



Asylum Seeker Shelter Services – Weekly Compliance Checklist

Site Name: _____

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1. How many times did you visit this Shelter Site this week?
2. Did you take a photograph of all the common spaces and food for the week? - Yes ☐ No ☐
3. Were there any incidents reported this week? - Yes ☐ No ☐
4. Have you reviewed the Shelter Site Binder Documents for the week?
 - i. Asylum Seeker Shelter Services – Sign In Sign Out Forms - Yes ☐ No ☐
 - ii. Asylum Seeker Shelter Services– Staff Weekly Work Schedule - Yes ☐ No ☐
 - iii. Asylum Seeker Shelter Services– Daily Shift Report - Yes ☐ No ☐
 - iv. Asylum Seeker Shelter Services – Weekly MetroCard Distribution Form - Yes ☐ No ☐
 - a. Have you reconciled the weekly distribution of MetroCards for the week - Yes ☐ No ☐
 - v. Asylum Seeker Shelter Services– Hygiene Kit Distribution Form – Yes ☐ No ☐
 - a. Was there a delivery of Hygiene Kits this week?
 - vi. Asylum Seeker Shelter Services- Weekly Laundry Card Distribution Form - Yes ☐ No ☐
 - a. How many laundry cards were distributed this week?
 - b. How many guests received laundry cards this week?
 - vii. Asylum Seeker Shelter Services– Weekly Food Menu - Yes ☐ No ☐
5. Were there any concerns of note? Yes ☐ No ☐

If you answered yes, please explain in detail.

6. Did you reconcile the Asylum Seeker Shelter Services – Sign in Sign Out Form with the Asylum Seeker Shelter Services – Staff Weekly Work Schedule? Yes ☐ No ☐
7. Did you obtain supporting documents/proof of payments for invoicing this week? Yes ☐ No ☐
8. Were there any discrepancies that compliance and/or finance/accounting should be aware of? Yes ☐ No ☐

If you answered yes, please explain in detail.

9. Did you complete the inventory checklist? Yes ☐ No ☐



10. Is inventory stored appropriately in secure space? Yes ☐ No ☐

If you answered no, please explain in detail.

11. Did you complete the fire & building checklist? Yes ☐ No ☐

Any corrections necessary? If, yes, put as action for follow-up.

12. Are vacant cots in good condition? Yes ☐ No ☐

If you answered no, please explain in detail.

13. Did you meet with point of contact for reconciliation? Yes ☐ No ☐

If you answered no, please explain in detail.

14. Please conduct a facility cleanliness check:

Cleanliness Scale (Use scale below)	
Sleeping Area	
Bathroom	
Showers	
Eating Area	
Recreation Area	

Rating Criteria:

1. Very clean: Represents highest level of cleanliness. Area is spotless and there are no visible signs of dirt, dust, or clutter. Surfaces are gleaming and it appears well-maintained.

2. Clean: Area is clean and well-maintained with minimal signs of dirt or clutter. It may have some minor dust or a few scattered items, but it is generally tidy and sanitary.

3. Average: There may be some visible dirt, minor stains, or moderate clutter. It's not particularly dirty, but it could benefit from some cleaning and tidying up.

4. Dirty: Area is dirty with noticeable signs of dirt, spills, or clutter. Not particularly sanitary or comfortable environment and requires cleaning and organization.



5. Very Dirty: Area is extremely dirty with a significant amount of dirt, spill, debris, or clutter. Not safe or comfortable and requires immediate and thorough cleaning.

Recommendations from Operation Manager: (Describe what could be improved for facility Cleanliness)

Operations Manager:

Name (Print): _____

Date/Time: _____

Signature: _____