

Adult Day Services Checklist

Carry this checklist with you when you visit adult day centers (simply print out one checklist per center you plan to review). The checklist is designed to help you know what to look for and to remember what you saw. Use the back of the checklist to write down any additional comments. After visiting the centers, use the checklists to compare one provider with another.

Name of Adult Day Service: _____

Owner/Sponsoring agency: _____

Address: _____

Phone: _____ Website or Email: _____

Who is Served?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Can the facility provide the level of assistance you require, given your medical condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there medical conditions the facility will not accept (for example, limited mobility, dementia, incontinence)? If yes, what are these conditions? _____

Services

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does a staff team prepare a complete assessment of each new client?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this team create a care plan for each client, addressing his or her unique needs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the center provide health monitoring services, such as blood pressure and weight screening? If yes, which services?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are medications administered and/or medication reminders given?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are doctor services available?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the center have designated areas for sick people?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are speech, physical and/or occupational therapy available at the center?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are personal care services (bathing, shampooing, shaving, etc.) available?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is assistance available for eating, walking and/or toileting, if necessary?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the center provide a variety of interesting social activities?

Services

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are participants involved in planning activities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the center have contact with community groups?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are meals nutritious and tasty?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the center able to cater to special dietary needs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are snacks available between meals?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is transportation to and from the center available?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there support groups for family members?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can the center assist family members in planning for the client's care?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a private place for conferences?

Staff

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do there appear to be an adequate number of staff? What is the staff-to-participant ratio?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a program for training staff who will be caregivers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there staff members who specialize in working with clients with dementia and memory loss?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a nurse on duty during hours the center is open?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do supervisors oversee caregivers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the center require criminal record checks for employees?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are staff members trained in emergency procedures?

Physical Environment

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the center provide a safe and secure environment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an automatic fire alarm system and sprinklers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the center wheelchair accessible?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there sufficient grab bars and handrails?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the center clean and well-maintained?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the center free of unpleasant odors?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there comfortable furniture?

Credentials

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the center licensed or certified (if required in your state)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the center accredited by any national organizations? If yes, which? (Contact these organizations to check accreditation standards.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are staff members credentialed? If yes, what are these credentials?

Cost

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all costs and fees listed on a written statement? What is the hourly or daily charge?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there extra fees for some of the services you might require? If yes, how much are they?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is financial assistance available?

Cost

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all costs and fees listed on a written statement? What is the hourly or daily charge?
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Overall quality

Rate the center in the following areas on a scale from one to ten, with ten being a perfect score:

	1	2	3	4	5	6	7	8	9	10
Do you feel welcomed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the participants happy and active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do staff seem caring and concerned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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