



Forms & Reporting

Disaster Shelter Workshop

August 3, 2024

Agenda

- Housekeeping
- Key Functions/Roles
- Registration Forms and Other Tools
- Sign In/Out and Logs
- Other Forms



Who/What

Functions

- Reception
- Dormitory registration
- Feeding
- Emergency supplies
- Security
- Resident transition

Roles

- General staff
- Shift supervisor
- Shelter manager
- EOC Mass Care Branch

Why Red Cross?



- Chartered by Congress to provide sheltering during disasters
- Largest disaster sheltering organization in the country
- Provision of shelter, food and water for people impacted by a disaster

General Expectations



- Onsite staff are:
 - Empowered to determine what makes the most sense for their shelter
 - Expected to have a service-oriented, problem-solving mindset

The Document Box

Inventory - Document Box (50 persons)

#	Unit	Description
20	Ea	Dormitory Registration (English)
10	Ea	Dormitory Registration (Spanish)
2	Ea	Clients Who Must Register Reminder/Sign
10	Ea	Storage Agreements
10	Ea	Daily Shelter Log
5	Ea	Shelter Referral Log
5	Ea	Daily Shelter Report
5	Ea	Opening/Closing Inspection
5	Ea	Shift Inspection
10	Ea	Staff Sign-In
2	Ea	Example Position Description: Shelter Manager
2	Ea	Example Position Description: Shelter Staff
5	Ea	Visitor Sign-In (English)
5	Ea	Visitor Sign-In (Spanish)

Registration



Shelter Dormitory Registration

___ Date Entered into SCIA

Family Name _____ SRT Triage Color (completed by SRT): circle (G Y R P)

Incident/DR#: _____ Shelter Name/Location: _____

**** This form is only used when the Shelter Client Information App is not accessible ****

<https://redcross.org/scia>

When the app is accessible, all client information must be entered and the paper record is destroyed.

Question to ask each client:

Is there anything urgent that you or your family need right now, or in the next 6-8 hours? This may include medications, diapers or baby formula, health/cultural/religious dietary meals, or other support for a health, mental health, disability, or other condition.

If the client has identified needs make an appropriate referral and record in the shelter log. If a client discloses that they must register with a government agency, please notify the Shelter Manager or Shift Supervisor immediately.

Does anyone in the household have environmental or other high-risk allergies? (circle): Yes No

If yes, ask "How would they normally remain safe in a new environment?" _____

Does anyone in the household have dietary needs for health, religious, or cultural reasons? (circle): Yes No

If yes, record details for each family member _____

Does anyone in the household have food allergies? (circle): Yes No

If yes, record details for each family member _____

Is anyone in the household accompanied by service animal(s)? (circle): Yes No

Primary Phone, Relay Service, and/or Email:

Primary Language (circle) English Spanish German Tagalog (Filipino) Chinese (Mandarin, Cantonese, Hokkien)

American Sign Language Arabic Korean Russian Vietnamese French/French Creole Other:

If Not English, Is A Family Member Present Who Speaks English? (circle): Yes No

Name (Last, First)	Arrival Date	Room/Cot	Actual Departure Date

Number of Animals by Type: Dog ___ Cat ___ Small Animal ___ Reptile ___ Bird ___ Other: ___ **Total Pets:** _____

Pet Location: Co-Located Off Site Partner Location Other:

Registration

First

- Immediate needs
- Household list

Then

- Demographics
- SRT Triage
- CMIST

Other

- Room/Cot assignment
- Wrist bands
- Signing in/out vs. checking in/out

Example

- David (79) is diabetic, obese and came in with a cane.
- Has a cell phone but is partially deaf
- White, primary language is english
- Mobile home was destroyed in fire
- Fixed income, veteran status
- Reception lent him a wheelchair to use while he is at the shelter.
- He uses portable oxygen
- Has a lap dog, Trinket (<25 lbs)

Registration

Other Scenarios

- Pets
- Weapons, drugs
- Required to register
- Storage

Client Interviews – **ALWAYS** consider:

- Being trauma-informed
- De-escalation
- Psychological first aid
- Access and functional needs

Break

Sign In Forms

Shelter Visitor Sign-In

- Client
- Visitor
- Staff

Date: _____ Incident/DR#: _____ Shelter Name/Location: _____

Date	Name	Time In	Time Out	Organization	Contact Information	Name of Escort	Follow-up needed	Notes
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	

Shelter Log

Shelter Log General Log Manager Log

Date: _____ Incident/DR#: _____ Shelter Name/Location: _____

Date & Time Name	Log Entry <i>(Use additional lines as needed)</i>	Follow-Up Action
		<input type="checkbox"/> Required <input type="checkbox"/> Completed
		<input type="checkbox"/> Required <input type="checkbox"/> Completed
		<input type="checkbox"/> Required <input type="checkbox"/> Completed

Cot Map and Roster



- Summary of who is currently registered

Daily Report



- How many registered
 - How many heads in beds
- Meals on hand, distributed, requested
- Key supplies on hand, distributed, requested

Facility Forms



- Facility Use Agreement
- Facility Survey
- Opening/Closing Walkthrough
- Shift Inspection

Tip Sheets and Job Tools

- Operating a Shelter Checklist
- Maintaining a Shelter Log
- Using Wrist Bands in Shelters
- Caring for Shelter Client Belongings
- Persons Required to Register with Gov't Agencies
- First Time Shelter Workers
- First Time Shelter Manager
- Transportation for Shelter Clients
- Support for Pre-Disaster Homeless Clients
- Evicting Shelter Clients
- Managing Shelter Staff Conflicts
- Cot Cleaning
- Position Description: Shelter Manager
- Position Description: Shelter Staff

Other Forms

- Unaccompanied Minor
- Emergency Welfare/Reunification
- ICS 213 General Message
- ICS 213 Resource Request
- ICS 214 Activity Log

Thank you

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