Day Program Survey

How many clients do you currently provide services to?
Date you did this survey:

This survey will help us understand the services you provide at your day program. We want to hear about your services and how they help our clients to be independent, make decisions and choices.

__________________________________________________________________

Things to THINK about when you are doing this survey:

1. Think about the SETTING your client(s) go to.

2. Tell us what it is like to be at your DAY PROGRAM.

3. Tell us about the CHOICES your client(s) get to make.

4. Check the box to answer YES 🌿 or NO 🐛 to the questions.
<table>
<thead>
<tr>
<th>CHOICE</th>
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</thead>
<tbody>
<tr>
<td><strong>1. Day Program</strong></td>
</tr>
<tr>
<td>a. Know about his/her rights?</td>
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<tr>
<td>b. Have a copy of his/her rights?</td>
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<tr>
<td>Does your day program</td>
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<tr>
<td>c. Post the clients rights where they can see it?</td>
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<tr>
<td>d. Talk to clients about making choices?</td>
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<tr>
<td>e. Allow clients to go to voting sites?</td>
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<tr>
<td><strong>2. Program Activities</strong></td>
</tr>
<tr>
<td>a. Their program activities?</td>
</tr>
<tr>
<td>b. What time to do them?</td>
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<tr>
<td>c. Who the activity is done with?</td>
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<tr>
<td>Does your day program have</td>
</tr>
<tr>
<td>d. People without a disability at the activities?</td>
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<tr>
<td>e. Volunteer opportunities?</td>
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<tr>
<td>f. Job opportunities?</td>
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<tr>
<td>g. A safe place to put their personal items?</td>
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<tr>
<td>h. Activities that keep s/he involved and active?</td>
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<tr>
<td>i. Activities that help s/he relax and slow down?</td>
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<tr>
<td>j. Activities s/he can do alone?</td>
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<td>k. Group activities?</td>
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<tr>
<td>l. Activities that encourage s/he to learn new things?</td>
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<tr>
<td><strong>3. Meals &amp; Snacks</strong></td>
</tr>
<tr>
<td>a. What s/he wants to eat?</td>
</tr>
<tr>
<td>b. What time s/he wants to eat?</td>
</tr>
<tr>
<td>c. Who s/he eats with?</td>
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4. Person-Centered Plan

Does your client(s)

a. Attend a Person-Centered Planning meeting? ☐ ☐
b. Pick the time, place, and who attends the meeting? ☐ ☐
c. Get to be in charge of their meeting? ☐ ☐
d. Have a person centered plan with his/her interests? ☐ ☐
e. Get to change the plan? ☐ ☐

Does your day program staff know when to

f. Help clients stay calm and relaxed? ☐ ☐
g. Help clients who are stressed and upset? ☐ ☐
h. Ask for clients consent before use of restraints and/or restrictive interventions? ☐ ☐

5. At the program

Do you and other staff

a. Provide care in private? ☐ ☐
b. Keep the client’s personal and health information private? ☐ ☐
c. Know not to talk about the clients in front of other people? ☐ ☐
d. Have a place for the client to meet with their family and friends in private? ☐ ☐
e. Have a place for the client to talk on the telephone or use the computer (or other device) in private? ☐ ☐

6. Respect

Do you and other staff

a. Say hello and use the client’s name? ☐ ☐
b. Talk to the client with respect? ☐ ☐
c. Use words that the client can understand? ☐ ☐

7. Free from being bullied

Do you and other staff

a. Know what to do if s/he has a problem with the staff or service? ☐ ☐
b. Know that his/her complaint is private? ☐ ☐
c. Listen to the client if s/he has concerns? ☐ ☐
## ACCESS

### 8. Inside the program

**Does your day program**

- a. Allow client(s) to get around safely? [ ] [ ]
- b. Have ramps, wide doorways, hallways, stair lift or elevator to help clients get around? [ ] [ ]
- c. Have any gates, Velcro strips, locked doors, or other things that stop clients from going in or out of places? [ ] [ ]
- d. Have locks or straps on the refrigerator or cabinets that make it hard for clients to get a snack or a drink? [ ] [ ]

**Does your client(s)**

- e. Have visitors at the day program? [ ] [ ]
- f. Have certain visitor hour? [ ] [ ]

### 9. Outside the program

**Does your client(s)**

- a. Have ramps, wide doorways, hallways, stair lift or elevator to help get inside the program? [ ] [ ]
- b. Have access to other houses, stores, and businesses? [ ] [ ]
- c. Have access to transportation? [ ] [ ]

### 10. Employment

**Does your client(s)**

- a. Have a job? [ ] [ ]
- b. If no, know who can help to find them a job? [ ] [ ]
- c. If yes, work with people who do not have a disability? [ ] [ ]
- d. Get paid $7.75 per hour (minimum wage) or more? [ ] [ ]
- e. Have a service worker at their job? [ ] [ ]
- f. Choose their work schedule? [ ] [ ]
- g. Volunteer? [ ] [ ]

### 11. Money

**Does your client(s)**

- a. Have a bank account? [ ] [ ]
- b. If no, want a bank account? [ ] [ ]
- c. If yes, know how to get money when s/he needs it? [ ] [ ]
- d. Pick the person to help manage his/her money? [ ] [ ]
If you have any questions, want more information or would like someone to contact you regarding your comments, please leave your name and most convenient way to contact you.

Name: ________________________________________
Phone: ________________________________________
Mailing address: ________________________________
Email address: __________________________________

Thank you for participating and your answers are very important to us!