

Daily Shelter Report

Date: _____ Incident #: _____ Shelter Name: _____

The Shelter Site Manager submits this report to the EOC by 9:00 am each day.

Meal Order Form	Lunch (tomorrow)	Dinner (tomorrow)
# Standard meals needed:		
# Specialty meals needed:		
<i>Describe details of each type, use separate document if additional space is needed.</i>		
Total Meals Needed:		

What are the most important issues you are experiencing? *Examples: Need pet services, lack of heating/cooling, shelter capacity exceeded, large numbers of non-dormitory clients seeking services.*

What client needs are not being met? *Examples: function and access, adequate toilet and shower facilities, reunification, health/cultural/religious dietary meals and infant needs.*

Do clients have adequate access to Disaster Health Services, Disaster Mental Health, Disaster Spiritual Care and Shelter Resident Transition at the shelter site? What specific shortfalls must be addressed?

How is the morale and wellbeing of the shelter workers? Are there issues that need to be addressed?

What material items are needed today or tomorrow?

What support, services or modifications does the shelter operation need in the next 48 hours? *Examples: lighting, janitorial, ramps or other function and access modifications, pet relief area.*

Are additional shelter workers needed to provide effective services to clients and why?

Which shelter workers will out-process in the next 48 hours?

Complete the section below when information has changed from the previous report:

Shelter Address:		
Shelter Phone:		
Shelter Staff Info	Name:	Phone:
Shelter Site Manager		
Day Shift Supervisor		
Night Shift Supervisor		