

Facility/Shelter Opening Checklist

Facility Name:	Facility Representative:
Location:	Date of Facility Check:
	Conducted By:
	Date of Last Facility Check:
	Conducted By:
Name of person addressing issues:	Date Issues Addressed:
Contact information for person addressing issues:	
Contact information for person addressing issues:	
Or "NA", the specific areas needing correction and the persons responsible for corrections should be noted in the comments column.	

AREAS TO REVIEW	YES	NO	NA	U	COMMENTS
Are indoor and outdoor walking surfaces free of tripping or falling hazards (uneven sidewalks, unprotected raised walkways/ramps/docks, loose/missing tiles, telephone wire, extension cords, etc.)?					
Are the paths to exits relatively straight and clear of obstructions (blocked, chained, partially blocked, obstructed by garbage cans, etc.)?					
Are all emergency exits properly identified and secured?					
Are there at least two exits from each floor?					
Are illuminated exit and exit directional signs visible from all aisles?					
Is there an emergency evacuation plan and identified meeting place?					
Are there guidelines for directing occupants to an identified assembly area away from the building once they reach the ground floor?					
Are there any site specific hazards (hazardous chemicals, machinery)? If so, describe them.					
Is the facility clean, neat and orderly?					
Are the following building systems in good working order?					
Electrical					
Water					
Sewage System					
HVAC, if necessary					
Are fire extinguishers and smoke detectors present, inspected, and properly serviced?					
If power fails, is automatic emergency lighting available for egress routes, stairs and restrooms?					
Are first aid kits readily available and fully stocked? Where?					
Will occupants of the building be notified that an emergency evacuation is necessary by PA or alarm?					

ANY DAMAGE OR ADDITIONAL COMMENTS:

Worker _____	Date: _____
Signature: _____	Date: _____
Reviewer _____	Date: _____
Signature: _____	

Revised 6/2009

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Date/Time: _____ Shelter Name/City/State: _____ DRO Name/#: _____

Family Last Name: _____

Primary language spoken in home: _____ Does the family need language assistance/interpreter?: _____

Names/ages/genders of all family members present: _____

If alone and under 18, location of next of kin/parent/guardian: _____ If unknown, notify shelter manager & interviewer initial here: _____

Home Address: _____

Client Contact Number: _____ Interviewer Name (print name): _____

INITIAL INTAKE	Circle	Action to be taken	Include ONLY name of affected family member
1. Do you need assistance hearing me?	YES / NO	If Yes, consult with Disaster Health Services (HS).	
2. Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager and refer to HS.	
3. Do you have a medical or health concern or need right now?	YES / NO	If Yes, stop interview and refer to HS immediately. If life threatening, call 911.	
4. Observation for the Interviewer: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?	YES / NO	If life threatening, call 911. If yes, or unsure, refer immediately to HS or Disaster Mental Health (DMH).	
5. Do you need medicine, equipment or electricity to operate medical equipment or other items for daily living?	YES / NO	If Yes, refer to HS.	
6. Do you normally need a caregiver, personal assistant, or service animal?	YES / NO	If Yes, ask next question. If no, skip next question.	
7. Is your caregiver, personal assistant, or service animal inaccessible?	YES / NO	If Yes, circle which one and refer to HS.	
8. Do you have any severe environmental, food, or medication allergies?	YES / NO	If Yes, refer to HS.	
9. Question to interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If Yes, refer to HS or DMH.	*If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.

STOP STOP REFER to: HS Yes No DMH Yes No Interviewer Initial _____

DISASTER HEALTH SERVICES/DISASTER MENTAL HEALTH ASSESSMENT FOLLOW-UP

ASSISTANCE AND SUPPORT INFORMATION	Circle	Actions to be taken	Comments
Have you been hospitalized or under the care of a physician in the past month?	YES / NO	If Yes, list reason.	
Do you have a condition that requires any special medical equipment/supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.)	YES / NO	If Yes, list potential sources if available.	
Are you presently receiving any benefits (Medicare/Medicaid) or do you have other health insurance coverage?	YES / NO	If Yes, list type and benefit number(s) if available.	
MEDICATIONS	Circle	Actions to be taken	Comments
Do you take any medications(s) regularly?	YES / NO	If No, skip to the questions regarding hearing.	
When did you last take your medication?		Date/Time.	
When are you due for your next dose?		Date/Time.	
Do you have the medications with you?	YES / NO	If No, identify medications and process for replacement.	

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEARING	Circle	Actions to be taken	Comments
Do you use a hearing aid and do you have it with you?	YES / NO	If Yes to either, ask the next two questions. If No, skip next two questions.	
Is the hearing aid working?	YES / NO	If No, identify potential resources for replacement.	
Do you need a battery?	YES / NO	If Yes, identify potential resources for replacement.	
Do you need a sign language interpreter?	YES / NO	If Yes, identify potential resources in conjunction with shelter manager.	
How do you best communicate with others?	YES / NO	Sign language? Lip read? Use a TTY? Other (explain).	
VISION/SIGHT	Circle	Actions to be taken	Comments
Do you wear prescription glasses and do you have them with you?	YES / NO	If Yes to either, ask next question. If No, skip the next question.	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.	
Do you use a white cane?	YES / NO	If Yes, ask next question. If No, skip the next question.	
Do you have your white cane with you?	YES / NO	If No, identify potential resources for replacement.	
Do you need assistance getting around, even with your white cane?	YES / NO	If Yes, collaborate with HS and shelter manager.	
ACTIVITIES OF DAILY LIVING	Circle	Actions to be taken	Comments
Do you need help getting dressed, bathing, eating, toileting?	YES / NO	If Yes, specify and explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If No, consult shelter manager to determine if general population shelter is appropriate.	
Do you need help moving around or getting in and out of bed?	YES / NO	If Yes, explain.	
Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?	YES / NO	If No, skip the next question. If Yes, list.	
Do you have the mobility device/equipment with you?	YES / NO	If No, identify potential resources for replacement.	
NUTRITION	Circle	Actions to be taken	Comments
Do you wear dentures and do you have them with you?	YES / NO	If needed, identify potential resources for replacement.	
Are you on any special diet?	YES / NO	If Yes, list special diet and notify feeding staff.	
Do you have any allergies to food?	YES / NO	If Yes, list allergies and notify feeding staff.	
IMPORTANT! HS/DMH INTERVIEWER EVALUATION			
Question to interviewer: Has the person been able to express his/her needs and make choices?	YES / NO	If No or uncertain, consult with HS, DMH and shelter manager.	
Question to interviewer: Can this shelter provide the assistance and support needed?	YES / NO	If No, collaborate with HS and shelter manager on alternative sheltering options.	
NAME OF PERSON COLLECTING INFORMATION:	HS/DMH Signature:		Date:

This following information is only relevant for interviews conducted at HHS medical facilities: Federal agencies conducting or sponsoring collections of information by use of these tools, so long as these tools are used in the provision of treatment or clinical examination, are exempt from the Paperwork Reduction Act under 5 C.F.R. 1320.3(h)(5).

The authority for collecting this information is 42 USC 300hh-11(b) (4). Your disclosure of this information is voluntary. The principal purpose of this collection is to appropriately treat, or provide assistance to, you. The primary routine uses of the information provided include disclosure to agency contractors who are performing a service related to this collection, to medical facilities, non-agency healthcare workers, and to other federal agencies to facilitate treatment and assistance, and to the Justice Department in the event of litigation. Providing the information requested will assist us in properly triaging you or providing assistance to you.

American Red Cross Disaster Services Program Guidance

Instructions for Use of the
American Red Cross Health and Human Services
Initial Intake and Assessment Tool
June 20, 2008

Purpose

The main purpose of the *Initial Intake and Assessment Tool* is to enable Red Cross staff to decide if simple accommodations can be provided that will enable individuals to stay in general population shelters. The secondary purpose is to ensure proper and safe placement of those clients with medical or functional needs beyond the scope and expertise of care offered in Red Cross shelters. The Red Cross, and its partner, the U.S. Department of Health and Human Services (HHS), are determined to maximize the use of this tool in order to minimize stress and emphasize the safety and well-being of those we serve during times of disaster.

Top Section of the Tool

Shelter workers meet with clients and legibly record pertinent information in the top of the tool and questions 1 through 9. The remaining questions are only to be filled out by Disaster Health Services (HS) and Disaster Mental Health (DMH) workers. Only **one form** is used for **each family***. Questions in the early part of the tool are designed to identify language barriers, separated families and other important information to be passed onto the shelter manager. The top section of the tool asks for basic demographic information in addition to:

- DRO stands for Disaster Relief Operation (enter name and number of DRO)
- List **all** of the names of the family members in the shelter
- The shelter worker initials that he/she has notified the shelter manager when a child under the age of 18 is unaccompanied in the shelter

Questions 1 - 9

The shelter worker asks the head of the family the first nine “yes/no” questions, except for questions 4 and 9 which are questions to the interviewer. You should not ask the client questions 4 and 9. All 9 questions pertain to all family members listed on the form. Where there is a “yes” answer, the worker notes **ONLY** the name of the relevant family member, discontinues the interview and refers the client to HS or DMH. **(Do not write confidential information anywhere in the first 9 questions!)** Only HS and/or DMH, **in conjunction** with the shelter manager, will make decisions regarding shelter accommodation.

If there is a need for a language interpreter or if the client needs assistance in understanding or answering the questions, end the interview and contact the shelter manager. Questions 3, 4 and 9 refer to emergency situations and/or urgent referrals to HS or DMH.

* Although the intake tool is designed for the entire family, there could be a need to use more than one form if the family has several individuals with different needs.

American Red Cross Instructions for Use of the ARC – HHS *Initial Intake and Assessment Tool*

Question 3: In cases of illness or emergency do not continue the interview. A call to 911 must be made in any life-threatening emergency (such as chest pain, heavy bleeding or multiple injuries. HS will take over at this point). If the client has an illness, medical condition, or if you are unsure or confused as to the client's answer to question 3, refer to HS or DMH immediately. Escort the client to HS or DMH when necessary and hand the HS/DMH worker the tool. (***Do not give the tool to the client***)

Observation 4: This is NOT a question to the client. Document your observation as the interviewer. If the client appears to be a threat to self or others, call 911. If you answer "yes" to observation 4 or are unsure, refer immediately to DMH or HS.

Question 9: This is NOT a question to the client. Refer the client to HS or DMH if you think the client would benefit from a more detailed health or mental health assessment or if the client is unsure or confused about any of his/her answers.

STOP the Interview

Place your initials on the tool and indicate whether you've referred the client to HS or DMH. Do not answer any questions beyond this point (they are for HS and DMH workers only). If you answered "no" to all questions, attach the intake tool to the shelter registration form. If you answered "yes" to any questions or were unsure, refer the client to HS or DMH.

Where to Put the Initial Intake and Assessment Tool

If you answered "no" to all of the first 9 questions and were sure the client did not need a referral to HS or DMH, then attach the tool to the shelter registration form. If you answered "yes" or were unsure as to any question and referred the client to HS or DMH, the HS or DMH worker will attach the tool to the Client Health Record (F2077). (***Do not give the tool to the client***).

FOR HS and DMH ONLY

Pre-existing conditions, both physical and psychological, are frequently exacerbated during times of extreme stress. HS and DMH workers should be aware of the potential for a client to decompensate or decline in health. Previously healthy individuals may have new medical/mental health needs due to the disaster.

- Once a client has been referred to HS/DMH, **all information is confidential** and will only be seen by licensed health care providers. Initiate a ***Client Health Record (F2077)*** for the client and attach the tool.
- In situations where a client has both physical and psychological concerns, he/she should be seen by both a DMH and an HS worker.

Questions?

If you have any questions or concerns about using this form contact your supervisor and/or a Disaster Health Services or Disaster Mental Health worker.

Incident / DR Number & Name: _____

Shelter Name: _____

Shelter City, County/Parish, State: _____

SHELTER REGISTRATION FORM

Please print all sections

Family Name (last Name):		Total family members registered: Total family members sheltered:
Pre-Disaster Address (City/State/Zip):	Post-Disaster Address (if different) (City/State/Zip)	Identification verified by (Record type of ID; if non, write none):
Home Phone:	Cell Phone/Other:	Primary Language: If primary language is not English, please list any family members who speak English
Method of Transportation: If personal vehicle-plate #/State (for security purposes only)		

INFORMATION ABOUT INDIVIDUAL FAMILY MEMBERS (for additional names, use back of page)

Name (Last, First)	Age	Gender (M/F)	Rm./Cot #	Arrival Date	Departure Date	Departing? Relocation address and phone

Are you required by law to register with any state or local government agency for any reason?

Yes No If yes, please ask to speak to the shelter manager immediately.

I acknowledge that I have read/been read and understand the Red Cross shelter rules and agree to abide by them.

Signature _____ Date: _____

CONFIDENTIALITY STATEMENT

American Red Cross generally will not share personal information that you have provided to them with others without your agreement. In some circumstances disclosure could be required by law or the Red Cross could determine that disclosure would protect the health or well-being of its clients, others, or the community, regardless of your preference.

Below, please initial if you agree to release information to other disaster relief, voluntary or non-profit organizations and/or government agencies providing disaster relief.

I agree to release my information to other disaster relief, voluntary or non-profit organizations _____

I agree to release my information to governmental agencies providing disaster relief _____

By signing here, I acknowledge that I have read the confidentiality statement and understand it.

Signature _____ Date: _____

Shelter Worker Signature _____

After registration, each family should go through the Shelter Initial Intake Form to determine if further assistance or accommodation is needed.

**CRUZ ROJA AMERICANA
FORMULARIO DE
INSCRIPCIÓN EN EL REFUGIO**

Núm. y nombre del incidente/desastre: _____

Nombre del refugio: _____

Escribir en letra de imprenta.

Ciudad, condado/diócesis, estado donde se encuentra el refugio: _____

Apellido del grupo familiar:		Núm. total de familiares inscritos:
		Núm. total de familiares en el refugio:
Domicilio antes del desastre (ciudad/estado/código postal):	Domicilio después del desastre (si fuera diferente) (ciudad/estado/código postal):	Identificación verificada por: (anotar tipo de documento de identidad; si no se presentara documento, indicar "ninguno")
Teléfono de la casa:	Teléfono celular/otro:	Idioma principal: (Si el idioma principal no es el inglés, indique cuáles miembros de la familia hablan inglés.)
Medio de transporte: Si es un vehículo particular, indicar núm. de matrícula y estado: (para fines de seguridad únicamente)		

INFORMACIÓN DE CADA MIEMBRO DE LA FAMILIA (Utilice el dorso de esta hoja para incluir más nombres.)

Nombre y apellido	Edad	Sexo (M/F)	Nº de hab./catre	Fecha de ingreso	Fecha de salida	¿Se muda? Nueva dirección y teléfono

¿Tiene usted obligación legal de inscribirse ante algún organismo del gobierno local o estatal por algún motivo?

Sí No En caso afirmativo, hable con el administrador del refugio de inmediato.

Declaro que he leído/me han leído y comprendo las normas del refugio de la Cruz Roja y me comprometo a cumplirlas.

Firma: _____ Fecha: _____

(mes/día/año)

DECLARACIÓN DE CONFIDENCIALIDAD

En general, la Cruz Roja Americana no revela a terceros, sin su consentimiento, la información personal que usted le brinda. En algunos casos, es posible que su divulgación sea obligatoria conforme a la ley. En otros casos, la Cruz Roja podría determinar que su divulgación protegería la salud o el bienestar de sus clientes, otras personas, o la comunidad, a pesar de la preferencia que usted indique.

Por favor, firme con sus iniciales a continuación si acepta dar a conocer sus datos a otras organizaciones de socorro de voluntarios o sin fines de lucro, y/o entidades gubernamentales que ofrecen socorro en casos de desastre.

Acepto suministrar mi información a otras organizaciones de voluntarios o sin fines de lucro que ofrecen socorro en casos de desastre. _____

Acepto suministrar mi información a organismos del gobierno que ofrecen socorro en casos de desastre. _____

Al firmar el presente, reconozco que he leído esta declaración de confidencialidad y comprendo sus términos.

Firma: _____ Fecha: _____

(mes/día/año)

Firma del trabajador del refugio: _____

Luego de la inscripción, cada familia debe llenar el formulario de admisión inicial en el refugio para determinar si necesitará asistencia adicional o alojamiento.

Para uso exclusivo de la Cruz Roja		Formulario 5972 Rev. 02/07
Distribución de ejemplares		
1. Archivo de registros en el refugio - Atención masiva	2. Gestión de información (ingreso de datos)	3. Cliente (a pedido)

DAILY SHELTER REPORT

Report No. _____

Facility: _____ Telephone: _____	
Address: _____ City: _____ Zip: _____	
Shelter Manager: _____	
Shift Supervisor 1 st : _____	
Shift Supervisor 2 nd : _____	
Shift Supervisor 3 rd : _____	

<p>Shelter Population:</p> <p>Current number of people in shelter: _____</p> <p>New registrations today: _____</p> <p>Total number of registrations: _____</p>	<p>Supplies Needed:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">On Hand</th> <th style="width: 20%; text-align: center;">Needed</th> </tr> </thead> <tbody> <tr> <td>Cots: _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Blankets: _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Comfort kits: _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Cleanup kits: _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		On Hand	Needed	Cots: _____	_____	_____	Blankets: _____	_____	_____	Comfort kits: _____	_____	_____	Cleanup kits: _____	_____	_____
	On Hand	Needed														
Cots: _____	_____	_____														
Blankets: _____	_____	_____														
Comfort kits: _____	_____	_____														
Cleanup kits: _____	_____	_____														

<p>Meals Served: _____ Date: _____</p> <p style="padding-left: 150px;">Breakfast: _____</p> <p style="padding-left: 150px;">Dinner: _____</p> <p style="padding-left: 150px;">Total: _____</p> <p style="padding-left: 150px;">Snacks: _____</p> <p>Special diet requirements: _____</p>	<p>Any unusual situations:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>Staff:</p> <p>Red Cross volunteer staff: _____</p> <p>Red Cross paid staff: _____</p> <p>Facility staff: _____</p> <p>Time of count: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Safety, security, & housekeeping check: _____	Time: _____
Comments: _____	
Prepared by (signature): _____	Date & Time: _____
Prepared by (printed name): _____	

Daily Shelter Log

DR # _____

Page # _____

DR Name: _____

SHELTER LOG for (location):

Date	Time	LOG ENTRY (show name of person making entry; use additional lines as needed)	Follow-up Action Required or Taken

ARC Instructions for Use of Form

This form is to be used when there is no internet connectivity available at the time of contact with someone *within* the disaster area wishing to communicate with someone *outside* the disaster area or as a first step to reunite persons who have been separated as a result of the disaster. Upon completion of the form, it should be taken to the nearest location for data entry into the Safe and Well database and shall be retained by the affected Chapter following data entry.

“Have you contacted your family or loved ones?”

The American Red Cross can assist you in communicating to your loved ones that you are safe and well. By completing this form, we can register you on the American Red Cross Safe and Well Website by using standard messaging that will ensure your privacy. Once registered, your loved one can search this site and be assured that you are safe and well. If you have loved ones who may be concerned about your welfare, complete the information below in as much detail as possible and sign the privacy statement.

CLIENT INFORMATION

FIRST NAME		LAST NAME			
EMAIL ADDRESS				DOB	
PRE-DISASTER HOME INFORMATION					
HOME PHONE		WORK PHONE		CELL PHONE	
HOME ADDRESS			CITY	STATE	ZIP
BEST CURRENT CONTACT INFORMATION					
BEST PHONE		WORK PHONE		CELL PHONE	
ADDRESS			CITY	STATE	ZIP

MESSAGE (Check boxes next to the appropriate messages to make your selections)

- | | |
|---|--|
| <input type="checkbox"/> I am safe and well | <input type="checkbox"/> Currently at a hotel |
| <input type="checkbox"/> Family and I are safe and well | <input type="checkbox"/> Will make phone calls when able |
| <input type="checkbox"/> Currently at shelter | <input type="checkbox"/> Will email when able |
| <input type="checkbox"/> Currently at home | <input type="checkbox"/> Will mail letter/postcard when able |
| <input type="checkbox"/> Currently at friend/family member/neighbor's house | |

Privacy Statement

The American Red Cross Safe and Well Website provides a method for persons affected by a disaster to enter personal information regarding their general welfare in the "List Myself as Safe and Well" section of the website. The American Red Cross is committed to protecting the privacy needs of children. Children under the age of 13 should not enter personal information into this website without adult supervision.

The information collected on this website includes first and last name, home address and telephone number, current city and state, name of the disaster, and the status of the person's welfare. Certain optional information, including date of birth, email address, and current address and telephone number, may also be entered. Because persons self-register on this website, the Red Cross cannot verify the accuracy of the information entered nor accept any responsibility for inaccurate information. The information entered in the Safe and Well Website will be maintained for one year.

By signing below I acknowledge that I have read and accept the terms of the Privacy Statement listed above and I consent to my name and welfare status being posted on the Safe and Well Website.

X _____ Date _____
 Signature (Required for listing on Safe and Well)

For ARC Use Only

Date and time entered in www.SafeandWell.org	Location	Print Name or Enter DSHR No.
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Shelter Resident Sign-in/Out Form

Date: _____ Location of Shelter: _____

Time In	Time Out	Name	(Optional) Where are you going?	Are you returning? Yes/No	Emerg. Contact Phone #

Shelter STAFF Sign-in/Out Form

Date: _____ **Location of Shelter:** _____

Time In	Time Out	Name	Shelter Position	Emerg. Contact Phone #

Visitor Sign-in/Out Form

Date: _____ Location of Shelter: _____

Time In	Time Out	Name	Agency Name or Name of Shelter Resident You are Visiting	Phone

SHELTER AFTER ACTION/CORRECTIVE ACTION (AA/CA) REPORT			
INFORMATION			
Location of Shelter:		Name of Shelter Manager:	
Date Shelter Opened:		Date Shelter Closed:	
Report Completed By:		Date Report Completed:	
SHELTER EVALUATION			
MANAGEMENT (Shelter Manager, PIO, Security, Safety, Liaison, etc.)			
Overall Assessment of Function (please check one)	Satisfactory		Needs Improvement
Please briefly describe improvements needed:			
Planning			
Training			
Personnel			
Equipment			
Facilities			
OPERATIONS (Registration, Shelter Ops, Medical/Mental Health, etc.)			
Overall Assessment of Function (check one)	Satisfactory		Needs Improvement
Please briefly describe improvements needed:			
Planning			
Training			
Personnel			
Equipment			
Facilities			

AFTER ACTION/CORRECTIVE ACTION REPORT QUESTIONNAIRE

Question	Yes	No	Comments
1. Were shelter procedures utilized during shelter activation?			
2. Was an adjacent pet shelter established?			
3. Was an EOC activated?			
4. Was there regular communication with the EOC?			
5. Was shelter information coordinated with the City and/or County Public Information Officer on a regular basis?			
6. Were shelter briefings given to staff on a regular basis?			
7. Were shelter briefings given to shelter residents on a regular basis?			
8. Were functional needs identified and mitigated?			
9. Were sign-in and out procedures followed by staff and shelter residents?			
10. Was a phone bank established?			
11. Were Internet stations established and was Safe and Well utilized?			
12. Was communications and interoperability an issue?			

Additional Questions

1. What actions were taken in response to the activation of the shelter? Include such things as mutual aid and statistics on number of personnel, equipment and other resources.

2. Was there any part of SEMS/NIMS that did not work during the activation and management of the shelter?

3. As a result of your response, did you identify any changes needed in your plans or procedures? Please provide a brief explanation.

4. Please identify any specific areas needing training and guidance.

5. If applicable, what recovery activities have you conducted to date?

NARRATIVE

Use this section for additional comments. Identify issues, recommended solutions to issues, and agencies that might be involved in implementing these recommendations.

POTENTIAL CORRECTIVE ACTIONS

Identify issues, recommended solutions to those issues, and agencies that might be involved in implementing these recommendations.

Issue	Corrective Action Improvement Plan	Responsible Party/Agency	Est. Date of Completion

FOR EOC USE ONLY

Date Received:	Date Reviewed:	Reviewed By:
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APPENDIX B

Shelter Rules

Shelter Rules

1. Do not attempt to enter areas marked as RESTRICTED.
2. Keep your valuables with you at all times.
3. Keep quiet around established QUIET AREAS and SLEEPING AREAS.
4. Respect established lights out time.
5. Cell phone usage must not violate quiet area and lights out rules.
6. Keep noise levels at a minimum.
7. Phones or computers provided by the shelter shall not be used for more than 15 minutes at a time.
8. No smoking is allowed in the shelter. Designated smoking areas will be established outdoors.
9. Use SIGN IN and SIGN OUT form when entering or leaving the shelter.
10. Acceptable shelter behavior includes:
 - no foul language
 - no abusive conduct
 - no stealing or destruction of property
 - be respectful toward staff and the shelter population
11. No meals allowed in the SLEEPING AREA.
12. Children must be accompanied by an adult at all times.
13. No weapons are allowed in the shelter; including but not limited to, firearms and knives. See shelter management for additional information or concerns.
14. No pets are allowed in the shelter; however, service animals are permitted.