



## 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

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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

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

Yes       No       NA

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

Yes       No       NA

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

Yes       No       NA

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

Yes       No       NA

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11. Are portable fire extinguishers present in the kitchen?

Yes       No       NA

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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

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20. Is the facility free from unpleasant odors?

Yes       No       NA

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

Yes       No       NA

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

Yes       No       NA

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

Yes       No       NA

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

Yes       No       NA

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**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

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2. Are entrances and exits clear of clutter, illuminated, and provide safe passage?

Yes       No       NA

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3. Is a fire plan for exiting conspicuously posted at each designated exit or other nearby locations?

Yes       No       NA

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4. Are there an adequate number of available fire extinguishers conspicuously located and operating properly?

Yes       No       NA

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5. Do all bathrooms and/or bedrooms (if provided) have lockable doors that provide safety and privacy?

Yes       No       NA

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6. Is the facility (entrances, exits, doorways, bathrooms, activity areas) accessible to persons with mobility limitations?

Yes       No       NA

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7. Does the shelter facility have telephones that are centrally located and readily available for staff member and participant use?

Yes       No       NA

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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

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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

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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

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

Yes       No       NA

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

Yes       No       NA

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**PART III: SECURITY**

1. Are all curtains, draperies, shades, or blinds in good condition and ensure privacy?

Yes       No       NA

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2. Do both the facility and its surrounding area provide proper and adequate lighting with functioning light bulbs?

Yes       No       NA

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

Yes       No       NA

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

Yes       No       NA

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

Yes       No       NA

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

Yes       No       NA

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**PART IV: EMPOWERMENT ADVOCACY**

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

Yes       No       NA

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

Yes       No       NA

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