



**DOMESTIC VIOLENCE PROGRAM
OBSERVATION CHECKLIST**

Center Name: _____

Monitor: _____ Date: _____

Please explain each "NO" or "N/A" answer.

YES

NO

N/A

COMMENTS

PART I: HEALTH & CONDITION

1. Is the shelter facility and any of its additional amenities in good repair (including walls, ceilings and floors)?				
2. Are all bathrooms operable with evidence of regular maintenance? (both hot and cold water, all drains work properly)				
3. Are all kitchens operable with evidence of regular maintenance? (both hot and cold water, all drains work properly) *Send photographs of kitchen, interiors of refrigerators & freezers, stovetops & ovens, interior of microwaves & dishwashers.*				
4. Are all equipment, furniture, and laundry room appliances within the facility in good working condition and properly maintained?				
5. Safety Hazards: Are toxic materials and cleaning supplies safely stored separately from food and inaccessible to children? *Send photograph of storage of cleaning products.*				
6. Is the shelter facility and any of its additional amenities clean and free from vermin infestation?				
7. Is a current (within the past 365 days) annual sanitation inspection report maintained in center records and available for review on-site?				
8. Is the elevator inspection current?				

PART II: SAFETY

9. Is a current (within the past 365 days) fire safety report maintained in center records and available for review on-site?				
10. Are entrances and exits clear of clutter, illuminated, and do they provide safe passage?				
11. Is a fire plan for exiting conspicuously posted at each designated exit or other nearby locations?				
12. Are there sprinklers or smoke alarms in each bedroom, and in all hallways and common areas?				
13. Do the fire extinguisher tags indicate routine inspection?				
14. Are portable fire extinguishers present in the kitchen?				
15. Are the portable fire extinguishers fully charged (gauge indicates green)?				

Please explain each "NO" or "N/A" answer.	YES	NO	N/A	COMMENTS
16. Does the shelter facility have telephones that are centrally located and readily available for staff member and participant use? <i>*Send photograph.*</i>				
17. Are emergency numbers such as emergency medical services, fire department, law enforcement, hospital, and poison control posted by each telephone? <i>*Send photograph.*</i>				
18. Does the Center have at least one cellular telephone that is available at all times for use in the event of power and telephone outages? <i>*Send photograph of telephone, turned on.*</i>				
19. 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 and frequency of safety checks.) <i>*Send photograph of playground.*</i>				
20. Does the outdoor play area have and maintain safe and adequate fencing/wall a minimum of four feet in height?				
21. Are fences, including gates, continuous and free of gaps that would allow children to exit the play area?				
22. Is the base of the fence at ground level and free from erosion or build-up to prevent inside or outside access by children or animals?				
23. If the play area is in view of the public, is there privacy fencing around it?				
PART III: SECURITY & CONFIDENTIALITY				
24. Do both the facility and its surrounding area provide proper and adequate lighting with functioning light bulbs?				
25. Do all outside doors remain locked from the outside at all times?				
26. Do all bathrooms or bedrooms have lockable doors that provide safety and privacy?				
27. Are all windows secured against entry?				
28. Is the hotline answered in an area that ensures that calls are not overheard by shelter residents?				
29. Does the Center staff have immediate access to Section 39.908 Florida Statutes for reference when confronted with confidentiality issues? <i>*In comments, please state how staff have access and send photograph.*</i>				
PART IV: ACCESSIBILITY				
30. Are posters describing the process for requesting accommodations prominently posted at all direct-service sites where persons enter or are admitted? <i>*Send photographs of the following posters.*</i>				
a) Interpreter Services for the Deaf or Hard-of Hearing Poster?				
b) DCF Non-Discrimination Poster?				
c) Limited English Proficiency Poster?				
31. Are the three above-listed posters the appropriate sizes (at least 11"X17")?				

Please explain each "NO" or "N/A" answer.

	YES	NO	N/A	COMMENTS
32. Do the notices include the name and contact information of the Single-Point-of-Contact? *Send photograph.*				
33. Is the facility (entrances, exits, doorways, bathrooms, activity areas-including outdoor area) accessible to persons with mobility limitations?				
34. Does the Center have TTY equipment for the hotline? *Send photograph.*				

PART V: BASIC NEEDS

35. Is there at a minimum, food to include a variety within each of the following basic food groups: fruits, vegetables, dairy, proteins and starches? *Send photograph of pantry and house refrigerator/freezer.*				
36. Are there adequate dishes, utensils, pots & pans available?				
37. Are laundry detergent, clean linens, and clothing readily available for residents?				
38. Is there an adequate supply of soap, shampoo/conditioner, deodorant, toothpaste/brush, toilet paper, sanitary napkins/tampons, disposable razors, and clean towels either located in the bathroom or readily accessible for participants? *Send photograph.*				
39. Is there an adequate supply of children's supplies (i.e., diapers, wipes, diaper cream and baby powder) readily accessible for participants? *Send photograph.*				

PART VI: EMPOWERMENT-BASED ADVOCACY

40. Is signage throughout the shelter facility empowerment-based and respectful?				
41. Does the Center's surveillance system exclude the participant's living quarters and bathrooms?				
42. Does the facility NOT have a chore list posted?				
43. Does the Center have a comprehensive, up-to-date database of information and referral resources that is made available to staff and volunteers and is available for review by monitor(s)?				

PART VII: "NORMAL" BED COUNT

1. Bed Count: Adult	Single	Double	Cot	Total Count
2. Bed Count: Infant	Crib	PackNPlay	Other	Total Count

PART VIII: "COVID-19" BED COUNT

1. Bed Count: Adult	Single	Double	Cot	Total Count
2. Bed Count: Infant	Crib	PackNPlay	Other	Total Count

CERTIFICATION:

I attest that I, the undersigned, have read the above statements and declarations and attest that the answers I provided are true, accurate and complete to the best of my knowledge.

Print clearly/type Name and Title:

Signature:

Date:
