



**City and County of San Francisco**  
**Shelter Monitoring Committee**

Announced

Unannounced

**MNRC Site Inspection Form**

Date: \_\_\_\_\_

Committee Members conducting the site visit: **1:** \_\_\_\_\_ **2:** \_\_\_\_\_ **3:** \_\_\_\_\_

**Areas to Inspect:**

S.O.C. #	<u>Main Staff Station:</u>	Yes	No
6	Stocked First Aid Kit available to staff	<input type="checkbox"/>	<input type="checkbox"/>
6	Gloves, in various sizes	<input type="checkbox"/>	<input type="checkbox"/>
6	CPR masks available to staff	<input type="checkbox"/>	<input type="checkbox"/>
6	AED * sites are required to have one AED per site * *Consider turning on to test the battery	<input type="checkbox"/>	<input type="checkbox"/>
4	Incontinence supplies	<input type="checkbox"/>	<input type="checkbox"/>
4	Feminine hygiene products	<input type="checkbox"/>	<input type="checkbox"/>
30	Personal protective equipment available to staff. i.e., gloves and gowns in various sizes, and masks	<input type="checkbox"/>	<input type="checkbox"/>
7	Is fresh drinking water available to clients?	<input type="checkbox"/>	<input type="checkbox"/>
25	Identification badges worn by all staff	<input type="checkbox"/>	<input type="checkbox"/>

If NO, staff witnessed without identification badges: \_\_\_\_\_

2 Ask the site manager if the **video recording system** has been checked in the last three months.

(Some sites, e.g., most Nav Centers, get assistance with this from HSH Building Operations' team)

Date of last verification that the system is working as intended \_\_\_\_\_

1-31	Is the <b>comment/complaint box</b> located where guests will not be intimidated to use it?	Yes	No
	Is the comment/complaint box secure/locked?	<input type="checkbox"/>	<input type="checkbox"/>
	Who has the key? _____		
	Are English and Spanish SMC flyers located near this box?	<input type="checkbox"/>	<input type="checkbox"/>

**Notes Regarding Main Station:**

	<u>Womens' Bathroom:</u>	Yes	No
3	Soap or hand sanitizer provided in bathroom	<input type="checkbox"/>	<input type="checkbox"/>
3	Hand dryer or paper towels present in bathroom	<input type="checkbox"/>	<input type="checkbox"/>
3	Toilet paper provided in each bathroom stall	<input type="checkbox"/>	<input type="checkbox"/>
3	Bathroom Clean	<input type="checkbox"/>	<input type="checkbox"/>
3	Bath Towel (24" x48")	<input type="checkbox"/>	<input type="checkbox"/>
3	Bathroom facilities are in working order	<input type="checkbox"/>	<input type="checkbox"/>
17	Is signage up noting any facility problem?	<input type="checkbox"/>	<input type="checkbox"/>
8	ADA toilet/shower/sink	<input type="checkbox"/>	<input type="checkbox"/>

**Notes Regarding Womens' Bathroom:**

<b>S.O.C.#</b>	<b><u>Mens' Bathroom:</u></b>	<b>Yes</b>	<b>No</b>
3	Soap or hand sanitizer provided in bathroom	<input type="checkbox"/>	<input type="checkbox"/>
3	Hand dryer or paper towels present in bathroom	<input type="checkbox"/>	<input type="checkbox"/>
3	Toilet paper provided in each bathroom stall	<input type="checkbox"/>	<input type="checkbox"/>
3	Bathroom Clean	<input type="checkbox"/>	<input type="checkbox"/>
3	Bath Towel (24" x48")	<input type="checkbox"/>	<input type="checkbox"/>
3	Bathroom facilities are in working order	<input type="checkbox"/>	<input type="checkbox"/>
17	Is signage up noting any facility problem?	<input type="checkbox"/>	<input type="checkbox"/>
8	ADA toilet/shower/sink	<input type="checkbox"/>	<input type="checkbox"/>

**Notes Regarding Mens' Bathroom:**

	<b><u>General Drop In Area:</u></b>	<b>Yes</b>	<b>No</b>
8	Is there signage posted, in English AND Spanish, about services offered at the site, including: Meal Times / Coffee Hours? Bed Sign Up / Check In Times? Hours of Operation? Laundry Services? Shower Times? Case Management availability & accessibility?	<input type="checkbox"/>	<input type="checkbox"/>
20	Are <b>All</b> city & shelter printed materials in English AND Spanish	<input type="checkbox"/>	<input type="checkbox"/>
7	Is fresh drinking water is available to clients?	<input type="checkbox"/>	<input type="checkbox"/>
3	Is hand sanitizer throughout center?	<input type="checkbox"/>	<input type="checkbox"/>
3	Are floors clean/clear of debris; areas free of dust & dirt?	<input type="checkbox"/>	<input type="checkbox"/>
3	Vents clear of dust/debris	<input type="checkbox"/>	<input type="checkbox"/>
23	Are Emergency Exit plans posted in the center?	<input type="checkbox"/>	<input type="checkbox"/>
16	Are electric outlets available to clients?	<input type="checkbox"/>	<input type="checkbox"/>

**Notes Regarding Drop In:**