Checklist Provided by ***GetCare.com***

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 E-Mail :_____**

Who is Served?

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

Services

❑	❑	Does a staff team prepare a complete assessment of each new client?
❑	❑	Does this team create a care plan for each client, addressing his or her unique needs?
❑	❑	Does the center provide health monitoring services, such as blood pressure and weight screening? If yes, which services? _____ _____
❑	❑	Are medications administered and/or medication reminders given?
❑	❑	Are doctor services available?
❑	❑	Does the center have designated areas for sick people?
❑	❑	Are speech, physical and/or occupational therapy available at the center?
❑	❑	Are personal care services (bathing, shampooing, shaving, etc.) available?

Yes	No	
❑	❑	Is assistance available for eating, walking and/or toileting, if necessary?

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❑ ❑ Does the center provide a variety of interesting social activities?
❑ ❑ Are participants involved in planning activities?
❑ ❑ Does the center have contact with community groups?
❑ ❑ Are meals nutritious and tasty?
❑ ❑ Is the center able to cater to special dietary needs?
❑ ❑ Are snacks available between meals?
❑ ❑ Is transportation to and from the center available?
❑ ❑ Are there support groups for family members?
❑ ❑ Can the center assist family members in planning for the client's care?
❑ ❑ Is there a private place for conferences?

Staff

❑ ❑ Do there appear to be an adequate number of staff?
What is the staff-to-participant ratio? _____
❑ ❑ Is there a program for training staff who will be caregivers?
❑ ❑ Are there staff members who specialize in working with clients with dementia and memory loss?
❑ ❑ Is a nurse on duty during hours the center is open?
❑ ❑ Do supervisors oversee caregivers?
❑ ❑ Does the center require criminal record checks for employees?
❑ ❑ Are staff members trained in emergency procedures?

Physical Environment

❑ ❑ Does the center provide a safe and secure environment?
❑ ❑ Is there an automatic fire alarm system and sprinklers?
❑ ❑ Is the center wheelchair accessible?
❑ ❑ Are there sufficient grab bars and handrails?
❑ ❑ Is the center clean and well-maintained?
❑ ❑ Is the center free of unpleasant odors?
❑ ❑ Is there comfortable furniture?

Credentials

Yes **No**

❑ ❑ Is the center licensed or certified (if required in your state)?
❑ ❑ Is the center accredited by any national organizations? If yes, which? (Contact these organizations to check accreditation standards.)
_____
❑ ❑ Are staff members credentialed?
If yes, what are these credentials?_____

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How many years has the center been in operation? _____

Cost

❑ ❑ Are all costs and fees listed on a written statement?
What is the hourly or daily charge? _____

❑ ❑ Are there extra fees for some of the services you might require?
If yes, how much are they? _____

❑ ❑ Is financial assistance available?

Overall Quality

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

Do you feel welcomed?	1 2 3 4 5 6 7 8 9 10
Are the participants happy and active?	1 2 3 4 5 6 7 8 9 10
Do staff seem caring and concerned?	1 2 3 4 5 6 7 8 9 10

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