries observed: None	Describe any action taken by staff: Staff use 3 cans of Narcan to brought client A back 911 was called at the same time	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client A was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:05pm Time Arrived: 7:09pm	Name of Police Officer/Badge No.: E#36 & 86 Where was the client taken: Unknow hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

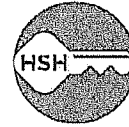
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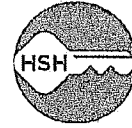
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/16/2019	10:15	Medical
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
At approximately 10:15 pm a medical emergency was called out via radio, I responded to the dining hall and discovered Client A sitting at a table complaining of chest pain. I called 911 and SFFD engine #9 responded within Five (5) minutes to attend to Client A. A initial examination showed Client A with elevated blood pressure, medics decided to transport Client A to the hospital	
Describe any injuries observed: No injuries observed, Client A appeared uncomfortable, in pain.	Describe any action taken by staff: 911 called, prevented Client A from eating or drinking while paramedics were enroute, Client A comforted while waiting for medics to arrive.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Initial examination of Client A revealed elevated blood pressure, transported Client A to hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:15 pm Time Arrived: 10:20 pm	Name of Police Officer/Badge No.:SFFD Engine #9 King American Ambulance Company Unit#3 Where was the client taken: SF General Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/16/2019
Person Who Completed Report (please print)	Neal Tremain
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Neal Tremain 415-573-9437



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

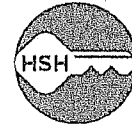
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/17/2019	1246am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	David Albizo		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		David Albizo	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A reported uncontrollable diarrhea. 911 was called and staff monitored client until paramedics arrived. SFFD Medic 55 arrived on scene, evaluated Client A, and transported to VA – Ft. Miley for further evaluation.	
Describe any injuries observed: No visible injuries observed.	Describe any action taken by staff: Staff monitored client A until paramedics arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics evaluated Client A and transported to VA – Ft. Miley.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:46am Time Arrived: 1:10am	Name of Police Officer/Badge No.: SFFD Medic 55 Where was the client taken: VA – Ft. Miley
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/18/2019
Person Who Completed Report <i>(please print)</i>	David Albizo
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004
Supervisor Name and Phone	Larry Braynen 415-268-4004 x514



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

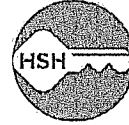
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/17/2019	3pm	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Luafa Milo		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Junae Lowe	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client asked staff to call 911 because of an open wound on leg.	
Describe any injuries observed:	Describe any action taken by staff:
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police:
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3pm Time Arrived: 3:30pm	Name of Police Officer/Badge No.: King 13 Where was the client taken: UCSF
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/17/19
Person Who Completed Report <i>(please print)</i>	Luafa Milo
Agency Name/Location/Phone <i>(please print)</i>	Division Circle Navigation Center / 224 S Van Ness / 415-268-4004 ext 514
Supervisor Name and Phone	Luafa Milo 415-268-4004 Ext. 514



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

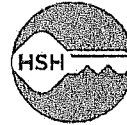
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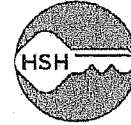
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Date of Incident:	Time Incident Occurred:	Type of Incident:
4/18/19	4:15 AM	Critical
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	
Client A.	LAST FOUR:	
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client (A) was denied services for breaking rule violation (A9) disruptive behavior that is continuous and presents a clear risk to the health and safety of others. After refusing to comply with a request made by this writer to exit the TV room and return his bed area Client (A) refused and became very confrontational refusing to exit the facility for a two hour time out and subsequently after being told he was being denied services.	
Describe any injuries observed:	Describe any action taken by staff:
<input checked="" type="checkbox"/> Check if police were involved Time Called: 4:30 AM Time Arrived: 4:35 AM	Describe what actions were performed by the Paramedics or Police:
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Joseph Levy Badge No: 1026 Where was the client taken: 200 ft from the front gate.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/18/19
Person Who Completed Report <i>(please print)</i>	Paul Young
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Paul Young (415) 920-8920



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

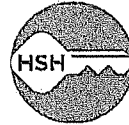
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/20/2019	658am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	David Albizo		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Paul Brown	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A reporting pain in right leg at amputation site. Client A had procedure done and believes that it is now infected. 911 was called and staff stayed with Client A until paramedics arrived.	
SFFD Medic 95 evaluated and transported Client A to San Francisco General Hospital for further evaluation.	
Describe any injuries observed: Possible infection to right leg area at amputation site.	Describe any action taken by staff: Staff monitored Client A until paramedics arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: SFFD Medic 95 evaluated Client A and transported to San Francisco General Hospital for further evaluation.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:58am Time Arrived: 7:05am	Name of Police Officer/Badge No.: SFFD Medic 95 Where was the client taken: San Francisco General Hospital.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/22/2019
Person Who Completed Report <i>(please print)</i>	David Albizo
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004
Supervisor Name and Phone	Larry Braynen/415-268-4004 x514



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

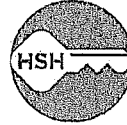
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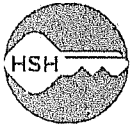
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/20/19	2:33 PM	Medical
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Ric Lopez



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A told staff he had chest pain and swollen legs and had a history of heart problems and angina. Client A asked staff to call the paramedics. Staff called the paramedics; they arrived within five minutes. They evaluated Client A and took him to the hospital.</p>	
Describe any injuries observed:	Describe any action taken by staff: Stayed with guest until help arrived
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Evaluated Client A and took him to the hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 2:32 PM Time Arrived: 2:35 PM	Name of Police Officer/Badge No.: Truck 9, Ambulance 72
	Where was the client taken: Unknown
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/20/19
Person Who Completed Report <i>(please print)</i>	Meg O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

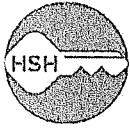
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/20/2019	3:14pm	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Sup. Tamegee Artis	

	Officer Charles August #1119
	Svc. Candra Jordan
	Svc. Yolanda Dunn
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
I arrived at work and guest A was outside with the police and guest B was saying that he threaten her and she wanted him arrested or a restraining order. Guest A was asked to leave the premises by the officer and guest A agreed that would be a good idea. Guest B was visibly shaken and needed to be reassured that she would be safe by the officer.	
Describe any injuries observed: Guest A was visibly shaken	Describe any action taken by staff: Called Site manager and Director to see what could be done and make sure no sanctions were violated involving this incident.
<input checked="" type="checkbox"/> Check if police were involved Time Called: They were already on site when I arrived @ 3:14 pm Time Arrived:	Describe what actions were performed by the Paramedics or Police: Officer asked guest A to leave for the rest of the day to cool down
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No: Officer Charles August #1119 (415)696 0602 3BIC Where was the client taken: Guest A voluntarily left to cool off.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/24/2019
Person Who Completed Report (please print)	Whitney Burnett
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422



Department of Homelessness and Supportive Housing Report of Critical Incident

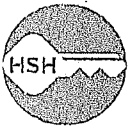
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4-21-2019	4:55p.m.	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Whitney Burnett	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

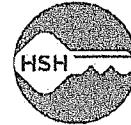
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4-21-2019	8:51p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		
Names of Witnesses:	Client Witnesses	Staff Witnesses	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client B. has been stalking client A. all day. Following her around outside etc. Client B then comes in the Welcome Center demanding that I call the police because Client A. just assaulted him. He asked me to look at the cameras and I'll see that she slapped him. I called 911 for him and he ended up going to jail because he was violating a restraining order that is in effect in Oregon. Client A. has a restraining order against Client B. out of Oregon.	
Describe any injuries observed: N/A	Describe any action taken by staff: I called 911 for the client B
<input checked="" type="checkbox"/> Check if police were involved Time Called: 8:51p.m Time Arrived: 8:59p.m	Describe what actions were performed by the Paramedics or Police: Officer #260 Vidulich, #2020 Pacchetti, Dove #4326
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No: #260 Vidulich, #2020 Pacchetti, #4326 Dove Where was the client taken: Guest was taken to jail.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/21/2019
Person Who Completed Report (please print)	Whitney Burnett
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/23/2019	1252am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	David Albizo		
Names of Witnesses:	Client Witnesses		Staff Witnesses
			Sean Bradford

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A reporting left side chest pain. 911 was called and staff stayed with patient until SFFD Engine 36 and AMR Unit 124 arrived.		
Client A was evaluated and transported to San Francisco General Hospital for observation.		
Describe any injuries observed: No visible injuries. Complaint of left-side chest pain.	Describe any action taken by staff: 911 called and AED brought to where guest was, in case Client A went into cardiac arrest.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: SFFD Engine 36 and AMR Unit 124 evaluated and Client A was transported to San Francisco General Hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:52am Time Arrived: 12:59am	Name of Police Officer/Badge No.: SFFD Engine 36/AMR Unit 124 Where was the client taken: San Francisco General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/23/2019	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004	
Supervisor Name and Phone	David Albizo 415-268-4004 x514	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

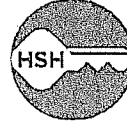
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/23/2019	6:27Am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Last Four of SSN			
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Danielle Belton		
Names of Witnesses:	Client Witnesses	Staff Witnesses	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest was complaining of having difficulty breathing and he think he had taken some bad heroine		
Describe any injuries observed: N/A		Describe any action taken by staff: I called the 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: They took his Vitals and transported him to the hospital.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:27am Time Arrived:6:36am		Name of Police Officer/Badge No: Medic #55 Engine #8 Where was the client taken: n/a
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/23/19	
Person Who Completed Report <i>(please print)</i>	Danielle Belton	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

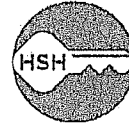
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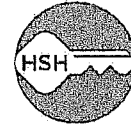
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/23/19	7:32 AM	Psychiatric
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Ricardo Lopez



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A is on the high utilizer case management load. In the morning when I arrived he was yelling aggressively, hallucinating, had soiled himself and was disturbing other guests. I spoke with his hospital case manager that morning and she was not able to come in till later that day. She advised that I call the police if he needed to be 5150'd.</p> <p>I called the police and they came 20 minutes later. When they came, Client A was very upset yelling, "Get back! Get back!" and beginning to get extremely upset and escalated. I was able to de-escalate Client A and have the police step back. He eventually took his medication and calmed down. After he was sufficiently calm, I asked the police to leave and we made sure Client A got something to eat and got in the shower.</p>	
<p>Describe any injuries observed: Soiled clothing, hallucinations</p>	<p>Describe any action taken by staff: De-escalation, providing medication and hygiene assistance</p>
<p><input type="checkbox"/> Check if police were involved Time Called: 7:32 AM Time Arrived: 7:54 AM</p>	<p>Describe what actions were performed by the Paramedics or Police: Supported staff</p>
<p><input type="checkbox"/> Check if paramedics were involved</p>	<p>Name of Police Officer/Badge No.: Car 3C567</p>
<p>Time Called: Time Arrived:</p>	<p>Where was the client taken:</p>
IMPORTANT AGENCY INFORMATION	
<p>Date Form Submitted to HSH</p>	<p>4/24/19</p>
<p>Person Who Completed Report <i>(please print)</i></p>	<p>Meg O'Neill</p>
<p>Agency Name/Location/Phone <i>(please print)</i></p>	<p>Bayshore Navigation Center, 415-920-8920</p>
<p>Supervisor Name and Phone</p>	<p>Meg O'Neill, 415-920-8920</p>



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/24/2019	2:45am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	David Albizo		
Names of Witnesses:	Client Witnesses		Staff Witnesses
			Sean Beard

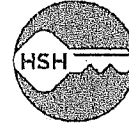
**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A reported that she woke up experiencing right leg pain at amputation site. 911 was called and Client A was monitored until the paramedics arrived.
SFFD Medic 81 arrived and transported Client A to St. Francis for further evaluation.

Describe any injuries observed: Right leg at amputation site is not healing properly.	Describe any action taken by staff: Staff monitored Client A until paramedics arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Medics arrived and transported Client A to St. Francis for further evaluation.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 2:45am Time Arrived: 3:00am	Name of Police Officer/Badge No.: SFFD Medic 81 Where was the client taken: Client A was transported to St. Francis for further evaluation.

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	4/24/2019
Person Who Completed Report <i>(please print)</i>	David Albizo
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004
Supervisor Name and Phone	Larry Braynen/415-268-4004



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

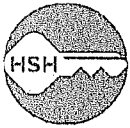
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/24/2019	Approx. 3:00am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Lawrence Braynen		
Names of Witnesses:	Client Witnesses		Staff Witnesses
			David Albizo

	Paul Brown
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Guest B called the San Francisco Police Department concerning an alleged assault that did not occur here at the Navigation Center. The Police arrived and requested entry to arrest Guest A without a warrant. SFPD was denied entry. They took Guest A with them to another shelter.	
Describe any injuries observed: No injuries that we observed. Guest A did not come to staff with her issue	Describe any action taken by staff: Police was denied entry to shelter without a warrant
<input checked="" type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Wanted to enter shelter to arrest Guest B
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/ He Badge #1463 Where was the client taken: Guest B was supposedly taken to another shelter by Police.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/24/2019
Person Who Completed Report <i>(please print)</i>	Lawrence Braynen
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004
Supervisor Name and Phone	Larry Braynen/415-268-4004 x514



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

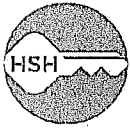
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/24/2019	5:25 AM	<u>Other Emergency Services</u>
Navigation Center Name	Bryant Navigation Center	
Names of Clients Involved		
Last Four of SSN	LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Danielle Benton

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest was not feeling well due to not having prescription meds.		
Describe any injuries observed: N/A		Describe any action taken by staff: I called the 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: They took Vitals and transported client to the hospital.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 5:25 AM Time Arrived: 5:42 AM		Name of Police Officer/Badge No: Where was the client taken: St Francis Hospital
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/24/19	
Person Who Completed Report <i>(please print)</i>	Shawn Pride	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

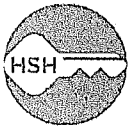
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/24/2019	6:46p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Antwan Thomas	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest was complaining that she didn't like the way her new medication is making her feel. Guest wanted to go to the DORE clinic I suggested she might need to go the emergency room because she could be having an allergic reaction.		
Describe any injuries observed: Guest was very anxious.	Describe any action taken by staff: Called the paramedics and asked guest to sit down and relax	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: They took her Vitals and transported her to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:46p.m Time Arrived: 6:51p.m	Name of Police Officer/Badge No: Engine #8 and Medic # King 1 Where was the client taken: St. Francis	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/25/2019	
Person Who Completed Report <i>(please print)</i>	Whitney Burnett	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

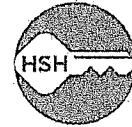
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/25/2019	2:24am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Last Four of SSN			
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Johnny Caples		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Danielle Belton	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Ayer D. is causing a safety hazard at the front door entrance. After receiving his things. He began un-bagging his property and scattering his things on and around the ramp for the wheelchair disabled. Mr. Ayer was told numerous times to re-bag all of his stuff. He refuses numerous times as well. Sup Johnny C explained to him that if he doesn't comply with our demands. He'll call the police. Sup Johnny C gave the client 20 minutes to get things together.</p>	
Describe any injuries observed: N/A	Describe any action taken by staff: I called the 911
<input checked="" type="checkbox"/> Check if police were involved Time Called: 2:24am Time Arrived: 3:15am	Describe what actions were performed by the Paramedics or Police: They cuffed him and transported him to the hospital.
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No: Where was the client taken: Officer said they were taking client to the hospital/ N/A
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/26/19
Person Who Completed Report <i>(please print)</i>	Johnny Caples
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

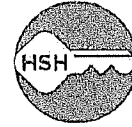
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/25/2019	525am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	David Albizo		
Names of Witnesses:	Client Witnesses	Staff Witnesses	

	Paul Brown
	Alma Martinez
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client B reported that Client A was unconscious and not breathing in Disabled Bathroom.	
Client B was requesting Narcan to be administered. Client A was standing and refused Narcan and aid, even though showing signs of heroin or fentanyl use (as alluded to staff by Client B). 911 called and dispatcher advised to administer one dose of Narcan. Staff obtained permission to administer Narcan. Client A became alert due to Narcan when paramedics arrived and refused medical attention.	
Describe any injuries observed: Obvious signs of heroin and/or fentanyl use.	Describe any action taken by staff: Staff administered one dose of Narcan prior to arrival of paramedics.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client A refused medical attention and left facility. Paramedics advised Client A of need to be evaluated, but Client A still refused.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 5:27am Time Arrived: 5:35am	Name of Police Officer/Badge No.: AMR Unit 104. Where was the client taken: Guest refused medical aid and left facility.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/25/2019
Person Who Completed Report <i>(please print)</i>	David Albizo
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004
Supervisor Name and Phone	Alma Martinez 415-268-4004 x514



San Francisco Housing and Homeless Division Report of Critical Incident

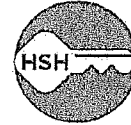
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/25/2019	12:00pm	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Luafa Milo		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Dale Jacobs	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

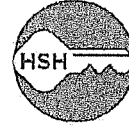
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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/26/2019	4:26am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Larry Braynen		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Paul Brown	

	David Albizo
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A was reporting pain in right leg at amputation site (below knee at mid-shin).	
Client A was brought to front desk to be monitored until paramedics arrived .	
SFFD Medic 78 evaluated and transported to St. Mary's Hospital for further observation.	
Describe any injuries observed: Possible infection to amputation site of right leg.	Describe any action taken by staff: Staff monitored guest until paramedics arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics evaluated Client A and transported to St. Mary's Hospital for further observation.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 4:26am Time Arrived: 4:36am	Name of Police Officer/Badge No.: SFFD Medic 78 Where was the client taken: Guest was transported to St. Mary's Hospital for further evaluation.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/26/2019
Person Who Completed Report <i>(please print)</i>	David Albizo
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004
Supervisor Name and Phone	Lawrence Braynen (415) 268-4004 x514



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

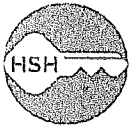
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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/26/2019	7:19am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	David Albizo		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		David Albizo	

	Paul Brown
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A reported left back pain radiating down to left foot. 911 was called and staff monitored client until paramedics arrived.	
Paramedics evaluated and transported Client to UCSF - Parnassus for observation.	
Describe any injuries observed: No visible injuries observed.	Describe any action taken by staff: Staff monitored client until paramedics arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics evaluated Client A and transported to UCSF - Parnassus.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:20am Time Arrived: 7:29am	Name of Police Officer/Badge No.: SFFD Medic 64 Where was the client taken: USCF - Parnassus
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/26/2019
Person Who Completed Report <i>(please print)</i>	David Albizo
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004
Supervisor Name and Phone	Larry Braynen 415-268-4004 x514



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

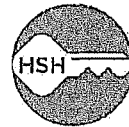
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/26/2019	8:00am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Missy Mason		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Michael Johnson	

	Danielle Belton
	James Wilson
	Johnny Caples
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Non guest entered the premises without permission and was asked to step back outside the door because his end of stay date had passed, Guest refused to step out after reasoning with him, so the police were called because he was trespassing.	
Describe any injuries observed: N/A	Describe any action taken by staff: I called the 911
<input checked="" type="checkbox"/> Check if police were involved Time Called: 8:00am Time Arrived: 8:08am	Describe what actions were performed by the Paramedics or Police: Police arrived and sat outside talking to him until they were able to convince him to take his property and move off the ramp.
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No: #2254 Nguyen #2316 Abucay Where was the client taken: The guest was escorted off the ramp. He was not transported to any hospital.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/26/19
Person Who Completed Report (please print)	Missy Mason
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

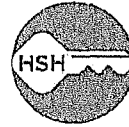
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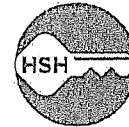
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
04/27/2019	2:35 am	Medical
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
At 2:35 am staff in dorm was informed by a guest that Client A was experiencing severe stomach pains, staff immediately responded to client A and asked if he wanted medical attention. He stated yes.	
Describe any injuries observed: N/A	Describe any action taken by staff: Stayed with Client A and called 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took Client A's vitals and transported him to the hospital
<input type="checkbox"/> Check if paramedics were involved Time Called: 2:45 am Time Arrived: 3:02 am	Name of Police Officer/Badge No.: Paramedic Ray and Ambulance #72 Where was the client taken: St. Louie
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH 04/27/2019	
Person Who Completed Report (please print)	Epitacio Cortina
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Epitacio Cortina 415-920-8920



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

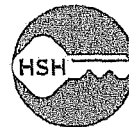
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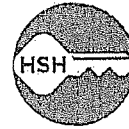
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
04/28/2019	8:40 pm	Medical
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A was returning back to the facility when he informed us that he needed medical attention because he was experiencing severe stomach pains, shortness of breath and dizziness. 911 was immediately called by security and was informed by 911 to have him lay down. Emergency personnel arrived and transported Client a to the hospital.	
Describe any injuries observed: N/A	Describe any action taken by staff: 911 was called and staff stood beside Client A until paramedics arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took Clients vitals and transported to hospital.
<input type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.: SFFD Capt. Ye fire truck #9, Paramedic Ray bus #93
Time Called: 8:43 pm Time Arrived: 8:47 pm	Where was the client taken: Davies Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	04/29/2019
Person Who Completed Report (please print)	Epitacio Cortina
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Epitacio Cortina 415-920-8920



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

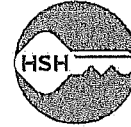
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/25/29	06:00 AM	Medical
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Paul Young	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Charles Marsaw/Sandra Sims



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
At approximately 06:00 AM I was contacted by Ambassador Marsaw that Client (A) was in his bed area complaining of excruciating pain in his neck and requesting medical assistance. I immediately called 911 Emergency for medical assistance. EMS arrived at approximately 06:15 AM performed mental assessment to ensure guest responsive and took his vitals. Guest was transported to Kaiser Hospital at 06:30 AM for possible muscle spasms in his neck.	
Describe any injuries observed: No visible injuries guest appeared to be in pain.	Describe any action taken by staff: Staff placed guest in a sitting position and kept him stable until EMS arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took guest vitals and performed a mental assessment to ensure guest was mentally competent.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 06:00 AM Time Arrived: 06:15 AM	Name of Police Officer/Badge No.: Where was the client taken: Kaiser Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/25/19
Person Who Completed Report (please print)	Paul Young
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Paul Young (415) 920-8920

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

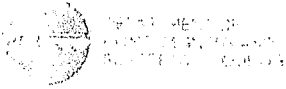
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- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
04/29/2012	10:35 AM	Medical <small>Choose one</small>
		BAYSHORE NAVIGATION CENTER <small>Choose A Navigation Center</small>
		PRINT FIRST NAME AND LAST NAME LAST FOUR:





Summary of Incident: continue on separate sheet of paper if necessary (Please do not include client names below. Refer to Client A, Client B, etc.)	
AT ABOUT 10:30AM Client A stated to me that her water bag was leaking and needed to go to the hospital. Staff immediately called 911	
Describe any injuries observed: N/A	Describe any action taken by staff: CALLED 911 AND HAD STAFF STAY WITH CLIENT
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: TOOK VITALS AND TRANSPORTED CLIENT TO HOSPITAL
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:35 AM Time Arrived: 10:50 AM	Name of Police Officer/Badge No.: BUS #M68
	Where was the client taken: SFOH
ALTERNATIVE TAKING INFORMATION	
Date Form Submitted to HSH	04/29/2019
Person Who Completed Report (please print)	EPITACIO CURTINA
Agency Name/Location/Phone (please print)	BAYSHORE NAVIGATION CENTER 415-920-8920
Supervisor Name and Phone	EPITACIO CURTINA 415-920-8920





Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/3/2019	4:09am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Johnny Caples		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		James Wilson	

	Danielle Belton
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
While rounds were being made. I (Supervisor) had a couple of guest reporting that there's a couple that was being very loud in the sleeping area. While the round was being made, Supervisor seen that it's a couple having a verbal altercation. As the Supervisor was making his way towards them. The situation turned from a non-physical situation, to a physical situation over a phone and when he doesn't get the phone. Client A starts beating on Client B after the verbal conflict.	
Describe any injuries observed: N/A	Describe any action taken by staff: Supervisor called the 911
<input checked="" type="checkbox"/> Check if police were involved Time Called: 4:09am Time Arrived: 4:15am	Describe what actions were performed by the Paramedics or Police: Police arrived and received information from Client B about the physical incident.
<input type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No:#1490 Hanana
Time Called: Time Arrived:	Where was the client taken: N/A, The guest self willingly made his way off the premises after the situation accrued.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	5/3/19
Person Who Completed Report (please print)	Johnny Caples
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

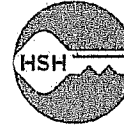
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/1/19	9:30am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved			LAST FOUR:
Last Four of SSN			
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Glaucia Ajisaka, Case Manager		
Names of Witnesses:	Client Witnesses	Staff Witnesses	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A appear very weak , claimed that he could not walk , client defecated on his bed area stating that he could not walk to the bathroom, client A also stated that he was diabetic.	
Describe any injuries observed: N/A	Describe any action taken by staff: Case Manager called paramedics and stay with client A until they arrived.
Check if police were involved: Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics helped client A up from his bed area, helped him to sit down in the chair, and wheeled him to the ambulance for further evaluation.
Check if paramedics were involved: Time Called: 9:30am Time Arrived: 9:53 am	Name of Police Officer/Badge No.: Engine 106 Where was the client taken: St Mary's Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	5/3/19
Person Who Completed Report <i>(please print)</i>	Glaucia Ajisaka
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center 680 Bryant St., S. F. Ca 94109 (415)487-3300 X 4411
Supervisor Name and Phone	John Warner (415)487-3300 x4423



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

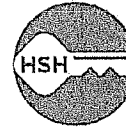
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/2/2019	6:10pm	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Linliang Situ		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Truennetta Webb	

		Madame Phillips
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 6:10pm, Client A was complaining of leg pain in the dorm area. Staff checked with Client A, called 911 at 6:12pm, and ambulance SFFD#82 arrived at 6:22pm.		
The paramedics checked Client A and took her to St. Mary's hospital at 6:30pm.		
Describe any injuries observed: None	Describe any action taken by staff: 911 was called	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client A was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:12pm Time Arrived: 6:22pm	Name of Police Officer/Badge No.: SFFD#82 Where was the client taken: St. Mary's hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/3/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/ 224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/27/2019	749am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	David Albizo		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Nyeshia Warfield	

	David Albizo
	Paul Brown
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A reporting shortness of breath. Staff stayed with Client A until paramedics arrived. SFFD Medic 64 responded, evaluated Client A, and transported to San Francisco General Hospital for further observation.	
Describe any injuries observed: None.	Describe any action taken by staff: Staff stayed with Client A until paramedics arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: SFFD Medic 64 evaluated Client A and transported to San Francisco General Hospital.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 750AM Time Arrived: 754am	Name of Police Officer/Badge No.: SFFD Medic 64. Where was the client taken: San Francisco General Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/29/2019
Person Who Completed Report <i>(please print)</i>	David Albizo
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004
Supervisor Name and Phone	Larry Braynen/415-268-4004 x514



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/9/2019	3:45pm	<u>Violence</u>	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Marjorie Russell		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Sam Woods	

		Larry George

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

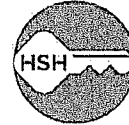
Client A. was seen on video footage physically abusing Client B. so staff decided to discharge Client A. The police were called to assist in trying to have Client A. arrested or at the least trespassed from the building. They went upstairs with Sam Woods and Client A. did not answer the door so they went to another unit that Client A. might have been in but Client C. would not open the door. The police then left. Sam Woods and I had a conversation and decided I would go and try to talk with Client C. myself but if Client C. would not open the door Sam Woods would key us into the room to see if Client A. was in the room. Sam Woods keyed Larry George into the room and Client A. was hiding under the bed of Client C. We then escorted Client A. out of the building.

Describe any injuries observed: On the video it shows client getting hit in the mouth and body.	Describe any action taken by staff: Client A. was discharged from program.
<input checked="" type="checkbox"/> Check if police were involved Time Called: 2:52pm Time Arrived: 3:45pm	Describe what actions were performed by the Paramedics or Police: They searched for Client A. in the building.

<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Officer Dito Where was the client taken: Client A. was discharged.
---	---

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	5/9/2019
Person Who Completed Report <i>(please print)</i>	Marjorie Russell
Agency Name/Location/Phone <i>(please print)</i>	Community Housing Partnership/20 Jones S.F., Ca. 94012
Supervisor Name and Phone	Renee Penton/415-713-9409



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

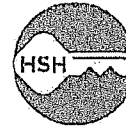
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
04/28/2019	8:40 pm	Medical
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary: (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A was returning back to the facility when he informed us that he needed medical attention because he was experiencing severe stomach pains, shortness of breath and dizziness. 911 was immediately called by security and was informed by 911 to have him lay down. Emergency personnel arrived and transported Client a to the hospital.	
Describe any injuries observed: N/A	Describe any action taken by staff: 911 was called and staff stood beside Client A until paramedics arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took Clients vitals and transported to hospital.
<input type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.: SFFD Capt. Ye fire truck #9, Paramedic Ray bus #93
Time Called: 8:43 pm Time Arrived: 8:47 pm	Where was the client taken: Davies Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	04/29/2019
Person Who Completed Report (please print)	Epitacio Cortina
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Epitacio Cortina 415-920-8920



Department of Homelessness and Supportive Housing Report of Critical Incident

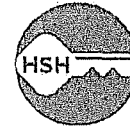
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/9/2019	4:33am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Johnny Caples		
Names of Witnesses:	Client Witnesses	Staff Witnesses	



San Francisco Housing and Homeless Division Report of Critical Incident

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/28/2019	8:00pm	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Truennetta Webb		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Magda Baldonado	

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A was in the dorm area having a difficult time breathing. Staff asked Client A if he was okay and Client A said no. Staff called 911.

Describe any injuries observed:	Describe any action taken by staff: Staff called 911.
---------------------------------	--

<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: checked his vitals
---	--

<input checked="" type="checkbox"/> <input type="checkbox"/> Check if paramedics were involved Time Called: 8:00 pm Time Arrived: 8:10 pm	Name of Police Officer/Badge No.: medic #83 Where was the client taken: Client A was taken to UCSF
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IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	4/29/19
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Person Who Completed Report <i>(please print)</i>	Truennetta Webb
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Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S. Van Ness Ave/ 4152684004
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Supervisor Name and Phone	Truennetta Webb 4152684004 ext. 514
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Mayor London Breed
City & County of San Francisco



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/27/19	10:00 PM	Rule Violation
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A:	_____	
Client B:	_____	
Client C:	_____	
Names of Reporting Staff	_____	
Names of Witnesses:	Client Witnesses	Staff Witnesses

Mayor London Breed
City & County of San Francisco

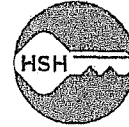


DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

		Rochelle Rodriguez, Darryl Johnson
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Summary of Incident: Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Guest became very irate because he had to wait his turn to take a shower. When I asked him to calm down he went into a tirade about what he was going to do to take a shower, I told him if he keep up that behavior I will put him on a time out. He then turned his rage on me stating his gang affiliation and what he would do to a nigger like me. He then made his way to the kitchen continuing to make threats and calling me nigger over and over stating what he would do to me. 911 Emergency was called to extract guest from the premises.</p>	
Describe any injuries observed: N/A	Describe any action taken by staff: Staff monitored guests movements until SFPD arrived.
<input checked="" type="checkbox"/> Check if police were involved Time Called: 10:05 PM Time Arrived: 10:45 PM	Describe what actions were performed by the Paramedics or Police: They allowed guest to look for his meds and escorted him out of the facility.
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Officer Reevey, Badge #1026. Where was the client taken: Outside the facility.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	
Person Who Completed Report (please print)	Paul Young
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Paul Young (415) 920-8920



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

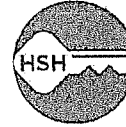
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/28/2019	2:53am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Linliang Situ		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Tenisha Taylor	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was found passed out in community area, 911 was called at 2:53am. Ambulance		
E#36 and M#85 arrived at 3:03am, the paramedics woke him up and checked him, but		
Client A refused to go to the hospital and began cursing at the paramedics.		
Describe any injuries observed: None	Describe any action taken by staff: Staff attempted to wake Client A up but was unsuccessful. 911 was called.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics checked Client A and left.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 2:53am Time Arrived: 3:03am	Name of Police Officer/Badge No.: E#36 and M#85 Where was the client taken: NA	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/29/19	
Person Who Completed Report (please print)	Linliang Situ	
Agency Name/Location/Phone (please print)	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

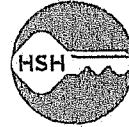
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/27/2019	315am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	David Albizo		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		David Albizo	

		Paul Brown
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A reported sharp back pain. Attempted to walk to bathroom and unable to do so.		
Client A requested 911 be called and staff monitored Client A until paramedics arrived.		
SFFD Medic 78 evaluated and transported Client A to VA – Ft. Miley for observation.		
Describe any injuries observed: No visible injuries observed.		Describe any action taken by staff: Staff monitored client until paramedics arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Paramedics evaluated Client A and transported to VA – Ft. Miley.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 320am Time Arrived: 326am		Name of Police Officer/Badge No.: SFFD Medic 78 Where was the client taken: VA – Ft. Miley
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/29/2019	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004	
Supervisor Name and Phone	Larry Braynen 415-268-4004 x514	



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

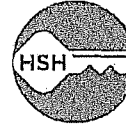
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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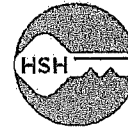
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
04/27/2019	2:35 am	Medical
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses



Jeff Kositsky
 Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
At 2:35 am staff in dorm was informed by a guest that Client A was experiencing severe stomach pains, staff immediately responded to client A and asked if he wanted medical attention. He stated yes.	
Describe any injuries observed: N/A	Describe any action taken by staff: Stayed with Client A and called 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took Client A's vitals and transported him to the hospital
<input type="checkbox"/> Check if paramedics were involved Time Called: 2:45 am Time Arrived: 3:02 am	Name of Police Officer/Badge No.: Paramedic Ray and Ambulance #72 Where was the client taken: St. Louie
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH 04/27/2019	
Person Who Completed Report (please print)	Epitacio Cortina
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Epitacio Cortina 415-920-8920



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/4/2019	3:40 am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	David Albizo		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		David Albizo	

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A expressed to staff that he was feeling sharp left knee pain and pain radiating from left arm to head. Client A requested 911 be called and staff monitored Client A until paramedics arrived.

SFFD Medic 85 evaluated and transported Client A to UCSF – Parnassus for observation.

Describe any injuries observed: N/A	Describe any action taken by staff: Staff monitored Client A until paramedics arrived.
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<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics evaluated Client A and transported to UCSF - Parnassus.
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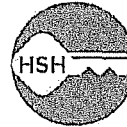
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3:40 am Time Arrived: 3:55 am	Name of Police Officer/Badge No.: SFFD Medic 85 Where was the client taken: UCSF – Parnassus
--	---

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	5/6/2019
Person Who Completed Report <i>(please print)</i>	David Albizo
Agency Name/Location/Phone <i>(please print)</i>	SVDP/224 S. Van Ness Ave./415-268-4004
Supervisor Name and Phone	Larry Braynen 415-268-4004 x514



Mayor London Breed
 City & County of San Francisco
 Jeff Kositsky
 Director



DEPARTMENT OF
 HOMELESSNESS AND
 SUPPORTIVE HOUSING

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

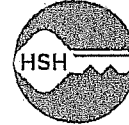
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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/3/19	6:55 AM	Police	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
	Client A.		
	Client B.		
	Client C.		
Names of Reporting Staff	Meg O'Neill		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Robert Cedillo	

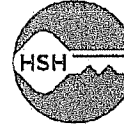


Mayor London Breed
 City & County of San Francisco
 Jeff Kositsky
 Director



DEPARTMENT OF
 HOMELESSNESS AND
 SUPPORTIVE HOUSING

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A was denied services on night shift on 5/3/19 for attempting to assault his girlfriend and later climbing over the Navigation Center fence to get back in. When day shift came in, the client's name was misreported and staff misunderstood which client was denied service. As a result, front desk staff mistakenly allowed Client A to re-enter the facility.</p> <p>When Client A was told he needed to leave the premises because he was denied services, he stated to the supervisor, "Fuck you, bitch, I'm getting my property" and walked in to the dorm. Staff followed him at a safe distance while the supervisor called the police, since he had been physically violent when he was last on the premises. Client A took his property from his bed and stole property from his girlfriend's bed. He then walked into the outside area and asked if he could get some coffee from the kitchen. When the supervisor told him no, he again stated, "Fuck you, bitch" and walked into the kitchen. Staff was eventually able to walk him outside of the facility and he left before the police arrived. The supervisor called the police to update them that the client had left the premises.</p>	
Describe any injuries observed: N/A	Describe any action taken by staff: Contained and de-escalated guest until he left the premises
<input checked="" type="checkbox"/> Check if police were involved Time Called: 7:01 AM Time Arrived: 7:16 AM	Describe what actions were performed by the Paramedics or Police: Made sure guest had left the premises and then left
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Unknown, did not enter the facility Where was the client taken: N/A
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	5/4/19
Person Who Completed Report <i>(please print)</i>	Meg O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/3/2019	7:33pm	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Magda Baltodano		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Madame Phillips	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A felt that her heart rate was fast for 45 minutes and she didn't feel well. Client A approached staff explaining that she needs the paramedics. 911 was called at 7:33pm, and the ambulance e#36 and AMR#140 arrived at 7:40pm, Client A was taken to CPMC.		
Describe any injuries observed: None	Describe any action taken by staff: 911 was called and staff watched guest until the paramedics came in	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Guest was taken to the hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:33pm Time Arrived: 7:40pm	Name of Police Officer/Badge No.: E#36 and AMR#140	
	Where was the client taken: CPMC	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/6/19	
Person Who Completed Report (please print)	Magda Baltodano	
Agency Name/Location/Phone (please print)	SVDP/224 South Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



**Department of Homelessness and Supportive Housing
Report of Critical Incident**

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/5/2019	4:49p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Last Four of SSN			
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Joseph Lumsey	

	Calthea Gomes
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A threw a 16oz coca cola bottles across the property hitting the Community Room door. When he was asked what was wrong and why did he throw the bottle. Client A just sat there with mad look his face. He was asked to step off property because you're not allowed to throw items in an unsafe manner. He refused to leave and 911 was called to assist. However he did eventually step outside and then SFPD arrived.	
Describe any injuries observed: N/A	Describe any action taken by staff: I asked guest what was wrong and why was he throwing bottles.
<input checked="" type="checkbox"/> Check if police were involved Time Called: 4:49p.m Time Arrived: 4:55p.m	Describe what actions were performed by the Paramedics or Police: Police arrived and spoke with guest and explained that he can't throw items, Client A apologized to staff and walked off to calm down
<input type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No: Osorio #556, Devine #1166, Vidulich #260 and Risslen #381
Time Called: Time Arrived:	Where was the client taken: The guest was given a 2 hour time
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	5/6/2019 Monday
Person Who Completed Report <i>(please print)</i>	Whitney Burnett
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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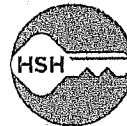
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/26/2019	6:04p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Michael Johnson	

	John Warner
	Whitney Burnett
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Guest was sitting on the stairs of the property and possibly bleeding from his head as a result from having a seizure.	
Describe any injuries observed: unable to check guest he walked off.	Describe any action taken by staff: I called for an ambulance.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: The fire department arrived even though the call was canceled.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:04p.m Time Arrived: 6:08p.m	Name of Police Officer/Badge No: Engine #8 Where was the client taken: Guest walked off before he could be assisted
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/29/2019
Person Who Completed Report <i>(please print)</i>	Whitney Burnett
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
5/8/2019	12:05am	Other Emergency Services
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truennetta Webb

		Madame Phillips
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 12:05am, Client A was complaining of leg pain in dorm area. Staff checked with Client A and called 911 at 12:06am.		
Ambulance E#85 arrived at 12:13am, the paramedics checked Client A and took her to SFGH at 12:20am.		
Describe any injuries observed: None	Describe any action taken by staff: 911 was called	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client A was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:06am Time Arrived: 12:13am	Name of Police Officer/Badge No.: E#85 Where was the client taken: SFGH	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/8/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/4/2019	12:14pm	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Johnny Caples		
Names of Witnesses:	Client Witnesses	Staff Witnesses	

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A had explained to me that he feels like he's losing his motor skills to his body. Once informed about his situation, 911 was called immediately.

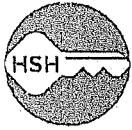
Describe any injuries observed: N/A	Describe any action taken by staff: I called the 911
-------------------------------------	---

<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Ambulance arrived and explained what was wrong with him to the medics
---	---

<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:14pm Time Arrived: 12:32pm	Name of Police Officer/Badge No: Medic Number: 91 Where was the client taken: _____ was taken to SF General Hospital
--	---

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	5/6/2019
Person Who Completed Report <i>(please print)</i>	Johnny Caples
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

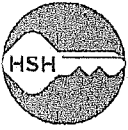
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/7/2019	11:05am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Missy Mason		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Michael Johnson	

		Glaucia A
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was in the dining room taking notes. He went in the back and began talking to _____ was talking to him and the police arrived and said he called them. I went in the back to see that he was in there with _____ until she could go out and make contact with the police. They talk to him and had him go into a side office to assess him. They called in their sergeants and made the choice to transport him to SFGH under the 50150 state of mind.		
Describe any injuries observed: No	Describe any action taken by staff: called 911	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 10:40am Time Arrived: 11:05am	Describe what actions were performed by the Paramedics or Police: Police arrived and had him go into a side office so they could assess him to see if he is a harm to himself or others.	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No: #1460 Simmons # 1431 Paras Where was the client taken: Client was transported to SFGH.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/8/19	
Person Who Completed Report <i>(please print)</i>	Missy Mason	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



**Department of Homelessness and Supportive Housing
Report of Critical Incident**

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

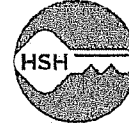
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/8/2019	8:33p.m	Other Emergency Services	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Whitney Burnett	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A. was saying that her hands were burning and requested an ambulance.		
Describe any injuries observed: Hands were burning	Describe any action taken by staff: I called 911 for an ambulance	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took vitals and took her to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 8:33p.m Time Arrived: 8:52p.m	Name of Police Officer/Badge No: #1277 R. Jones arrived and made sure everyone was alright. Where was the client taken: Client was taken to St. Francis	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/8/2019	
Person Who Completed Report <i>(please print)</i>	Whitney Burnett	
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/10/2019	12:50am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
	Client A.		
Client B.			
Client C.			
Names of Reporting Staff	David Albizo		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
	Robert Cantrell	David Albizo	

		Larry Braynen
		Paul Brown
		Terrance Smith
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A reported bad reaction after smoking marijuana and requested 911. Client A being uncooperative and 911 dispatcher indicated they would dispatch police, in addition to medics to evaluate. SFPD Monahan (Badge 555), SFFD Engine 36, and SFFD RC3 responded and evaluated Client A. Client A refused medical treatment and was not transported for further observation.		
Describe any injuries observed: N/A	Describe any action taken by staff: Staff called 911 and monitored Client A until police and SFFD arrived.	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 12:53am Time Arrived: 1:00am	Describe what actions were performed by the Paramedics or Police: SFFD Engine 36, SFFD RC3, and SFPD Monahan (Badge 555) evaluated Client A and Client A refused further medical treatment.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:53am Time Arrived: 1:00am	Name of Police Officer/Badge No.: SFPD Monahan (Badge 555), SFFD Engine 36, SFFD RC3.	
	Where was the client taken: Client A refused further medical treatment and was not taken to hospital.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/10/19	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/224 S. Van Ness Ave./415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004 x514	

BRISCOE IVESTER & BAZEL LLP
SAN FRANCISCO, CA 94104

2019 MAY 23 PM 1:54

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HOLD TO VIEW TO VIEW THE WATERMARK IN PAPER HEAT SENSITIVE RED INK CLEAR APPEARS WHEN HEATED

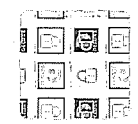
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BRISCOE IVESTER & BAZEL LLP
155 SANSOME STREET, STE. 700
SAN FRANCISCO, CA 94104

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San Francisco CA 94102

DATE AMOUNT
May 22, 2019 \$617.00



[Handwritten signature]

AUTHORIZED SIGNATURE

Security features. Details on back.