

Senior Center Checklist

Carry this checklist with you when you visit senior 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 center, use the checklists to compare one provider with another.

Name of Senior Center: _____

Director/Sponsoring Agency: _____

Address: _____

Phone: _____ **Website or E-Mail :** _____

Who is Served?

Yes **No**

 Are there any restrictions on who may attend the center?

Services

 Are the center's hours and days of operation convenient for you?
Days of operation: _____ Hours: _____

 Does the center offer activities that are of interest to you? If yes, what are some of these activities? _____

 Does the center offer regular social events? If yes, what are some of these events? _____

 Are there lectures? If yes, what have some of the recent topics been? _____

 Are there fitness activities?

 Does the center offer discount group trips? If yes, what have some of the destinations been? _____

 Are participants involved in planning activities?

 Does the center have contact with community groups?

 Is transportation to and from the center available?

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At

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- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are meals offered? If yes, which meals and when? _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the center able to cater to special dietary needs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are snacks available? |

Staff

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do there appear to be an adequate number of staff? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there staff members who specialize in working with participants with dementia and memory loss? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the center require criminal record checks for employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are staff members trained in emergency procedures? |

Physical Environment

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the center provide a safe and secure environment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an automatic fire alarm system and sprinklers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the center wheelchair accessible? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there comfortable furniture? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the center clean and well-maintained? |

Credentials

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the center licensed or certified (if required in your state)? |
| | | How many years has the center been in operation? _____ |

Cost

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are all costs and fees listed on a written statement? |
| | | What is the hourly, daily or per-service charge? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is financial assistance available for services you'd like to use? |

Overall Quality

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

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Do you feel welcomed?	1 2 3 4 5 6 7 8 9 10
Do participants seem 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
Overall, do the activities seem interesting to you?	1 2 3 4 5 6 7 8 9 10
Is the center convenient for you to get to?	1 2 3 4 5 6 7 8 9 10

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