

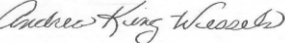



**HOWARD COUNTY DEPARTMENT OF CORRECTIONS
POLICY & PROCEDURE**

	SUBJECT:	Sanitation and Maintenance
	P & P #:	F-501
	TITLE:	Housekeeping/Inspection/Sanitation
	EFFECTIVE DATE:	April 1, 2020
	REVIEWED BY:	 Prince Asempa, Administrative Captain
	REVIEWED BY:	 Andrea King-Wessels, Deputy Director
	AUTHORITY:	 Jack Kavanagh, Director

POLICY: The Howard County Department of Corrections recognizes the importance of housekeeping and sanitation for sound security and a healthy environment. This policy provides for regular implementation and monitoring of the environmental health programs related to housekeeping practices, inspections and control of vermin and pests to ensure that all areas of the Detention Center and the Central Booking Facility are kept clean, sanitary and healthy.

REFERENCES: Maryland Commission on Correctional Standards (MCCS) – Adult Detention Centers Standards .02 Q, .03 C, I, .04 B, .04 C; Performance Based National Detention Standards 2011 Section 1.2, Maryland Occupational Safety and Health Administration (MOSHA) standards, and HCDC Policy I-819 Preventing Methicillin-Resistant Staphylococcus Aureus (MRSA).

DEFINITIONS: None

PROCEDURES:

I. Inspection

- A. The **Administrative Captain** in conjunction with Facilities Maintenance shall be responsible for the sanitation and maintenance inspection program designed to ensure:
1. All areas are clean and orderly;
 2. Lighting, ventilation and heating and cooling equipment are maintained and operable;
 3. No fire, safety or health hazards exist;
 4. All plumbing equipment including toilets, bathing and shower facilities, washing and laundry facilities operate properly;

5. Accepted sanitation practices are maintained and proper storage and removal of waste including trash and recycling occur; and
 6. Previously reported deficiencies have been corrected.
- B. The **Administrative Captain** shall be responsible for inventory of all cleaning products and equipment. The Administrative Captain shall ensure:
1. That the supply officer supplies the necessary cleaning products and supplies to each post to include the kitchen recording such on the Post Re-Supply, HCDC Form F-501c attached as Appendix 3 and Kitchen Resupply, HCDC F-501i attached as Appendix 8.
 2. No aerosol cans of any type shall be distributed or taken to the secure areas of the facility.
 3. Sufficient cleaning supplies are available for staff to maintain sanitation standards; and
 4. Proper inventory reports are completed and forwarded to the audit coordinator's office.
- C. Weekly inspections utilizing the Supervisor Daily Sanitation Inspection Sheet– Detention Center, HCDC Form F-501a, attached as Appendix 1 and the Sanitation/Safety Inspection - Central Booking Facility HCDC Form F-501b attached as Appendix 2, shall be conducted in all areas of the facility. As noted on the Inspection sheets:
1. Administration is cleaned by an outside contractor;
 2. Staff offices in inmate areas are cleaned by staff, except for pre-planned floor cleaning and vacuuming; and
 3. Kitchen and Staff Dining Room shall be cleaned according to dietary procedures.
 4. Each shift supervisor group shall be responsible for conducting weekly sanitation/safety inspections for their assigned zone. The weekly zone will be the same as the shifts monthly fire drill zone.
- D. The Administrative Captain shall ensure corrective action is taken to correct sanitation/safety/maintenance problems noted during the inspections. This corrective action shall be documented in writing and attached to the inspection report. The inspecting officers shall complete a Request for Repair HCDC Form F-501f attached as Appendix 5 to address any maintenance repairs. This form shall be submitted to the Administrative Captain.
- E. Control of Pests and/or Vermin
1. The Administrative Captain shall ensure that a regular outside pest control contractor visits the Detention Center and Central Booking Facility at least monthly.

2. Regular sanitation procedures are to be maintained to minimize the potential of infestation.
3. Staff shall bring to the attention of the Administrative Captain evidence of vermin or pest(s).
4. The Administrative Captain or designee shall inform the contractor of any concerns at the time of the monthly visit.
5. More frequent visits from the pest control contractor may be authorized as needed by the Administrative Captain.
6. The Shift Leader shall be notified when the contractor arrives so that arrangements can be made for treatment of the control rooms.
7. The escorting officer shall verify that the contractor has completed the tasks. The Administrative Captain shall sign the receipt and shall forward it to the Audit Coordinator.

F. Recycling

All staff areas have been provided recycling containers. Staff shall ensure that all eligible items are recycled. The Administrative Captain shall ensure that recycling is collected on a regular schedule and disposed of appropriately.

II. Safety Inspection of the Workplace

The Administrative Captain in conjunction with the Audit Coordinator shall be responsible for the safety inspection conducted by staff trained to meet the Maryland Occupational Safety and Health Administration (MOSHA) standards. These inspections shall be conducted monthly and documented on the Monthly Safety Inspections/Check List HCDC Form B-104d.

III. Sanitation Procedures

- A. The 12-8 Shift Leader shall maintain a controlled supply of bleach for specific distribution and use.
 1. A clipboard shall be maintained in the 12-8 Shift Leader's office.
 2. The Shift Leader shall ensure that any amount distributed and the purpose is recorded.
- B. The Disinfectant Strike Team. The Administrative Captain in coordination with the 8 to 4 Shift Leader shall ensure:
 1. The disinfectant strike team disinfects designated areas to include, but not limited to the following:
 - a. Visiting Room (both sides);
 - b. Attorney Visiting Rooms;

- c. Upper Level Holding Areas;
 - d. Medical Unit;
 - e. Stairwell;
 - f. Intake Area (to include bullpens);
 - g. Bond Hearing Room;
 - h. Multi-purpose Room;
 - i. Small Interview Room;
 - j. Library;
 - k. Vacated receiving unit cells; and
 - l. other designated areas.
2. The disinfectant strike team uses an approved disinfectant cleaner to sanitize all designated surface areas to include door knobs/railings.
 3. The officer assigned to supervise the disinfectant strike team shall use minimum security inmates to complete the assigned duties.
 4. The assigned officer shall review each post cleaning solution distribution log book to determine whether that shift and previous shifts have properly accounted for distribution and inventory control. All missing entries shall be noted in the log book with follow-up notifications to the Shift Leader.
 5. The assigned officer shall review the bleach inventory control log in the Shift Leader's office to ensure that bleach use had been documented to include issuance to the 12-8 shift designated officer for the filling of the canister and any distribution to the dietary staff.
- C. Each Shift Leader shall implement daily housekeeping practices to ensure that all areas are clean, sanitary and in good order. The Administrative Captain shall ensure that trash is removed by a Contractual Refuse Company at least weekly.
- D. Cells shall be cleaned upon being vacated. Cells will be terminally cleaned with a 10 to 1 (water to bleach) solution by spraying the cell surface area. Surfaces shall be wiped down and floors mopped.
- E. Officers assigned to housing unit post shall ensure all cleaning equipment is accounted for at the beginning and ending of each shift.
- F. Officers assigned to housing unit post shall immediately report cleaning equipment that is not accounted for to the Shift Leader followed by a written report. Missing sanitation equipment must be located prior to your assigned shift ending.
- G. Each housing unit post shall ensure their units are properly cleaned and in safe order. The post officer shall complete all the duties noted on the Post Inspection Duties HCDC Form F-501e also (Appendix 1 to Post Order 0) attached as Appendix 4. A Request for Repair shall be submitted to the Administrative Captain to address any maintenance problems. Any unsatisfactory issues shall be documented in an incident report and submitted to the Administrative Captain.
- H. Staff shall report any maintenance and repair issues found, either during the shift or as part of the Post Inspection Duties. Any requests for maintenance attention shall

be submitted via a Request for Repair. Any emergency issues shall be reported immediately to the Shift Leader.

I. The specific daily sanitation duties for each shift are as follows:

1. The 8:00 a.m. to 4:00 p.m. shift shall ensure:
 - a. upon assuming assigned posts each day, the necessary cleaning supplies are issued to each area and the inmates are instructed to clean their cells and all common areas;
 - b. assigned officers shall inspect and inventory all cleaning equipment before and after the equipment is used by inmates to detect tampering and/or theft of the equipment;
 - c. all mops and cleaning supplies are stored outside the inmate living area, in approved locations;
 - d. all cleaning supplies are returned to approved secure storage areas after the inmates have completed their housekeeping tasks;
 - e. the Shift Leader shall inspect each inmate housing area to ensure that:
 - (1) All cells are clean and orderly and beds are made;
 - (2) Dayroom areas are clean and orderly; and
 - (3) Toilet and bath/shower areas are clean, sanitary and operable;
 - f. any cells vacated are immediately cleaned in accordance with III. D. above;
 - g. the recreation yard and/or exercise room are cleaned daily after recreation is complete;
 - h. all hallways and common areas are mopped daily and swept continuously as needed;
 - i. officers constantly monitor occupied living areas for cleanliness and require the occupants to maintain acceptable standards (officers shall notify a Shift Leader if inmates do not maintain acceptable standards. The Shift Leader may impose sanctions to include cancellation of recreation, visits, discontinue phone privileges, and/or lock-in for the shift etc. for failure to maintain acceptable standards); and
 - j. all carpeted areas are vacuumed as needed.
2. The 4:00 p.m. to 12:00 a.m. shift shall ensure:
 - a. all hallways, stairwells and common areas are mopped daily and swept continuously as needed;
 - b. all vacated cells are immediately cleaned in accordance with section III. D. above;

- c. officers constantly monitor occupied living areas for cleanliness and require the occupants to maintain acceptable standards (officers shall notify a Shift Leader if inmates do not maintain acceptable standards. The Shift Leader may impose sanctions to include cancellation of recreation, visits, discontinue phone privileges, and/or lock-in for the shift etc. for failure to maintain acceptable standards);
 - d. all carpeted areas are cleaned daily;
 - e. heavy cleaning is done of control centers; and
 - f. visiting room/lobby area is thoroughly cleaned daily.
3. The 12:00 a.m. to 8:00 a.m. shift shall ensure:
- a. The supply officer shall ensure the shift has supplies on each post with the established cleaning supplies for the post and that the Post Resupply Form F-501c attached as Appendix 3 is completed;
 - b. all hallways, stairwells and common areas are mopped daily and swept continuously as needed;
 - c. all interview and holding areas are cleaned and sanitized daily;
 - d. the medical unit is thoroughly cleaned and sanitized daily;
 - e. all hallways and common areas are waxed as needed and the stairwell is scrubbed;
 - f. all hallways and common areas are stripped of wax at least every three (3) months or as directed by the Administrative Captain;
 - g. any cells vacated are immediately cleaned in accordance with III. D. above;
 - h. clean/sanitize all holding cells;
 - i. officers constantly monitor occupied living areas for cleanliness and require the occupants to maintain acceptable standards (officers shall notify a Shift Leader if inmates do not maintain acceptable standards. The Shift Leader may impose sanctions to include cancellation of recreation, visits, discontinue phone privileges, and/or lock-in for the shift etc. for failure to maintain acceptable standards); and
 - j. the library and chapel are cleaned on an as needed basis, a minimum of once a week.
4. Staff shall pay close attention to trash receptacles and/or containers of all sizes, taken into and/or out of the facility. Inmates have been known to hide in larger containers in an attempt to escape and where contraband is often hidden.
- a. Containers delivered to the facility shall be checked prior to being taken inside.

- b. Large containers and/or trash receptacles shall be searched prior to being taken out of the facility.
- J. When graffiti is located the discovering officer shall initiate a cleaning detail to remove it. Graffiti that is discovered in a cell or bunk area the inmate/detainee assigned shall clean to remove it.

IV. Laundry Room

- A. A medium security status inmate shall be assigned to the laundry and work under the supervision of assigned officer(s) and perform duties.
- B. The Administrative Captain shall ensure eye protection is issued to each inmate laundry worker assigned prior to work detail.
- C. Each laundry worker shall be responsible for his/her assigned eye protection/safety glasses, storage in his/her assigned housing unit along with movement to and from the laundry room.
- D. All inmate laundry workers MUST wear eye protection and rubber gloves any time laundry detergent is handled.
- E. Laundry detergent and rubber gloves shall be maintained in an assigned cabinet located in the laundry room. The cabinet will remain locked at all times when not in use. An assigned key has been placed on the Shift Leader/Assistant Shift Leader key ring.
- F. The Shift Leader or designee shall ensure the laundry cabinet has been secured after laundry assignments.
- G. Inmate laundry workers shall surrender his/her eye protection when laundry assignment has been terminated.
- H. A medium security status laundry inmate shall perform other duties as follows:
- I. Laundry workers shall remain in the laundry room always. Laundry workers shall be directly supervised by staff when working outside the laundry room.

V. Housekeeping in Food Preparation Areas

- A. The **Dietary Contract Monitor and the contract food service provider** shall be responsible for keeping food service areas and the staff Dining Room sanitary and orderly.
- B. The Dietary Supervisor/Administrative Captain shall assign personnel to inspect dietary sections for cleanliness on a weekly basis. All applicable health codes shall be followed. The Howard County Health Department inspects the kitchen in accordance with established regulations. Any deficiencies from this inspection shall be corrected as soon as possible.
- C. The following housekeeping jobs are to be done on a weekly basis and shall be coordinated by the **Dietary Contract Monitor**:

1. Polish all stainless steel with cleaner;
 2. Wash walls and ceiling;
 3. Clean out refrigerator;
 4. Clean stove and hoods inside and out;
 5. Clean bottom shelves on work table; and
 6. Check all spices for contaminants.
- D. The fire suppression/exhaust hoods shall be cleaned periodically by the designated contractor according to a set schedule.
- E. Issuance of all chemicals used (non-aerosol) in the cleaning process shall be documented on the Kitchen Chemical Supply Inventory, HCDC Form F-501h attached as Appendix 7.

VI. Directors Prerogative

The Director has the authority to revise/change a policy or post order as needed to meet the operational demands of the Department. As the change(s) are initiated, they may be communicated by an email, memoranda or in rare circumstances verbal due to unforeseen situations.

ATTACHMENTS: Appendix 1, Weekly Sanitation Inspection Sheet – Detention Center, HCDC Form F-501a.

Appendix 2, Weekly Sanitation Inspection Sheet – Central Booking Facility, HCDC Form F-501b.

Appendix 3, Post Resupply, HCDC Form F-501c.

Appendix 4, Post Inspection Duties, HCDC Form F-501e.

Appendix 5, Request for Repair, HCDC Form F-501f.

Appendix 6, Sanitation/Safety Inspection Sheet – Medical Unit, HCDC Form F-501g.

Appendix 7, Kitchen Chemical Supply Inventory, HCDC Form F-501h.

Appendix 8, Kitchen Resupply, HCDC Form F-501i.

RESCISSIONS: HCDC Policy F-501 Housekeeping and Inspection of Sanitation Practices, effective April 3, 2019, June 15, 2018, June 15, 2017, August 31, 2016.

Howard County Department of Corrections Weekly Sanitation Inspection Sheet – Detention Center

Inmate Housing Area	Clean	Inspected	Comments
ZONE 1			
A-Housing	yes/no	yes/no	
B-Housing	yes/no	yes/no	
C-Housing	yes/no	yes/no	
D-Housing	yes/no	yes/no	
E-Housing	yes/no	yes/no	
Chapel	yes/no	yes/no	
Stairwell	yes/no	yes/no	
F-1, F-2, F-3 Sections	yes/no	yes/no	
Intake Area and Bond Room	yes/no	yes/no	
ZONE 2			
Medical Department	yes/no	yes/no	
H-1 Housing	yes/no	yes/no	
H-2 (GED Classroom)	yes/no	yes/no	
Hendricks Hall	yes/no	yes/no	
Visiting Room – Visitor Visiting Room(s) - Inmate	yes/no	yes/no	
Upper Level Bullpen Atty. Visiting Rooms	yes/no	yes/no	
Yard Areas	yes/no	yes/no	
Administration Area / Mechanical Room	yes/no	yes/no	
Outer Perimeter	yes/no	yes/no	
Vehicle Sallyports	yes/no	yes/no	
ZONE 3			
West-1	yes/no	yes/no	
West-2	yes/no	yes/no	
West-3	yes/no	yes/no	
West-4	yes/no	yes/no	
West F-4	yes/no	yes/no	
West-5	yes/no	yes/no	
West-6	yes/no	yes/no	
West-7	yes/no	yes/no	
Resource Center	yes/no	yes/no	
Laundry Room	yes/no	yes/no	
ODR	yes/no	yes/no	
Program Room	yes/no	yes/no	
Multipurpose Room	yes/no	yes/no	
Note: For areas that are not clean/orderly; indicate the corrective action taken: (Submit an Incident Report if more space is needed).			

Date of Inspection: _____

Signature of Inspecting Officer: _____

Howard County Department of Corrections Weekly Sanitation/Safety Inspection Sheet – Central Booking Facility

Inmate/Detainee Housing Area	Clean	Inspected	Comments
Men’s Holding Cells	yes/no	yes/no	
Men’s Bullpens	yes/no	yes/no	
Women’s Holding Cells	yes/no	yes/no	
Women’s Bullpen	yes/no	yes/no	
Control Center	yes/no	yes/no	
Interview Room	yes/no	yes/no	
Strip Search Room	yes/no	yes/no	
Observation Cells	yes/no	yes/no	
Commissioner’s Interview Room	yes/no	yes/no	
Property Room	yes/no	yes/no	
Identification Room	yes/no	yes/no	
Supervisor’s Office	yes/no	yes/no	
Bio-Room	yes/no	yes/no	
Stairwell	yes/no	yes/no	
Hallways	yes/no	yes/no	
Storage Room	yes/no	yes/no	
Note: For areas that are not clean/orderly; indicate the corrective action taken:			
District Court Commissioner Office			
Office 704	yes/no	yes/no	
Office 705	yes/no	yes/no	
Office 706	yes/no	yes/no	
Lobby	yes/no	yes/no	
Restroom	yes/no	yes/no	
Copy Room	yes/no	yes/no	
Lobby Restroom	yes/no	yes/no	

Date of Inspection: _____

Signature of Inspecting Officer: _____

Howard County Department of Corrections Post Resupply

Supply Name	Number of Item(s) Issued	Date	Signature of Issuing Supply Officer	Destination of Item(s)	Signature of Receiving Officer
Easy Paks					
409 Disinfectant Cleaner					
Pink and Klean Hand Soap					
Purell Hand Sanitizer					
Multi-Surface Cleaner					
Disinfecting Wipes					
Bar Soap					
Hygiene Kits					
GoJo Orange Hand Cleaner					
Provon Body Wash					
Bleach					
Laundry Detergent					
Latex Gloves: S M L XL	<u> </u> <u> </u> <u> </u> <u> </u>				
Sponges					
Cleaning Rags					
Trash Bags					
Paper Towels					
Toilet Paper					
Foam Slippers: M L XL	<u> </u> <u> </u> <u> </u> <u> </u>				
Mop Heads					
Naturelle Tampons					
Naturelle Maxi Pads					
Push Broom					
Angle Broom					
Dust Pan					
Mop Bucket					
Mop Frame					
Shower Brush					
Bleach					

Appendix 4 to HCDC Policy F-501 Housekeeping/Inspection/Sanitation and Appendix 1 to Post Order 0 General Orders
Post Duties Inspection

Date: _____ Shift: _____ [] Beginning of Shift Inspection [] End of Shift Inspection

Housing Units Assigned (Circle Applicable Unit(s): CBF, F1, F2, F3, Intake, A, B, C, D, E, W1, W2, W3, W4, WF4, W5, W6, W7, Hendricks Hall)

Duties		N/A	S	U
1. Is officer station neat, orderly and equipped with all required forms for daily operation:				
2. Was 10 to 1 bleach solution prepared for the post (daily 12 to 8 responsibility)?				
3. Outer housing unit doors are to be dust free to include: Track, top of door and door runner.				
4. Inner vestibule doors and bars dust and food free.				
5. The day room is clutter-free with no excess items, playing cards, board games, etc. Items shall be stored in designated areas.				
6. Property boxes and mattresses shall be in proper areas (not used as seats).				
7. Graffiti discovered: What areas?:				
8. No unauthorized clothing in shower/bathroom areas during authorized times.				
9. Inmate cell doors inspected for: dust, dirt, and food particles. <input type="checkbox"/> Cell floors are not covered, clean and free of clutter and trash. <input type="checkbox"/> Vents are clear and no clothes lines. <input type="checkbox"/> Nothing stored in the normal walking path. <input type="checkbox"/> All property is stored in authorized areas.				
10. Inmate name(s) for in-house and hallway sanitation: _____ _____				
11. Sanitation supplies have been issued according to measuring standards and documented in post log book.				
12. Was the dayroom bathroom and shower area terminally cleaned with 10 to 1 bleach solution or Simple Green solution? Note: The shower curtain shall be scrubbed and shower mat cleaned and hung on wall to air dry.				
13. Was the recreation yard cleaned and drains clear of dirt and debris?				
14. Have hallways been cleaned after meals.				
15. Have windows, window ledges, walls, floors and panel boxes wiped/mopped down as required. Brass handles polished?				
16. A Request for Repair (HCDC Form F-501f) submitted to the Administrative Captain. If yes, explain below.				

Safety Check(s)

- | | |
|---|---|
| a. ensure all exit areas are unobstructed; | d. ensure there is 36 inches of clear space in front of electrical circuit panel; |
| b. ensure there is no debris stored in fire extinguished cabinets; | e. ensure wet floor signs are available and used when floors are wet; and |
| c. ensure there is proper ventilation for all computer equipment
(do not cover or place objects on computers); | f. have all safety issues been promptly addressed? |

Each shift shall inventory housing janitorial supplies before an inmate is given this assignment. ALL missing equipment MUST be logged in your post log book and followed by an incident report to the Shift Leader.

Housing Unit Cleaning Equipment	Housing Unit Satisfactory (√) Unsatisfactory (X)	Cleaning Equipment Accounted for: Yes If no, explain.	Housing Unit Cleaning Equipment	Housing Unit Satisfactory (√) Unsatisfactory (X)	Cleaning Equipment Accounted for: Yes If no, explain.
Broom			Toilet brush		
Dustpan			Sponge/rags		
Scrub Brush			Push broom		
Bucket/ringer			Small bucket		
			Mop		

Comments:

My signature affirms that I have performed the above stated duties: _____ Date: _____ Shift/Post: _____

Howard County Department of Corrections

Request for Repair

Housing Unit: _____

Cell number: _____

Bunk number: _____

Other Area(s): _____

The following repairs are needed:

For light problem, check the appropriate item(s).

- † Hall light
- † Common area
- † Shower light
- † Shaving light
- † Bunk light
- † Desk light
- † Large overhead light
- † Burned out
- † Fixture damaged

For plumbing problem, check the appropriate item(s).

- † Low pressure
- † High pressure
- † No water pressure
- † Toilet
- † Sink
- † Shower
- † leak(s)

Other items not listed above: _____

Did inmate damage item? † yes † no

If yes, provide inmate name (print): _____ Number: _____

Submitted by (print): _____

Shift: _____ Date: _____

Distribution:

White copy: Administrative Captain (after completion)

Yellow copy: Facilities Department

Pink copy: Administrative Captain

Howard County Department of Corrections
Sanitation/Safety Inspection Sheet – Medical Unit

Medical Unit	Clean	Inspected	Comments
Walls wiped down	yes/no	yes/no	
Door handles/knobs wiped down	yes/no	yes/no	
Waiting room chairs	yes/no	yes/no	
Desk tops wiped down	yes/no	yes/no	
Office areas cleaned	yes/no	yes/no	
Counter tops wiped down	yes/no	yes/no	
Bathroom cleaned	yes/no	yes/no	
Floors swept and mopped	yes/no	yes/no	
Other Cleaning (write in information)	yes/no	yes/no	
Windows and window ledge cleaned	yes/no	yes/no	

Note: If floors need to be scrubbed and/or waxed.

Date of Inspection: _____

Signature: _____

Howard County Department of Corrections
 Kitchen Resupply

Type of Supply	Number of Item(s) Issued	Date	Issuing Supply Officer Signature	Destination of Item	Receiving Officer Signature
Ultra-Max					
409 Disinfectant Cleaner					
Clearly Green Hand Soap					
Purell Hand Sanitizer					
Glance Multi-Surface Cleaner					
Disinfecting Wipes					
Bleach					
Oxy. Bleach Cleaner					
(L.P.) All Purpose Cleaner					
Spic & Span					
Hood & Duct Cleaner					
Oven Cleaner					
Cleaner Pot/Pan					
Dish Washing Rinse					
Dish Washing Soap					
Lime Away (ECO LAB)					
Simple Green Lime Scale Remover					
Time Mist Air Freshener					
Brasso cleaner					
Ajax Chlorine Cleaner					
SOS Scrubbing Pad					

**Howard County Department of Corrections
Weekly Sanitation/Safety Inspection Sheet
Chapel, Multi-Purpose Room, Program Center**

Chapel	Clean	Inspected	Comments
Walls and frames wiped down	yes/no	yes/no	
Door handles/knobs wiped down	yes/no	yes/no	
Seating chairs wiped down	yes/no	yes/no	
Table top(s) wiped down	yes/no	yes/no	
Floor vacuumed	yes/no	yes/no	
Tiled floors swept and mopped	yes/no	yes/no	
Bathrooms cleaned	yes/no	yes/no	
Other Cleaning (write in information)	yes/no	yes/no	

Note: If floors need to be scrubbed and/or waxed.

Date of Inspection: _____ Staff Signature: _____

Shift Leader Signature: _____

Multipurpose Room	Clean	Inspected	Comments
Walls and frames wiped down	yes/no	yes/no	
Door handles/knobs wiped down	yes/no	yes/no	
Seating chairs wiped down	yes/no	yes/no	
Table(s) top wiped down	yes/no	yes/no	
Tiled floors swept and mopped	yes/no	yes/no	
Other Cleaning (write in information)	yes/no	yes/no	

Note: If floors need to be scrubbed and/or waxed.

Date of Inspection: _____ Staff Signature: _____

Shift Leader Signature: _____

Program Center	Clean	Inspected	Comments
Walls and frames wiped down	yes/no	yes/no	
Door handles/knobs wiped down	yes/no	yes/no	
Seating chairs wiped down	yes/no	yes/no	
Table top(s) wiped down	yes/no	yes/no	
Tiled floors swept and mopped	yes/no	yes/no	
Other Cleaning (write in information)	yes/no	yes/no	

Note: If floors need to be scrubbed and/or waxed.

Date of Inspection: _____ Staff Signature: _____

Shift Leader Signature: _____