

Observation Checklist for Adult Day Programs

Name of Program: _____

Goals of Program

there a written statement of program goals? Yes No

What is the range of services offered by the program? _____

How do the goals of the program fit what your adult child wants and what you want for him/her? _____

Population

What is the range of ages for people served by the program? _____

What are the ranges of abilities and disabilities of people served by the program? _____

Location and transportation

the program in an area that is comfortable and convenient for you and your adult child? Yes No

How will he/she get to the program? _____

the program accessible by public transportation? Yes No _____

travel training provided? Yes No _____

Is the program close to community activities and opportunities? _____

Physical Environment

the space clean, organized and safe? Yes No

all areas easily accessible? Yes No

schedules posted, easy to understand? Yes No

the environment welcoming and attractive to you and your child? Yes No

are there inviting areas where program participants can socialize? Yes No

are there quiet areas where program participants can take breaks? Yes No

a sensory room/location available? Yes No

Staff

What is ratio of staff to program participants? _____

What kind of background checks are done on staff? _____

health screening/ TB test required for staff? Yes No

What kind of training/education does staff have? _____

Do staff members have credentials, licenses, professional certificates appropriate to services they provide?

Yes No _____

are there ongoing training and professional development? Yes No

What is the staff turnover rate? _____

Program Curriculum

What skills are taught? For example....

Daily living skills? _____

Job skills? _____

Communication skills? _____

Computer skills? _____

are adult education classes available? Yes No What classes are offered?

When? _____ Where? _____

What recreational programs are available?

Art, music, crafts? _____

Games? _____

Sports? _____

What therapies are available?

Fitness/range of motion? _____

Any others to list? _____

What opportunities for community experiences AND integrated community experiences are available?

Where? How often? _____

Method of transportation? _____

Are opportunities for employment available? Yes No

What are the opportunities? _____

What training is available? _____

Are employment opportunities paid or on a volunteer basis? _____

What kinds of job supports are available? _____

Business Issues

Is the program for profit or nonprofit? _____

How long has the program been in business? _____

How many years has the program been in the community? _____

Is the program licensed by the state? Yes No

Is the program accredited by the Commission on Accreditation of Rehabilitation

Facilities ("CARF")? Yes No

What is the process for addressing issues/complaints? _____

Parental Roles/Communication

What role, if any, do parents play in the program? _____

How does communication with parents happen? _____

Who is responsible for communication? _____