



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

12. Are the portable fire extinguishers fully charged (gauge indicates green)?

☐ Yes ☐ No ☐ NA

13. Is there adequate refrigeration space?

☐ Yes ☐ No ☐ NA

14. Does the refrigerator have a functional door seal?

☐ Yes ☐ No ☐ NA

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

☐ Yes ☐ No ☐ NA

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

☐ Yes ☐ No ☐ NA

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

☐ Yes ☐ No ☐ NA

18. Are clean linens (including blankets) available?

☐ Yes ☐ No ☐ NA

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

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

☐ Yes ☐ No ☐ NA

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

☐ Yes ☐ No ☐ NA

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

☐ Yes ☐ No ☐ NA

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

☐ Yes ☐ No ☐ NA

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

☐ Yes ☐ No ☐ NA

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

☐ Yes ☐ No ☐ NA

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
