

# **Infectious Disease Toolkit for Continuums of Care:**

**Preventing & Managing the Spread of  
Infectious Disease within Encampments**



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Prepared for

**The U.S. Department of Housing and Urban Development**

Prepared by

**The Cloudburst Group**, Landover, MD

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The authors of this document are Kelli Barker and Darlene Mathews with assistance from David Canavan, Leslie Leitch, Chris Andrews, and Melanie Zamora.

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Housing instability and frequent mobility increase the risk of exposure to infectious disease. Limited access to health care services and poor living conditions further compound this risk. The prevalence of transmissible disease is greatest among people experiencing homelessness in unsheltered settings, such as living outside in encampments, abandoned buildings, or other places not intended for human habitation.<sup>1</sup> Encampments are not a viable or effective housing solution. However, while they exist, the Continuum of Care (CoC) has a role to play in fostering safe and healthy environments to prevent the spread of infectious disease. While these preventive measures within encampments are important, the best preventive measure is to assist people in moving out of encampments and into housing.

There are many stakeholders within a community's homeless crisis response system that contribute to preventing disease spread within encampments. CoC leadership (Collaborative Applicant and CoC Board) should ensure that services, street outreach, and housing strategies effectively encompass encampments. CoC leadership should also partner with local public works and public health departments to ensure their services support a safe and sanitary environment. Street outreach teams also play a vital role in engaging people experiencing homelessness and connecting them with the housing and other essential services they need.

## ***Using This Guide***

This document outlines the steps for CoCs to consider when working with local stakeholders to develop and implement sanitation guidelines for homeless encampments that can prevent infectious disease spread. Specifically, it will assist CoC Boards, Collaborative Applicants, and homeless crisis response service providers in developing and implementing outreach strategies, and provide practical information and precautions for street outreach workers to assist in maintaining safe environments within encampments to prevent the spread of infectious disease.

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1. Sékéné Badiaga, Didier Raoult, and Philippe Brouqui <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2603102/> Preventing and Controlling Emerging and Reemerging Transmissible Diseases in the Homeless Emerging Infect Dis. 2008 Sep; 14(9): 1353–1359.

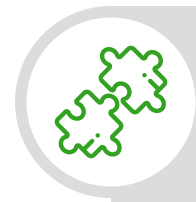


# ROLE OF CoC LEADERSHIP IN ENCAMPMENTS



*In some communities, homeless encampments are located on public property and sanctioned to some degree by city/county government. The level of participation or approval from local government can vary widely, from assisting in encampment setup to supporting its existence to declining any involvement. In sanctioned encampments, the CoC may have an established role in developing sanitation guidelines and coordinating with public works to ensure that they are implemented effectively and consistently. CoC leadership and homeless crisis response service providers often play an important role in ensuring that guidelines exist for the maintenance of these sites to prevent and mitigate an infectious disease outbreak. This includes the provision of coordinated outreach services, housing navigation, and case management.*

In sanctioned encampments, the CoC leadership and the homeless crisis response system support outreach strategies, assess safety and sanitation, and coordinate with key partners like public works and public health on the provision of essential services that directly contribute to the safety and sanitation of the sanctioned encampment site.



In most communities, however, encampments are unsanctioned, which means they are located on either public or private property without the permission of the property owner. CoCs are not formally responsible for the provision of sanitation and public works in these situations. However, they should play a critical role in influencing the development of sanitation guidelines in coordination with public health and public works partners.

Regardless of the status of an encampment, CoC leadership and homeless crisis response service providers should play the following roles to connect encampments with critical sanitation resources:

- ▶ Communicate the need for access to clean water, hand washing stations, and public restroom access for people living in encampment sites to key stakeholders responsible for the provision of municipal services.
- ▶ Educate municipal partners on the risks of disease spread in both sanctioned and unsanctioned encampments and the potential impact on the broader community.
- ▶ Thoughtfully include law enforcement partners when appropriate.
- ▶ Encourage public works and sanitation departments to create regular schedules for the provision of trash pick up.
- ▶ Encourage public health partners such as [Healthcare for the Homeless](#), [PATH providers](#), and local [public health departments](#) to create regular schedules for onsite vaccinations and street medicine services.

### ***Essential Encampment Services Help Prevent the Spread of Infectious Disease***

To assist CoCs in their response to encampments, the National Healthcare for the Homeless Council identified [key components](#) to address the health and hygiene needs of people staying in encampments:

- ▶ Medical and behavioral health care services
- ▶ Case management and other support services
- ▶ Clean restrooms
- ▶ Drinkable water and washing facilities
- ▶ Food storage and preparation safety



- ▶ Harm reduction and overdose prevention services
- ▶ Access to safe storage for possessions and property
- ▶ Trash removal and pest control
- ▶ Personal security and safety
- ▶ Care for pets and/or companion animals
- ▶ Biohazard/hazardous waste removal
- ▶ Rules for camp governance
- ▶ Encampment health standards
- ▶ Fire safety services and supplies

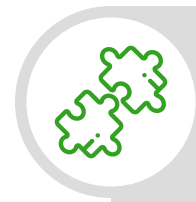
When encampments are supplied with these key services, public works provisions, and access to healthcare, the risk of infectious disease spread is reduced.

## **Coordinating Street Outreach Efforts**

CoC leadership should work collaboratively with homeless crisis response service providers to coordinate an encampment outreach response. This response should include communication among partners and stakeholders, data collection and tracking to optimize service provision, and safety protocols for people performing street outreach services. These efforts need thoughtful community planning among partners such as public health partners, Healthcare for the Homeless, and PATH teams. In rural areas where resources may be limited, CoCs may take the approach of focusing on “hot spots” or areas where people experiencing unsheltered homelessness are known to congregate. Some important considerations in the coordination of street outreach efforts are:

- ▶ **Expand the CoC’s understanding of people living in encampments with data and monitor its accuracy and completeness.** Collecting information on people living in encampments and utilizing the Homeless Management Information System (HMIS) can be a critical first step to understanding the movement and needs of people living in encampments. Street outreach workers should be regularly tracking engagements and services provided to people living in encampments.





- **Data captured in HMIS should be collected in a timely, consistent fashion and integrated into the Coordinated Entry System (CES).** Information gathered can be used in real time to connect people with available housing opportunities. CoCs should address any data quality issues with street outreach projects immediately and provide support needed to ensure high quality data. Provide outreach workers with portable tablets or smartphone apps where data can be entered in real time, as well as a technical assistance/troubleshooting number to call for support during the hours that street outreach occurs. Work with HMIS staff to develop support documents for outreach workers such as an HMIS data entry flow chart and other documents addressing frequently asked questions.

- [Cambridge HMIS Street Outreach Basic HMIS Workflow](#)
- [South Carolina HMIS Street Outreach Workflow](#)

In addition to using HMIS as a powerful tool, many city governments and universities have access to GIS mapping software and the capability to identify and track encampments. Mapping outreach efforts and hotspots and developing integrated schedules for outreach and other services will help the CoC coordinate its resources and the effectiveness of its response.

- **Establish a safety protocol for outreach workers and volunteers.** CoCs should develop protocol to ensure safety for people working in encampment settings. Critical stakeholders that should be included in protocol development are street outreach workers, law enforcement, and public health partners that provide onsite medical services in encampments. CoC leadership or a subcommittee of the CoC Board can play an important role in coordinating this discussion. Protocol can include guidance on safe, empathetic, and [trauma-informed](#) engagement, establishing boundaries, carrying appropriate equipment and supplies, and decision-making around safety issues.

- [One HCH Center's Framework for a Safe and Healthy Environment](#)

# ROLE OF STREET OUTREACH PROJECTS IN ENCAMPMENTS



*Street outreach approaches that are well designed and implemented can be fundamental bridges between people experiencing unsheltered homelessness and available housing and health services. Unsanctioned encampments often have limited resources for sanitation and supplies. Street outreach tasks should focus on assessing people staying in encampments for significant health and hygiene issues, connecting people in need with available resources, providing supplies as available, and relaying critical needs and sanitation information to public health and public works officials. Street outreach workers should work with public health officials to learn how and when to report signs and symptoms of diseases.*

CoCs can strengthen street outreach activities in encampment settings by supporting robust training curriculum for street outreach workers on effective service delivery methods and infectious disease transmission and precautions.

CoCs should also engage public health partners such as local public health departments, universities with schools of public health, and Healthcare for the Homeless providers to deliver health-related training to street outreach workers. Trainings should be delivered to outreach staff and volunteers with consistency in content, format, and frequency. Training should include understanding basic



healthcare needs of people staying in encampments and identifying the signs and symptoms of infectious disease.

### ***Successful Outreach Coordination Strategies***

The Los Angeles Homeless Services Authority reorganized, expanded, and strengthened outreach efforts countywide. Key components to their new coordination outreach approach include:

- ▶ Forging stronger partnerships with allied entities like public health, elected officials, first responders, and the general public
- ▶ Creating an ethos of collaboration, whatever it takes, and partnership across different kinds of outreach teams with different specialties
- ▶ Expanding street outreach by hiring people who are reflective of the people they serve and people with lived experience
- ▶ Developing new multi-disciplinary teams that include public health and behavioral health staff
- ▶ Creating a countywide deployment plan and establishing outreach hubs to coordinate and focus outreach efforts
- ▶ Training of all teams to enter data in HMIS to track outcomes
- ▶ Creating and launching [LA-HOP](http://www.LA-HOP.org), an online homeless portal providers can use to request street outreach presence, which is accessible to anyone in the county
- ▶ Utilizing an outreach coordinator role to coordinate outreach resources and to deploy teams to areas where they are needed

Old Outreach Model	New Outreach Model
Outreach requestes from stakeholders being routed via a multitude of ways	Outreach requests from all stakeholders will be routed via a centralized, county-wide portal ( <a href="http://www.LA-HOP.org">www.LA-HOP.org</a> )
No Centralized Coordinator of Outreach activites in the Service Planning Area (SPA)	Centralized Coordinators of Outreach in each SPA act as “Air Traffic Control” and conveners of all outreach teams and stakeholders
No clear inventory of outreach capacity in each SPA	Inventory of what outreach teams serve where and assignment of teams to explicit sub-regions in line with need



Old Outreach Model	New Outreach Model
Different information systems being used to deploy teams and track outreach progress, outcomes	Outreach deployment will be done through centralized system. All teams enter client data in HMIS
Limited ability to serve people on the streets due to limited outreach capacity and limited specialists	Expanded capacity to serve street-based homeless through more outreach teams and multi-disciplinary teams (MDTs) MDTs include medical, mental health, and substance use capacity that can serve anyone
Decentralized, unstructured system leading to confusion, duplication of services, uncoordinated approaches, competitiveness, and service gaps	Structured, coordinated system leading to less confusion, more robust services, stronger linkages. Implementation of county-wide care coordination

### ***Sample Educational Materials***

- ▶ [Clinicians' Coffee Chat: Encampments](#)
- ▶ [The Healthcare of Homeless Persons: A Manual of Communicable Diseases & Common Problems in Shelters & on the Streets](#)
- ▶ [The Role of the Social Determinants of Health in Promoting Health Equity](#)
- ▶ [A Trauma-Informed Learning Collaborative: Moving from Theory to Practice](#)
- ▶ [Public Health Workbook to Define, Locate, and Reach Special, Vulnerable, and At-risk Populations in an Emergency](#)
- ▶ CPR, First Aid, and emergency medical response, including naloxone (Narcan) administration
- ▶ [San Francisco Department of Homelessness and Supportive Housing Encampment Resolutions Team](#)

### ***Disease-Specific Guidance***

- ▶ [Guidance on Typhus](#)
- ▶ [Hepatitis A: Health Warning for Encampment Operators](#)
- ▶ [Rats and Mice: Guidance for People Living Outdoors or Homeless](#)
- ▶ [Strep A: Health Warning for Homeless Service Providers](#)
- ▶ [Shigella: Highly Contagious Diarrheal Illness](#)
- ▶ [Stop Germs! video series](#): strategies for reducing communicable diseases for providers serving homeless populations



# CREATING ENCAMPMENT SANITATION GUIDELINES



*Encampment sanitation guidelines function as baseline standards to ensure people staying in encampments are protected as much as possible from infectious disease. Whether encampments are sanctioned or unsanctioned, developing and enforcing sanitation guidelines is essential to prevent disease spread. CoCs developing these guidelines should consider the following:*

- **Involve key community stakeholders.** CoC Leadership (Collaborative Applicant and CoC Board) should work to convene organizations that represent a cross-section of expertise in homelessness, public health, municipal operations, essential community health services, and street outreach. The group could serve as a workgroup or subcommittee of the CoC and be tasked with drafting the guidelines and managing their ongoing implementation. More specifically, the CoC should engage partners in [local public health](#), [local healthcare for the homeless partners](#), and [local PATH grantees](#). These partners should have an active presence in encampments and should provide essential healthcare and behavioral health services. Their expertise on preventing health outbreaks, recognizing the signs of infection in people staying in encampments, and identifying the appropriate level and frequency of onsite healthcare are important to include in sanitation guidelines.



Partners from local sanitation departments and public works are also helpful stakeholders to invite to planning discussions. Most city and county websites provide contact information for the relevant local departments that are responsible for sanitation and public works provisions. City and county leadership that is already involved in the Continuum of Care through the CoC Board or committees can facilitate partnerships with local sanitation and public works departments.

- ▶ **Involve homeless service providers.** Local street outreach representatives, shelter programs, and CoC leadership should be involved to ensure the guidelines are well-informed, practical, and comprehensive.
- ▶ **Involve people with lived experience.** Engage people with the experience of living in an encampment during guideline development and implementation. They can offer valuable insight about the culture and needs of specific encampments. Similarly, they can weigh in on specific issues related to community buy-in and understanding needs. Guidance for advancing dialogue with individuals living in unsheltered settings can be found in this [USICH document](#).
- ▶ **Understand applicable state and local codes.** State and local health and safety codes should be reviewed when creating encampment sanitation guidelines. These local codes directly impact the development, growth, and survival of encampments. Municipal housing codes, zoning restrictions, and anti-camping ordinances represent three of the primary legal restrictions on encampments. Municipal housing codes can also represent a significant limitation on encampments that are unable to meet the standards set for health and safety in residential dwellings. Sometimes understanding and accessing municipal codes and zoning requirements can be complex. CoC leaders can reach out to their local code enforcement department or legal services organizations to obtain help understanding municipal codes and zoning requirements and their impact on homeless encampments. ([California Law Review](#))
- ▶ **Include key components.** The guidelines should be broad enough to be applicable and useful for all types of encampments, including sanctioned encampments and loosely formed unsanctioned encampments. The role of the CoC and outreach workers may differ in implementation in both instances. Written guidelines will promote best practices and consistent application of the practices. In the draft guidelines, it is useful to note how each of the following components will be met for each encampment:





### **Health and Hygiene**

- Intake screening: Health-related questions that have been reviewed by public health partners should be included in intake screenings.
- Vaccinations: The CoC should be clear about whether vaccinations are being offered on-site in encampment settings or where individuals can go for vaccinations and how that information is communicated. Public health and Healthcare for the Homeless partners will be valuable resources in determining the types of vaccinations that are being provided as well as frequency of vaccination outreach engagements.
- Reporting for signs and symptoms of infectious disease: The CoC should be clear about who collects information on individuals showing signs of illness. How is information collected and to whom is it reported?
- Sanitation: The CoC should understand if and how sanitation supplies are accessed in encampment settings and when and how they are restocked. What information/training is available to support people in maintaining a sanitary environment?
- Access to bathrooms and handwashing: The CoC should work with public works and public health partners to ensure these resources are made available. Access may be different depending on the location of encampments.
- Food preparation: Are local public and/or environmental health officials aware of food preparation and/or distribution?

### **Site Management**

- Water: Adequate levels of water and connections to potable water should be made available.
- Refuse: Sufficient refuse receptacles for specific encampment sizes should be available and regular trash collection should occur.
- Human waste disposal: Sufficient portable toilets for specific encampment sizes should be available and regular maintenance of portable toilets should occur.
- Self-contained hand washing stations: Sufficient hand washing stations for specific encampment sizes should be available and regular maintenance of hand washing stations should occur.
- Food dispensing and consumption areas: Food dispensing and consumption areas should be maintained. Food handling surfaces should be sanitized regularly. Supplies for ensuring cleanliness should be made available and sufficient for specific encampment settings.



### **Safety**

The CoC should work with municipal officials to identify and ensure appropriate codes and guidelines for both sanctioned and unsanctioned encampments on the following areas:

- Outdoor fire or burning
- Safe electrical systems
- Structures and bedding of fire-resistant materials
- Fencing
- Lighting
- First aid
- Fire extinguishers

## Helpful Resources

The following list contains several resources, information, and checklists that help prevent the spread of infectious disease in encampments:

- ▶ [Checklists examples from King County, WA:](#)
  - Daily Checklist Example (Appendix D)
  - Daily/Weekly Cleaning Schedule (Appendix D)
  - Food Safety Checklist (USDA)
  - Food Handling and Management Checklist (pg. 5)
  - Routine Cleaning, Sanitizing, and Disinfection for Common Areas (Appendix A)
  - Rodent & Pest Prevention Checklist for Encampments
  - Garbage and Waste Management Checklist
  - Platform Design and Diagram for Sleeping Structures (Appendix C)
  - Temporary Food Stand Handwashing Station Instructions (Appendix B)
- ▶ Other checklist examples:
  - [Solid Waste Management](#) (CalRecycle)
  - [List of Solid and Related Wastes Found at Homeless Encampments](#) (CalRecycle)

The following list contains more broad resources and information to consider when working to prevent the spread of infectious disease in encampments:

- ▶ [Caution is Needed When Considering “Sanctioned Encampments” or “Safe Zones.”](#) (USICH)
- ▶ [Disaster Recovery Homelessness Toolkit Preparedness Checklist: Warnings and Notification to People Experiencing Homelessness](#) (HUD)
- ▶ [Ending Homelessness for People Living in Encampments](#) (USICH, Planning Checklist, pg. 11)
- ▶ [Decriminalizing Homelessness](#) (HUD)

## Free Signage for Posting Throughout Encampment Areas

Ensure signage is culturally and linguistically appropriate.

- ▶ No smoking sign: <http://www.freesignprinter.com/images/no-smoking.pdf>
- ▶ Flammable storage signs: [http://www.freesignage.com/osha\\_danger\\_signs.php](http://www.freesignage.com/osha_danger_signs.php)
- ▶ Health warning for encampment operators: [Hepatitis A](#), [Shigella](#) (King County)

## Sample Outreach Kit

*Adapted from [Seattle/King County](#), pg. 14*

Outreach workers should be prepared to encounter individuals who present with indicators of an infectious disease, both inside and outside of encampments. Street outreach workers should take standard precautions and not perform the duties of nurse practitioners or medically trained outreach workers. Street outreach workers should be up to date on their own vaccines including flu, hepatitis, MMR/measles, etc. They should be equipped with basic knowledge, training, and supplies to safely respond to these hazards when needed. During an infectious disease outbreak, every worker conducting outreach activities should carry the following supplies (per visit):

- ▶ Phone
- ▶ Several pairs of disposable rubber gloves
- ▶ Several pairs of non-latex gloves
- ▶ Several surgical masks
- ▶ Several pairs of goggles
- ▶ 10 moist (preferably alcohol-soaked) hand wipes
- ▶ Basic first aid kit
- ▶ Bottle of hand sanitizer
- ▶ Two resealable plastic bags for contaminated garbage
- ▶ A water-resistant bag to carry supplies (e.g., plastic bag)

### ***Supplies for Distribution:***

- ▶ Bottles of hand sanitizer
- ▶ Hand wipes
- ▶ Socks, gloves, and blankets
- ▶ Feminine hygiene products
- ▶ Condoms
- ▶ Sharps container(s) for use at encampment

### ***Documents for Distribution:***

- ▶ List of local health, mental health, and substance use counseling and hygiene resources
- ▶ Basic information on symptoms and when to seek medical care

## Sample Checklist #1: Health & Hygiene Checklist for Unsanctioned Encampments

The following checklist is specifically adapted to tasks within the scope of work of most street outreach workers. Information in the form is based on individual self-reports, outreach workers' observations, and/or third-party reports. The form is designed to be completed on site by outreach workers. It is understood outreach workers cannot confirm diagnosis of any medical condition. The CoC should create policies and procedures for reporting this information regularly with CoC leadership and with public health officials.

### Unsanctioned Encampment Health & Safety Assessment

<b>Date &amp; Time of Assessment</b>	
<b>Form Completed By (Name &amp; Organization)</b>	
<b>Encampment Location</b>	
<b>Number of People Staying in Encampment (approx.)</b>	
Total People	approx.   exact (circle one)
Males	approx.   exact (circle one)
Females	approx.   exact (circle one)
Pregnant Females	approx.   exact (circle one)
Children	approx.   exact (circle one)

## Health Conditions

Number of People	Identifier (HMS)	Approx. Location of Sick Persons	Description of Symptoms	Report Type	Action Steps
Example: 2 people		Red tent next to stream, north end	Vomiting, Bloody Diarrhea - 5 days	<input type="checkbox"/> Self-Reported Symptoms <input type="checkbox"/> Self-Reported Diagnosis, describe: ( ) <input type="checkbox"/> Observation <input type="checkbox"/> Third-Party Reported	<input type="checkbox"/> Give health care center information <input type="checkbox"/> Report to public health <input type="checkbox"/> Coordinate transportation to clinic <input type="checkbox"/> Provide water, hand sanitizer, etc.
				<input type="checkbox"/> Self-Reported Symptoms <input type="checkbox"/> Self-Reported Diagnosis, describe: ( ) <input type="checkbox"/> Observation <input type="checkbox"/> Third-Party Reported	<input type="checkbox"/> Give health care center information <input type="checkbox"/> Report to public health <input type="checkbox"/> Coordinate transportation to clinic <input type="checkbox"/> Provide water, hand sanitizer, etc.
				<input type="checkbox"/> Self-Reported Symptoms <input type="checkbox"/> Self-Reported Diagnosis, describe: ( ) <input type="checkbox"/> Observation <input type="checkbox"/> Third-Party Reported	<input type="checkbox"/> Give health care center information <input type="checkbox"/> Report to public health <input type="checkbox"/> Coordinate transportation to clinic <input type="checkbox"/> Provide water, hand sanitizer, etc.



## Environmental Conditions

The following responses are based upon outreach workers' observations and reports from those staying at the encampments:

Category	Level	Description
Litter/Refuse	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> None	
General Waste Receptacles	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> None	
Sharps Containers	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> None	
Rodents	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> None	
Sanitation Supplies (e.g., bleach, bleach wipes, sanitizer, soap, etc.)	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> None	
Designated Food Areas	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> None	
Fire Pits	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> None	
Sleeping Structures	<input type="checkbox"/> Tents on ground <input type="checkbox"/> Tents on platforms <input type="checkbox"/> Vehicles <input type="checkbox"/> Ground <input type="checkbox"/> Other:	
Portable Toilets	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> None	
Handwashing Equipment	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> None	
Other	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> None	