

Facility Inspections Guidelines
of Office Space for
County Departments of Social Services

I. Purpose

The facility inspection process is designed to ensure that the overall space and facility arrangements in county departments of social services are adequate for proper and efficient administration of the Social Services programs. Toward this end, the facility inspection process will monitor current conditions in relation to established requirements. The results of these facility inspections will provide an opportunity to assist county departments of social services to secure needed resources.

II. Review Process

The Director of the State Division of Social services or a designated representative shall inspect each county department of social services periodically, but not less than every three years, to determine compliance with the established standards using form DSS-1414. The evaluation form follows the outline in III below,

A county department of social services shall be deemed to be in compliance until the Division Director or designee determines, after evaluation of inspection results that the agency is not in compliance. The inspection shall occur every three years, or as triggered by conditions known or reported to the division. Relocation of the agency to another site, or renovation of the current site, changes in program regulations or staffing patterns which would affect compliance, and complaints concerning compliance issues are examples of conditions which would trigger an inspection.

Each facility operated by the county department of social services will be inspected separately. Facilities are defined as the main agency, agency satellite offices and special centers.

III. Definitions for 10 NCAC 67A .0103 and Form DSS-1414

When reviewing an agency for compliance with the standards set forth in 10 NCAC 67A .0504, the reviewer will use the guidelines and definitions below, which follow the format of Form DSS-1414, to determine compliance. Efficiency of work flow, adequacy of environment to perform required functions, and privacy of client information will be the primary considerations in determining compliance.

A. Facility Compliance Indicators

1. 10 NCAC 67A .0103 (1) Offices must be identified as specified. They should be reasonably accessible in relation to the population distribution so that services are readily available to most citizens of the county.
2. 10 NCAC 67A .0103 (2) (a) -The County Director is required to make the most recent building and fire inspections available to the reviewer. As set forth in North Carolina

Building codes Vol. V, Section 107, PP 2-3, fire inspections are required to be completed at county office buildings a minimum of every 3 years. Localities can elect to inspect more frequently. If a current fire inspection is not available, the Facility Inspection cannot be completed until the fire inspection is submitted. If possible the facility inspection should be scheduled to align with the fire inspection.

The North Carolina State Building Code requires the local building inspector to inspect buildings **at the time of initial construction completion and at the time of any renovation which requires a building permit.** The building occupant is given a Certificate of Occupancy which verifies the inspection. If, at the time of the compliance review, the reviewer learns of subsequent occupancy increases beyond capacity or structural damage, the reviewer must request a current review by the local building inspector. If a current building inspection is deemed necessary, the compliance review cannot be completed until the building is evaluated by the local building inspector. North Carolina State Building Code requirements are uniform statewide. They include structural, plumbing, exit, electrical wiring, lighting, drinking fountain, safety and handicapped access standards which should not be evaluated separately by the Division of Social Services' reviewer. All buildings for which site clearance began on or after 6/3/77 are required to meet the handicapped accessibility design standards of the American National Standards Institute (ANSI). For these buildings, handicapped access is covered by the State Building Code inspection. Any questions about building code requirements should be addressed to the local building inspector or to the State Department of Insurance.

10 NCAC 67A .0103 (2) (b) -Each county must have an Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as amended, (form HEW-641) to certify that the handicapped have equal access to services in buildings for which site clearance began before 6/3/77. If applicable to the building being reviewed, the county director must make this Assurance of Compliance available to the reviewer. The intent of the Assurance of Compliance is that each program and activity, when viewed in its entirety, is readily accessible to handicapped persons. Counties are not required to make structural changes in buildings built before 6/3/77 if other methods are as effective in making the programs accessible to handicapped persons. Priority should be given to those methods that allow program participation in the most integrated setting appropriate, not every building or part of every building must be accessible, but every program must be accessible. Methods for achieving Program accessibility include, but are not limited to: redesigning equipment; assigning aids to handicapped persons; moving services to accessible buildings; and conducting home visits. Where actual buildings are not accessible, the county should make every effort to ensure that the community is aware of the provisions for the handicapped, and that handicapped individuals know how to receive equal access to services.

10 NCAC 67A .0103 (3)-The space requirement as shown is generally perceived to be the minimum amount of space that will accommodate the function. However, lower ranges may be justified based on variances in position function, type of equipment, and adequacy of work flow. A floor plan (hand drawn plan with room dimensions noted is acceptable) must be made available to the reviewer. Management positions are defined as the agency director, assistant director, eligibility director, services director or their equivalent. Space needs for this category description are expected to vary greatly depending on position function and agency size. Separate private interviewing rooms should normally be at least 56 square feet. Smaller areas may be acceptable, however, depending on the furniture, position of door opening, etc. Counties using private interviewing rooms must have enough rooms to ensure that workers and clients are not delayed awaiting their use, and enough larger rooms must be available to accommodate handicapped clients, clients who need interpreters, and clients who need others present during the interview. In a open bay or pool arrangement, when desks are arranged in rows, there should be at least six (6) feet between the front of one desk and the front of another. For ease of personnel movement, main aisles should be five (5) feet wide and secondary aisles four (4) feet wide. If filing cabinets are placed in long rows, three (3) feet between rows will usually be sufficient.

3. 10 NCAC 67A .0103 (4) Privacy shall be defined as meaning that ordinary conversation cannot be easily overheard by anyone outside of the interviewing room, Visual privacy shall be provided to the extent possible. Counties using privacy partitions must provide enough height and insulation that the privacy standard is met,
4. 10 NCAC 67A .0103 (5) The waiting room should be large enough to provide adequate space for each person making use of the area, excluding unusual circumstances, such as the time scheduled for LIEAP applications or natural disaster situations. The room should be large enough to accommodate normal monthly peak periods. A physical barrier between the receptionist and the client and waiting area, such as a partition or window, should be present.
5. 10 NCAC 67A .0103 (6) A conference room or training room with seating capacity adequate to accommodate the number of people usually in attendance shall be provided for use in meetings and training sessions.
6. 10 NCAC 67A .0103 (7) (c) Designated secure areas, such as computer rooms, food stamp and programmatically required secure areas must meet the requirements of the specific programs. If security of location appears questionable, refer to appropriate program requirements for additional guidance. Access to confidential information must be limited to authorized persons only.
7. 10 NCAC 67A .0103 (8) The office space provided to persons who periodically visit the DSS on DSS related business i.e., Program Representatives from the various Divisions, Social Services, DMA, DCD and the Division of Aging, should be adequate for the function, containing a desk, table, chair, etc. as necessary.

10 NCAC 67A .0103 (9) Office equipment and furnishings, including, telephones, furniture, computers or terminals, printers, copiers, should be adequate for staff to perform its duties efficiently and meet the needs of the client population.

B. Building Inspection Indicators

The following points should be noted by the reviewer in determining overall maintenance standards.

1. Buildings should be maintained so that floors, including carpet are smooth surfaced, free from obstructions and cleaned regularly. Walls should be painted and maintained properly, free of peeling (peeling indicates a potential hazard of lead poisoning). Ceilings should be maintained and free of leak damage.
2. Temperature range should normally be between 68 and 80 degrees F.
3. Employees and clients should have ready access to toilet facilities without having to wait an undue length of time for availability. The numbers of toilets, lavatories and drinking fountains, based on building occupancy and the requirement for separate toilets for males and females are specified in the State Building Code and will be covered in the local building inspection. Toilet facilities should contain tissue holders, tissue, towel dispensers, towels, (or other drying apparatus), soap, coat hooks, mirrors and trash cans. Facilities should be cleaned regularly.
4. Drinking fountains should have adequate water pressure and the drains should be unclogged and free of litter.

If a Corrective Action Plan is required it should be sent to the appropriate County Operations Liaison within 90 calendar days from the date of the letter. The County Operations Liaison will respond to the CAP in 15 calendar days.

If the non-compliant county does not submit a CAP within the 90 days the County Operations Liaison will submit a 2nd letter giving the county an extension of 30 calendar days. If CAP is not received in this additional 30 days time frame a 3rd letter will be sent by the LBL Supervisor detailing all actions taken by the county and the offer to provide technical assistance by the COL/LBL Supervisor.

If the county is unable to comply with the time frames specified in its approved corrective action plan, an extension request, along with good cause justification, may be submitted to the appropriate County Operations Liaison. **Continuous progress toward compliance must be demonstrated.**