

<b>Site Assessment Form for Homeless Service Sites</b>					Date of Assessment:	
Name of facility:			Name of Observer:			
Address:			N° people served per day:		Sq ft:	
Type of facility: <input type="checkbox"/> Day center <input type="checkbox"/> 24/7 shelter <input type="checkbox"/> Supportive/Transitional housing <input type="checkbox"/> Other: _____			Hours of operation:			
			Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non profit <input type="checkbox"/> Other: _____ <input type="checkbox"/>			
Site POC: _____						
Name		Position		Phone #		
<b>Staff</b>						
# Permanent Staff on Site:			Medical services available on site: <input type="checkbox"/> Y <input type="checkbox"/> N			
# Volunteer/Temp Staff on Site:			If yes, clinician type:			
			Veterinary services available on site: <input type="checkbox"/> Y <input type="checkbox"/> N			
			If yes, type:			
<b>Facilities</b>						
Laundry facilities? <input type="checkbox"/> Y <input type="checkbox"/> N If yes: Laundry on site?: <input type="checkbox"/> Y <input type="checkbox"/> N Clothing laundered by the facility?: <input type="checkbox"/> Y <input type="checkbox"/> N						
Bedding/linens laundered by the facility? <input type="checkbox"/> Y <input type="checkbox"/> N Are bath towels laundered separately from clothing? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Not monitored						
Are laundry baskets/bags provided? <input type="checkbox"/> Y <input type="checkbox"/> N						
If yes: Does each client have their own or are they shared? <input type="checkbox"/> Baskets are not provided <input type="checkbox"/> Individual <input type="checkbox"/> Shared <input type="checkbox"/> Unknown						
Are clients able to launder items themselves? <input type="checkbox"/> Y <input type="checkbox"/> N			Are clients able to bring in items for laundry? <input type="checkbox"/> Y <input type="checkbox"/> N			
# Showers:			Do showers <b>always</b> have available hot water? <input type="checkbox"/> Y <input type="checkbox"/> N			
# Total Beds:			# Beds Filled Per Night (on average):			
# Beds filled night prior to assessment: _____						
# Female Beds:		# Male Beds:		# Non-assigned Beds:		
# Individual Rooms:	# Twin Rooms:	# Family rooms:	# Congregate Sleeping Areas & Capacity:	# Dorm style rooms & capacity: 3-4 ppl _____ 8-20 ppl _____ 4-8 ppl _____ > 20 ppl _____		
Are isolation areas available for people with infectious diseases or infestations? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, how many: _____						
Are bed/mats assigned to one person? <input type="checkbox"/> Y <input type="checkbox"/> N			Are beds/mats stacked nightly? <input type="checkbox"/> Y <input type="checkbox"/> N			
Distance between beds in sleeping area: At least 3 Feet: <input type="checkbox"/> Y <input type="checkbox"/> N If no, distance between beds:			Bed linens provided? <input type="checkbox"/> Y <input type="checkbox"/> N Blanket only			
			Are linens <b>always</b> washed in hot water? <input type="checkbox"/> Y <input type="checkbox"/> N			
Is bedding laundered between each client? <input type="checkbox"/> Y <input type="checkbox"/> N			How often linens changed/washed? _____			
Is a "hot box" used to treat personal belongings? <input type="checkbox"/> Y <input type="checkbox"/> N			Is upholstered furniture present? <input type="checkbox"/> Y <input type="checkbox"/> N			
Is carpet present? <input type="checkbox"/> Y <input type="checkbox"/> N			If upholstered furniture is present, is it steam-cleaned? <input type="checkbox"/> Y <input type="checkbox"/> N			
If carpets are present, are they steam-cleaned? <input type="checkbox"/> Y <input type="checkbox"/> N			Are bedbug-resistant mattresses provided? <input type="checkbox"/> Y <input type="checkbox"/> N			
Are mattress covers changed or sanitized between clients? <input type="checkbox"/> Y <input type="checkbox"/> N			Are spaces inspected for bedbugs and/or lice? <input type="checkbox"/> Y <input type="checkbox"/> N			
Is there a <b>current</b> rodent infestation? <input type="checkbox"/> Y <input type="checkbox"/> N			Has there been a rodent infestation <b>in the past 3 months</b> ? <input type="checkbox"/> Y <input type="checkbox"/> N			
Is clothing donated to clients <input type="checkbox"/> Y <input type="checkbox"/> N			Is sharing of bedding or sleeping bags allowed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Not monitored			
Is clothing laundered before donating to clients? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Not monitored						
Is sharing of coats allowed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Not monitored			Is sharing of other clothing allowed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Not monitored			
Are pets or service/companion animals allowed? <input type="checkbox"/> Y <input type="checkbox"/> N			If yes, are flea control services/medications provided? <input type="checkbox"/> Y <input type="checkbox"/> N			
If yes, where do the animals sleep? _____			If yes, what kind of animals are allowed? <input type="checkbox"/> Dogs <input type="checkbox"/> Cats Other: _____			

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

**Name of Facility:**

**Additional Comments:** please note contextual information that may be important to document related to preventative measures, practices taken regarding vectorborne diseases (e.g., how are educational trainings for staff or clients/guests typically done at this site), etc.