

County of San Bernardino Department of Behavioral Health

SHELTER SERVICES – SITE EVALUATION

Date of Site Visit:	Time of Visit: AM/PM
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Facility Name:

Facility Address:

Distance to the nearest Bus Stop:	DBH Representative completing evaluation: (Please print)
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The purpose of the site evaluation is to ensure compliance with the performance provision of the contract that requires the facility to “Maintain a living environment and physical plant conducive to quality care and treatment of mentally disabled individuals including on-going maintenance repair and/or replacement as needed of beds, linen, flooring, paint, window coverings, fixtures, landscape, etc.”

- **Was the Facility Manager on site when you arrived?** YES NO
- **If not, once contacted, did they arrive within 5 minutes of your notification of the visit?**
YES NO
- **Name of Facility Manger:** _____

GENERAL SAFETY OBSERVATIONS

The following section is for general safety observations or areas of concern noted by the on-site inspection team. Any items noted, will be brought to the attention of the facility manager as appropriate. Examples of items for review are: general water temperature, home temperature, physical plant functionality and sanitation, lighting, outlet usage, smoke detectors, etc.

Observations: (If none, so state)

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REVIEW AREA	SATISFACTORY	
	<u>YES</u>	<u>NO</u>
OVERALL FACILITY		
1. Are all utilities on and working	<input type="checkbox"/>	<input type="checkbox"/>
2. Reasonable access to telephone services	<input type="checkbox"/>	<input type="checkbox"/>
3. House Rules are posted in common area	<input type="checkbox"/>	<input type="checkbox"/>
4. Locked storage areas are provided for each resident; residents shall have access to this area upon request	<input type="checkbox"/>	<input type="checkbox"/>
5. Shelter Exterior; aesthetically pleasing, "non-institutional" setting	<input type="checkbox"/>	<input type="checkbox"/>
General Facility Observations:	<input type="checkbox"/>	<input type="checkbox"/>
REVIEW AREA	<u>YES</u>	<u>NO</u>
BEDROOMS		
6. No room is commonly used as a public or general passageway	<input type="checkbox"/>	<input type="checkbox"/>
7. Each bedroom has sufficient closet and/or drawer space for each client	<input type="checkbox"/>	<input type="checkbox"/>
8. Easy passageway is allowed between beds and room entrance	<input type="checkbox"/>	<input type="checkbox"/>
9. Each client has individual bed with linens, pillow, and blanket/s	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom Observations:		
REVIEW AREA	<u>YES</u>	<u>NO</u>
KITCHEN		
10. Adequate table seating, utensils and cooking items for number of clients	<input type="checkbox"/>	<input type="checkbox"/>
11. Appliances are operable and in safe condition	<input type="checkbox"/>	<input type="checkbox"/>
12. Fire extinguisher charged and visible	<input type="checkbox"/>	<input type="checkbox"/>
13. Adequate food available to provide three (3) well-balanced meals and two (2) snacks on site and on a daily basis	<input type="checkbox"/>	<input type="checkbox"/>
14. A weekly menu is posted or readily available for clients to view	<input type="checkbox"/>	<input type="checkbox"/>

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Kitchen Observations:		
REVIEW AREA	<u>YES</u>	<u>NO</u>
BATHROOM(S)		
15. Home has clean, functional and safe toilet and shower facilities for residents?	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom Observations:		

SAN BERNARDINO COUNTY-DEPARTMENT OF BEHAVIORAL HEALTH ONLY			
Signature of DBH Representative completing evaluation:			
Title:		Program Name:	
GENERAL SAFETY OBSERVATIONS DISCUSSED WITH FACILITY MANAGER			
(Please check) YES <input type="checkbox"/> NO <input type="checkbox"/>			
DBH PMII Notified: (Please check) YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Notified:	Time Notified: AM/PM	