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| Site Assessment Form for Homeless Service Sites Date of Assessment: |
| Name of facility:  | Name of Observer:  |
| Address:  | N° people served per day:  | Sq ft: |
| Type of facility: [ ]  Day center [ ]  24/7 shelter[ ]  Supportive/Transitional housing [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Hours of operation:  |
| Ownership: [ ]  Public [ ]  Private [ ]  Non profit [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Site POC: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Position Phone # |
| **Staff** |
| # Permanent Staff on Site: # Volunteer/Temp Staff on Site:  | Medical services available on site: [ ]  Y [ ]  N If yes, clinician type:  |
|  | Veterinary services available on site: [ ]  Y [ ]  N If yes, type: |
| **Facilities** |
| Laundry facilities? [ ]  Y [ ]  N If yes: Laundry on site?: [ ]  Y [ ]  N Clothing laundered by the facility?: [ ]  Y [ ]  N Bedding/linens laundered by the facility? [ ]  Y [ ]  N Are bath towels laundered separately from clothing? [ ]  Y [ ]  N [ ]  Not monitored |
| Are laundry baskets/bags provided? [ ]  Y [ ]  N If yes: Does each client have their own or are they shared? ☐ Baskets are not provided ☐ Individual ☐ Shared ☐ Unknown |
| Are clients able to launder items themselves? [ ]  Y [ ]  N | Are clients able to bring in items for laundry? [ ]  Y [ ]  N |
| # Showers:  | Do showers **always** have available hot water? [ ]  Y [ ]  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? [ ]  Y [ ]  N If yes, how many: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are bed/mats assigned to one person? [ ]  Y [ ]  N | Are beds/mats stacked nightly? [ ]  Y [ ]  N |
| Distance between beds in sleeping area: At least 3 Feet: [ ]  Y [ ]  NIf no, distance between beds:  | Bed linens provided? [ ]  Y [ ]  N Blanket only |
| Are linens **always** washed in hot water? [ ]  Y [ ]  N  |
| Is bedding laundered between each client? [ ]  Y [ ]  N | How often linens changed/washed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is a “hot box” used to treat personal belongings? [ ]  Y [ ]  N | Is upholstered furniture present? [ ]  Y [ ]  N |
| Is carpet present? [ ]  Y [ ]  N | If upholstered furniture is present, is it steam-cleaned? [ ]  Y [ ]  N |
| If carpets are present, are they steam-cleaned? [ ]  Y [ ]  N | Are bedbug-resistant mattresses provided? [ ]  Y [ ]  N |
| Are mattress covers changed or sanitized between clients? [ ]  Y [ ]  N | Are spaces inspected for bedbugs and/or lice? [ ]  Y [ ]  N |
| Is there a **current** rodent infestation? [ ]  Y [ ]  N | Has there been a rodent infestation **in the past 3 months**? [ ]  Y [ ]  N |
|  Is clothing donated to clients [ ]  Y [ ]  N | Is sharing of bedding or sleeping bags allowed? [ ]  Y [ ]  N [ ]  Not monitored |
| Is clothing laundered before donating to clients? [ ]  Y [ ]  N [ ]  Not monitored |  |
| Is sharing of coats allowed? [ ]  Y [ ]  N [ ]  Not monitored | Is sharing of other clothing allowed? [ ]  Y [ ]  N [ ]  Not monitored |
| Are pets or service/companion animals allowed? [ ]  Y [ ]  N | If yes, are flea control services/medications provided? [ ]  Y [ ]  N |
| If yes, where do the animals sleep? \_\_\_\_\_\_\_\_\_\_ | If yes, what kind of animals are allowed? [ ]  Dogs [ ]  Cats Other: \_\_\_\_\_ |

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| **Name of Facility:** |

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| **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.  |
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