Version 2.0 Last Updated 09.07.2022 Form Approved

OMB Control No.: 0920-XXXX Expiration date: XX/XX/XXXX

Site Assessment Form for Homeless Service Sites Date of Assessment:											
Name of facility:					Name of	Observer:					
Address:					N° peopl	le served pe	r 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:	Po	sition	Phone #								
Staff											
# Permanent Staff on Site:						Medical services available on site: ☐ Y ☐ N					
# Volunteer/Temp Staff on Site:					If yes, clinician type:						
					Veterinary services available on site: ☐ Y ☐ N If yes, type:						
Facilities Facilities											
Laundry facilities? $\square$ Y $\square$ N If yes: Laundry on site?: $\square$ Y $\square$ N Clothing laundered by the facility?: $\square$ Y $\square$ N Bedding/linens laundered by the facility? $\square$ Y $\square$ N Are bath towels laundered separately from clothing? $\square$ Y $\square$ N $\square$ Not monitored Are laundry baskets/bags provided? $\square$ Y $\square$ N											
· ·		ed? □ Ba	s 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 <b>always</b> have available hot water? ☐ Y ☐ N						
# Total Beds:					# Beds Filled Per Night (on average):						
# Beds filled night pri	or to assessment:										
# Female Beds: # Male Beds:					# Non-assigned Beds:						
# Individual Rooms:	# Twin Rooms:	# Family	rooms:		ngregate S s & Capac		3-4 ppl	le rooms & capacity: 8-20 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:					Bed linens provided? ☐ Y ☐ N Blanket only						
At least 3 Feet: ☐ Y ☐ N If no, distance between beds:					Are linens <b>always</b> washed in hot water? ☐ Y ☐ N						
Is bedding laundered between each client? $\square$ Y $\square$ N					How often linens changed/washed?						
Is a "hot box" used to	treat personal belong	ings? 🗆 Y 🛭	□N		Is uphols	stered furnit	ure present?	□Y□N			
Is carpet present?	"hot box" used to treat personal belongings? ☐ Y ☐ N arpet present? ☐ Y ☐ N				If upholstered furniture is present, is it steam-cleaned? $\square$ Y $\square$ N						
If carpets are present	, are they steam-clean	ed? 🗆 Y 🗆	N		Are bedbug-resistant mattresses provided? $\square$ Y $\square$ N						
Are mattress covers changed or sanitized between clients? □ Y □ N					Are spaces inspected for bedbugs and/or lice? $\square$ Y $\square$ N						
Is there a <b>current</b> rodent infestation? ☐ Y ☐ N					Has there been a rodent infestation in the past 3 months? $\square$ Y $\square$ N						
Is clothing donated to clients □ Y □ N						Is sharing of bedding or sleeping bags allowed? $\Box$ Y $\Box$ N $\Box$ Not monitored					
Is clothing laundered before donating to clients? $\Box$ Y $\Box$ N $\Box$ Not monitored											
s there a <b>current</b> rodent infestation?				Is sharin	g of other cl	othing allowe	ed? ☐ Y ☐ N ☐ Not monitored				
Are pets or service/co	nitored naring of coats allowed?				If yes, are flea control services/medications provided? $\square$ Y $\square$ N						
If yes, where do the animals sleep?					If yes, what kind of animals are allowed? ☐ Dogs ☐ 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

Site Assessment – Shelter Version 2.0 Last Updated 09.07.2022

Name of Facility:

<b>Additional Comments</b> : 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),								
C.	reases (e.g., new are educa-	ional trainings for stair of	cherics, gaests typically ac	110 00 01107,				