

Evaluating Adult Day Programs

Southern Maine Agency on Aging can provide you with information about programs in York and Cumberland Counties. Contact a Resource Specialist or Family Caregiver Specialist at 1-800-427-7411 or send an email through the SMAA website (www.smaaa.org) Information and Resource department "request information" feature.

If you are considering an adult day program, you can use this worksheet to compare services. When visiting or interviewing each program, ask questions and take your time to look around. Not all programs will have all the possible features listed here, nor will all features be appropriate for your family member, so it will be important to decide what your priorities will be.

Information

Name of program: _____
Administrator/Director: _____
Phone Number: _____ Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Overall Evaluation

Each facility should have:

- Buildings and grounds that are well cared for and attractive
- An interior that is clean, odor free, and welcoming
- Staff that is friendly and responsive
- Participants who socialize with each other and appear happy
- Staff that treats participants with respect and dignity
- A good reputation in the community
- Hours of operation that meet participant & family need

Participants

- Seem comfortable in their surroundings
- Appear to be engaged by staff and activities
- Are treated with respect and dignity

Questions to consider

- Is the program fully licensed / certified? _____
- What is the ratio of staff to participants? _____
- Is there a waiting list? _____
- Are there any eligibility requirements (age, residency)? _____
- What happens if the situation changes and a participant's needs no longer match the program services?

- What is the cost of services? _____
 - Is financial assistance available? _____
 - Can the program be paid for by long term care insurance or Veterans' benefits? _____
 - If the participant is not able to attend at their scheduled time, what happens? _____
 - How does the payment system work? _____
 - What services / supports are offered to families? _____
 - What is the mix of people attending? _____
 - Will your family member have an individualized care plan? _____
 - Will this be a good fit for your family member? _____
 - How does the program deal with participants with behavior issues? _____
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- Is the staff trained to help people with a variety of needs? _____
 - Is transportation to and from the program available? _____ What does it cost? _____

Physical Features

	Available	Not Available
▪ A floor plan that is well marked and easy to follow	<input type="checkbox"/>	<input type="checkbox"/>
▪ Doorways, hallways and rooms that accommodate walkers, wheelchairs, etc.	<input type="checkbox"/>	<input type="checkbox"/>
▪ Adequate lighting	<input type="checkbox"/>	<input type="checkbox"/>
▪ Exits that are clearly marked and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>
▪ Outdoor activity areas that are pleasant and inviting	<input type="checkbox"/>	<input type="checkbox"/>
▪ Adequate space, furniture and equipment	<input type="checkbox"/>	<input type="checkbox"/>

Staffing

▪ Are there specific qualifications/ licensures that staff must meet?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Licensed nursing staff available (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
▪ Staff trained in personal care (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
▪ Staff trained in CPR and first aid	<input type="checkbox"/>	<input type="checkbox"/>
▪ Does the program do background checks before hiring?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are staff trained in working with people with cognitive issues and / or challenging behaviors?	<input type="checkbox"/>	<input type="checkbox"/>

Services (as needed)

▪ Individualized activity plan for each participant	<input type="checkbox"/>	<input type="checkbox"/>
▪ Personal assistance (bathing, dressing, transferring)	<input type="checkbox"/>	<input type="checkbox"/>
▪ Assistance with walking	<input type="checkbox"/>	<input type="checkbox"/>
▪ Assistance with toileting	<input type="checkbox"/>	<input type="checkbox"/>
▪ Medication reminders / administration	<input type="checkbox"/>	<input type="checkbox"/>
▪ Health monitoring services (blood pressure, weight)	<input type="checkbox"/>	<input type="checkbox"/>
▪ Assistance and supervision for people with dementia	<input type="checkbox"/>	<input type="checkbox"/>
▪ Management system for participants who wander	<input type="checkbox"/>	<input type="checkbox"/>
▪ Regular staff communication with caregivers	<input type="checkbox"/>	<input type="checkbox"/>
▪ Transportation to / from program	<input type="checkbox"/>	<input type="checkbox"/>
▪ Different functional levels addressed by programs	<input type="checkbox"/>	<input type="checkbox"/>

