

EMERGENCY SOLUTIONS GRANT (ESG) Emergency Shelter Minimum Habitability Standards Inspection Checklist

This checklist serves as a tool to ensure MSHDA ESG grantees and subgrantees receiving emergency shelter shelter operations funding are meeting minimum safe and sanitary standards indicated below. Based on HUD's ESG Minimum Habitability Standards for Emergency Shelter, emergency shelter staff must complete this form quarterly.

Instructions: To complete this form, place a check mark in the correct column to indicate whether the emergency shelter is approved or deficient with respect to each standard. Any deficiencies identified are considered a "finding" and should be documented for MSHDA's review. A copy of the completed checklist along with any additional documentation (i.e., lead-based paint documents, if applicable) should be kept in the shelter's files and provided to MSHDA and/or the fiduciary upon request.

Minimum Habitability Standards Compliance									
Approved	Deficient	Standard Standard							
		[24 CFR part 576.403(b)] 1. Is the emergency shelter building structurally sound to protect the residents from the elements?							
		 Is the emergency shelter accessible in accordance with the following: Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8; The Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35). 							
		3. Does the emergency shelter provide each resident with clean linens and an acceptable place to sleep (crib, bed and/or mat)?							
		4. Does the emergency shelter provide each resident a secure place to store their personal belongings and documents?							
		5. Does the emergency shelter have adequate ventilation in each room and/or space in the emergency shelter (i.e., bath- one operable window or fan; sleeping rooms- one operable window designed to open)?							
		6. Is the emergency shelter's water supply free of contamination?							
		7. Does each program participant in the emergency shelter have access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste?							
		8. Does the emergency shelter have necessary heating/cooling facilities in proper operating condition?							
		9. Does the emergency shelter have adequate interior and exterior lighting (i.e., present and bright)?							
		10. Does the emergency shelter have sufficient electrical sources to permit the safe use of electrical appliances in the structure?							
		11. Are food service areas adequate and sanitary, and does the emergency shelter provide access to a minimum of two meals per day (e.g., a breakfast meal in the morning and a dinner meal in the evening)?							
		12. Is the emergency shelter maintained in a sanitary condition?							

		13. Is there regular pest control?								
		14. Is there regular garbage removal and adequate storage (such as a dumpster with a lid?)								
		15. Is there at least one working smoke detector in each area of the emergency shelter (i.e., one in each occupied unit and one in each public area)?								
		16. Is the fire alarm system designed for hearing-impaired residents?								
		17. Are fire alarms and fire drills tested and conducted regularly (at least quarterly)? If how often are fire alarms tested and how often are fire drills conducted?								
		18. Does the emergency shelter have a second means of exiting the building in the event of fire or other emergency?								
		19. Does the emergency shelter have adequate first aid equipment and supplies available at all times in an area that is readily accessible?								
		20. Is the emergency shelter in compliance with lead-based paint regulations? [24 CFR 35]								
		Fv	aluator C	ertification						
Evaluator Certification I certify that I have evaluated the property located at the address below to the best of my ability and find the following:										
and the following.										
☐ Property meets <u>all</u> of the above standards.										
☐ Property does not meet all of the above standards										
Property does not meet all of the above standards.										
Comments:										
Evaluator Signature:							Date:			
		Emerge	ency She	Iter Information						
Emergency Shelter Name:										
Address:			City:		State:		Zip Code:			
Evaluator Information										
Evaluation Date: Evaluation Time:										
Evaluator Name: Evaluator Phone #: Evaluator Email:										
Agency/Staff Certification (if different than Evaluator)										
I certify that, to the best of my knowledge and belief, all the information presented and attached to this form is true, accurate, and complete.										
Staff Signature:										
Staff Name:										