CHECKLIST FOR OBSERVATION MONITORING

Center Name: ____________________________________________________________

Monitor: ________________________________________________________________

Date: __________________________________________________________________

Please explain each “No” or “NA” response

PART I: HEALTH

1. Are the floors, carpets and area rugs throughout the facility clean with evidence of regular maintenance?
   ___Yes ___No ___NA
   ______________________________________________________________________

2. Are the facility’s bathrooms clean?
   ___Yes ___No ___NA
   ______________________________________________________________________

3. Are all of the facility’s bathrooms operable with evidence of regular maintenance?
   ___Yes ___No ___NA
   ______________________________________________________________________

4. Are all of the facility’s bathrooms well ventilated?
   ___Yes ___No ___NA
   ______________________________________________________________________
5. Do the facility’s bathrooms have both hot and cold water and do all drains work properly?

___Yes   ___No   ___NA

______________________________________________________________________

6. Are there adequate supplies of hand soap, toilet paper, and clean towels either located in the bathroom or readily accessible for the participants?

___Yes   ___No   ___NA

______________________________________________________________________

7. Are all areas of the kitchen well-ventilated and clean including areas of food delivery, pantry and storage?

___Yes   ___No   ___NA

______________________________________________________________________

8. Does the kitchen have both hot and cold water and do all drains work properly?

___Yes   ___No   ___NA

______________________________________________________________________

9. Are the kitchen utensils and equipment clean and in good working order?

___Yes   ___No   ___NA

______________________________________________________________________

10. Are toxic materials and cleaning supplies safely stored separately from food?

___Yes   ___No   ___NA

______________________________________________________________________

11. Are portable fire extinguishers present in the kitchen?

___Yes   ___No   ___NA

______________________________________________________________________

Observation Checklist
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Revised July 2013, Reviewed June 2014
12. Are the portable fire extinguishers fully charged (gauge indicates green)?

___Yes    ___No    ___NA

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13. Is there adequate refrigeration space?

___Yes    ___No    ___NA

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14. Does the refrigerator have a functional door seal?

___Yes    ___No    ___NA

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15. Is the food, including frozen products, labeled and in good condition, not expired, and shows no evidence of tampering?

___Yes    ___No    ___NA

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16. Are the eating areas clean and appear to have adequate space for dining?

___Yes    ___No    ___NA

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17. Is all bedroom furniture clean and in good condition?

___Yes    ___No    ___NA

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18. Are clean linens (including blankets) available?

___Yes    ___No    ___NA

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19. Are linens (including blankets) stored in a clean area?

___Yes  ___No  ___NA

______________________________________________________________________________

20. Is the facility free from unpleasant odors?

___Yes  ___No  ___NA

______________________________________________________________________________

21. Are protocols for infection control in place (evidenced via signage advising hand washing)?

___Yes  ___No  ___NA

______________________________________________________________________________

22. Is the facility well ventilated and maintained at a comfortable temperature?

___Yes  ___No  ___NA

______________________________________________________________________________

23. Are all equipment, furniture, and appliances within the facility in good working condition and properly maintained?

___Yes  ___No  ___NA

______________________________________________________________________________

24. Are all non-smoking areas (including vehicles) conspicuously identified?

___Yes  ___No  ___NA

______________________________________________________________________________

PART II: SAFETY

1. Is the shelter facility and any of its additional amenities in good repair (including walls, ceilings and floors) free from health and safety hazards, clean, and free from vermin infestation?

___Yes  ___No  ___NA
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Are entrances and exits clear of clutter, illuminated, and provide safe passage?</td>
<td></td>
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<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
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<td>3</td>
<td>Is a fire plan for exiting conspicuously posted at each designated exit or other nearly locations?</td>
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<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
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<tr>
<td>4</td>
<td>Are there an adequate number of available fire extinguishers conspicuously located and operating properly?</td>
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<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
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<tr>
<td>5</td>
<td>Do all bathrooms and/or bedrooms (if provided) have lockable doors that provide safety and privacy?</td>
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<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
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<tr>
<td>6</td>
<td>Is the facility (entrances, exits, doorways, bathrooms, activity areas) accessible to persons with mobility limitations?</td>
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<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
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<tr>
<td>7</td>
<td>Does the shelter facility have telephones that are centrally located and readily available for staff member and participant use?</td>
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<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
</tr>
</tbody>
</table>
8. Are emergency numbers such as emergency medical services, fire department, law enforcement, hospital, and poison control center posted by each telephone?
   ___Yes  ___No  ___NA

9. Does the Center have at least one cellular telephone available for use at all times for use in the event of power and telephone line outages?
   ___Yes  ___No  ___NA

10. Is the outside play area for children free of debris and broken or dangerous material and routinely checked for safety? (NOTE: Please indicate the name and title of the staff person responsible.)
    ___Yes  ___No  ___NA

11. Are posters describing the process for requesting accommodations prominently posted in public areas of the shelter and outreach areas?
    ___Yes  ___No  ___NA

12. Are Crime Victim Compensation posters in public areas and outreach areas current with the correct Attorney General's name?
    ___Yes  ___No  ___NA

PART III: SECURITY

1. Are all curtains, draperies, shades, or blinds in good condition and ensure privacy?
   ___Yes  ___No  ___NA
2. Do both the facility and its surrounding area provide proper and adequate lighting with functioning light bulbs?

___Yes  ___No  ___NA

______________________________________________________________________________

3. Are there proper fencing and/or other protective barriers provided against busy streets, waterways or other dangers?

___Yes  ___No  ___NA

______________________________________________________________________________

4. Do both the facility and its surrounding area provide appropriate protection (i.e. functioning bolt locks and alarm systems)?

___Yes  ___No  ___NA

______________________________________________________________________________

5. Does the Center staff have immediate access to Section 39.908 Florida Statutes for reference when confronted with confidentiality issues?

___Yes  ___No  ___NA

______________________________________________________________________________

6. Does the Center have TTY equipment for the hotline and have hotline staff been trained on how to use it?

___Yes  ___No  ___NA

______________________________________________________________________________

PART IV: EMPOWERMENT ADVOCACY

1. Is signage throughout the shelter facility empowerment based and respectful?

___Yes  ___No  ___NA

______________________________________________________________________________
2. Does the Center’s surveillance system exclude the participant’s living quarters?

___Yes  ___No  ___NA

_____________________________________________________________________________