Daily Shelter Report Instructions

This report is designed to collect and relay information to the Sheltering lead at the district or operation headquarters. The information is used for planning and reporting at the district or operation headquarters, as well as at the shelter. It is typically due in the early afternoon, covering all information gathered since the last report. Ask the Sheltering lead when it is due for this operation.

This is NOT the tool for reporting issues and concerns or for requesting staff, supplies, or support. Report issues and concerns directly to the sheltering lead by calling, texting, or emailing as agreed upon for this operation, and enter them into the appropriate shelter log. Request staff and supplies as directed in the Job Tool: Operating a Shelter.

Submit this form daily to the sheltering lead at the time requested for this operation. Retain a copy on file at the shelter.

This job tool is used in conjunction with the following doctrine:

- Sheltering Standards and Procedures
- Job Tool: Sheltering Lead
- Job Tool: Operating a Shelter

Use this form following the steps below:

1. General Information:
    a. Enter the date when the form is being completed.
    b. Consult with the sheltering lead to identify the "DR Number" and the "Shelter Name/County."
2. Shelter Information:
    a. Enter the shelter address.
    b. Enter the phone number used to contact the shelter manager or his/her designee during the operation, most likely the cell phone assigned to the shelter for the operation.
3. Shelter Staff:
    a. Enter the name and phone number of the individuals in each of the listed positions.
    b. Enter the total number of *Sheltering* workers, including those listed in the "Shelter Staff" section of this form. Example: if the shelter manager and night shift supervisor are listed by name, and there is also one daytime shelter worker and two nighttime shelter workers, the total count would be five (5).
4. Other Functions or Activities Staff:
    a. Enter the number of staff members working in the shelter assigned to other functions or activities.

    b.   Enter a number for Feeding staff only if the workers in the feeding areas are assigned to the Feeding function. For example, if a *Sheltering* worker is in charge of the feeding area, they would be counted as a *Sheltering* worker. If a *Feeding* worker is assigned to lead the feeding area in the shelter, they would be counted as a *Feeding* worker.

    c.   If "other" staff are working in the shelter, make a note in the "Notes" section of what work they were assigned to do in the shelter.

5. Shelter Population:
   a. Enter the number of individuals reported in the previous night's shelter count, broken down by age group. See [Sheltering Standards and Procedures](#) for more information.
   b. Enter the number of individuals in the shelter mid-day on the day of the report, broken down by age group. See [Sheltering Standards and Procedures](#) for more information.
   c. Enter the total number of new registrations since the last report. This does not include clients who registered on previous nights and are returning.

6. Operational Reporting:

   For each item, enter:
   - The number used today (since the last report);
   - The quantity available for immediate use in the shelter tomorrow;
   - The total quantity needed for use in the shelter tomorrow (whether or not it is currently available in the shelter).
     a. Snacks and drinks are counted as individual items. Example: a piece of fruit, a granola bar, a bottle of water, and a soda are each counted, for a total of four (4) items.
     b. Examples of "Other Bulk Items:" gloves, rakes, shovels, and full cases of water that are received at the shelter for distribution to clients.

7. Notes: enter high-level notes. Notes in this field do not replace notifications to the Sheltering lead.

8. Final Instructions:
   a. Enter the name of the individual preparing the report.
   b. Sign the report.
   c. Submit the report as instructed by the sheltering lead and according to the [Job Tool: Operating a Shelter](#).

Daily Shelter Report

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

> Include the county for reporting purposes.

Shelter Address		
Shelter Phone Number		

> Enter the phone number used to contact the shelter manager or his/her designee during the operation, likely the cell phone assigned to the shelter for the operation.

Sheltering Staff

Position	Name	
Shelter Manager		
Day Shift Supervisor		
2nd Shift Supervisor		
Night Shift Supervisor		
Total Number of Sheltering Workers	Day Shift:	2nd Shift:

> Include the individuals listed in this section in the count.

> If a position is not filled, leave the line blank, or draw a line through it.

> If there are only two shifts, leave "2nd Shift" information blank.

Other Functions or Activities Staff

# Disaster Health Services:	
# Disaster Mental Health:	
# Disaster Spiritual Care:	

> Number of workers from other functions / activities working in the shelter today (since last report).

Shelter Population

> This should match last night's shelter population count submission.

> Enter today's mid-day population count. Refer to the Sheltering S&P for guidance.

Age Groups (years):	0-3				65+
Nighttime Population Submitted Last Night:					
Daytime Population Today:					
Total NEW Shelter Dormitory Registrations Since Last Report:					

> New registrations, not included in previous reports. Typically received from registration area lead.

Operational Reporting

> For each item, enter the quantity available for immediate use in the shelter; the quantity used today (since the last report); and the total quantity needed for use in the shelter tomorrow (regardless of whether or not it is currently in the shelter).

	Break-	Lunch	Dinne	Snack	Cots	Blanke	Comfo	Clean-	Other	Signag		
# Used Today												
# Available to Use Tomorrow												
# Needed Tomorrow												

Notes

> Remember to enter your name and sign the report

Preparer Name:	Preparer Signature:

Daily Shelter Report

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

Shelter Information	
Shelter Address:	
Shelter Phone Number:	

Sheltering Staff		
Position	Name	Phone
Shelter Manager		
Day Shift Supervisor		
2nd Shift Supervisor		
Night Shift Supervisor		
Total Number of Sheltering Workers:	Day Shift:	2nd Shift:	Night Shift:

Other Functions or Activities Staff	
# Disaster Health Services:	# Casework and Recovery Planning:
# Disaster Mental Health:	# Feeding:
# Disaster Spiritual Care:	Other:

Shelter Population						
Age Groups (years):	0-3	4-7	8-12	13-18	19-65	65+
Nighttime Population Submitted Last Night:						
Daytime Population Today:						
Total NEW Shelter Dormitory Registrations Since Last Report:						

Operational Reporting	Breakfast	Lunch	Dinner	Snacks/Drinks	Cots	Blankets	Comfort Kits	Clean-up Kits	Other Bulk Items	Signage Kits		
# Used Today												
# Available to Use Tomorrow												
# Needed Tomorrow												

Notes

Preparer Name:	Preparer Signature: