

Day Programs Exploratory Survey

This survey tool is to be utilized to assess each program location where Day Services-Adult, Prevocational Services, and Community Respite Services are provided.

***1. Agency**

***2. Person completing**

***3. Position at Agency**

***4. Program/Location name**

***5. Address**

***6. Services at this location**

***7. Are people given opportunities to visit other settings (for example, other day program locations operated by the provider agency)?**

- Yes
- No
- Compliance Possible with Changes

Explain changes needed for compliance

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***8. Does the setting reflect the people's needs and preferences?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***9. Are people aware of or does s/he have access to materials to become aware of activities occurring outside of the setting?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***10. Do people shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as the individual chooses?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***11. Do people talk about activities occurring outside of the setting?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

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*12. Do people work in an integrated community setting?

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

*13. For people receiving Prevocational Services, are those services provided in a sheltered workshop setting?

- Yes
- No

*14. If people would like to work, is there activity that ensures the option is pursued?

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

*15. Do people have a checking or savings accounts or other means to control his/her funds?

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

*16. Do people have free access to his/her funds?

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

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***17. Is it clear that people are not required to sign over his/her any type of income to the provider?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***18. Do staff ask people about her/his needs and preferences?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***19. Are people aware of how to make a request for changes in activities?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***20. Are request for services and supports accommodated as opposed to ignored or denied? Did the provider honor request to change or vary activities?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

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***21. Are people's choices facilitated in a manner that leaves them feeling empowered to make decisions?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***22. Do people have private cell phones, computers, or other personal communication devices or have access to a telephone or other technology device to use for personal communication in private at any time? Is this limited in any way?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***23. Is the telephone or other device in a location that has space around it to ensure privacy?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***24. Is information about filing a complaint posted in an obvious location and in an understandable format?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

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***25. Are people comfortable discussing concerns?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***26. Do people know who to contact or the process to make an anonymous complaint?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***27. Is the person or chosen representative(s) aware of how to schedule an Activity Plan/ Individual Service Plan meeting outside of the annually required meeting?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***28. Can people explain the process to develop and update his/her plan?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***29. Was the person present during the last planning meeting?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

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***30. Did/does the planning meeting occur at a time and place convenient for the people to attend?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***31. Is informal (written or oral) communication conducted in a language that the people understand?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***32. Is assistance provided in private, as appropriate, when needed?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***33. Are there gates, locked doors, or other barriers preventing people from entrance to or exit from certain areas of the setting?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

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***34. Is the setting physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting mobility in the setting or if they are present are there environmental adaptations such as a stair lift or elevator to ameliorate the obstruction?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***35. For people who need supports to move about the setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, visible exits for emergencies?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***36. For people who use wheelchairs, are they offered opportunities to get out of their chairs other than for changing/going to the restroom?**

Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance is possible with changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Explain changes needed to achieve compliance

***37. Are appliances accessible to people(e.g. the washer/dryer are front loading for people using a wheel chairs)?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

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***38. Are tables and chairs at a convenient height and location so that people can access and use furniture comfortably?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***39. Is an accessible vehicle available to transport people to appointments, shopping, etc.?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***40. Are bus and other transportation schedules and telephone numbers posted in a convenient location?**

- Yes
- No
- Compliance possible with changes
- Public transportation is not available.

Explain changes needed for compliance

***41. Is training in the use of public transportation facilitated?**

- Yes
- No
- Compliance possible with changes
- Public transportation is not available.

Explain changes needed for compliance

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***42. Where public transportation is limited, are other resources provided for people to access the broader community?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***43. Is health information about people kept private?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***44. Are schedules of people for PT, OT, medications, restricted diet, etc., posted in a general open area for all to view?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***45. Are people who need assistance with grooming, provided support as they desire?
Are people allowed to have hairstyles and stylists of their choice?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

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*46. Are people's nails trimmed and clean?

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

*47. Are people dressed in clothes that fit, are clean, and are appropriate for the time of day, weather, and preferences?

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

*48. Do people greet and chat with staff?

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

*49. Do staff converse with people in the setting while providing assistance and during the regular course of daily activities?

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

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***50. Does staff talk to other staff about people as if they are not present or within earshot other people in the setting?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***51. Does staff address people in the manner in which the person would like to be addressed as opposed to routinely addressing people as "hon" or "sweetie"?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***52. Does documentation note if positive interventions and supports were used prior to any plan modifications?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***53. Are less intrusive methods of meeting the need that were tried documented?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

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***54. Does the plan include a description of the condition that is directly proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews to determine the ongoing necessity of the modification, informed individual consent, and assurance that the intervention will not cause the person harm?**

- Yes
- No
- Compliance possible with changes

Explain changes needed for compliance

***55. Date of review by agency's quality management committee.**