



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.

		YES 	NO 
CHOICE			
1. Day Program 	<i>Does your client(s)</i>		
	a. Know about his/her rights?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Have a copy of his/her rights?	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Does your day program</i>		
	c. Post the clients rights where they can see it?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Talk to clients about making choices?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Allow clients to go to voting sites?	<input type="checkbox"/>	<input type="checkbox"/>
2. Program Activities 	<i>Does your client(s) choose</i>		
	a. Their program activities?	<input type="checkbox"/>	<input type="checkbox"/>
	b. What time to do them?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Who the activity is done with?	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Does your day program have</i>		
	d. People without a disability at the activities?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Volunteer opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
	f. Job opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
	g. A safe place to put their personal items?	<input type="checkbox"/>	<input type="checkbox"/>
	h. Activities that keep s/he involved and active?	<input type="checkbox"/>	<input type="checkbox"/>
	i. Activities that help s/he relax and slow down?	<input type="checkbox"/>	<input type="checkbox"/>
	j. Activities s/he can do alone?	<input type="checkbox"/>	<input type="checkbox"/>
	k. Group activities?	<input type="checkbox"/>	<input type="checkbox"/>
l. Activities that encourage s/he to learn new things?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Meals & Snacks 	<i>Does your client(s) choose</i>		
	a. What s/he wants to eat?	<input type="checkbox"/>	<input type="checkbox"/>
	b. What time s/he wants to eat?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Who s/he eats with?	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 	
4. Person-Centered Plan 	<i>Does your client(s)</i>			
	a. Attend a Person-Centered Planning meeting?	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Pick the time, place, and who attends the meeting?	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Get to be in charge of their meeting?	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Have a person centered plan with his/her interests?	<input type="checkbox"/>	<input type="checkbox"/>	
	e. Get to change the plan?	<input type="checkbox"/>	<input type="checkbox"/>	
	<i>Does your day program staff know when to</i>			
	f. Help clients stay calm and relaxed?	<input type="checkbox"/>	<input type="checkbox"/>	
	g. Help clients who are stressed and upset?	<input type="checkbox"/>	<input type="checkbox"/>	
h. Ask for clients consent before use of restraints and/or restrictive interventions?	<input type="checkbox"/>	<input type="checkbox"/>		
PRIVACY				
5. At the program 	<i>Do you and other staff</i>			
	a. Provide care in private?	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Keep the client's personal and health information private?	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Know not to talk about the clients in front of other people?	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Have a place for the client to meet with their family and friends in private?	<input type="checkbox"/>	<input type="checkbox"/>	
	e. Have a place for the client to talk on the telephone or use the computer (or other device) in private?	<input type="checkbox"/>	<input type="checkbox"/>	
DIGNITY & RESPECT				
6. Respect 	<i>Do you and other staff</i>			
	a. Say hello and use the client's name?	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Talk to the client with respect?	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Use words that the client can understand?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Free from being bullied 	<i>Do you and other staff</i>			
	a. Know what to do if s/he has a problem with the staff or service?	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Know that his/her complaint is private?	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Listen to the client if s/he has concerns?	<input type="checkbox"/>	<input type="checkbox"/>	



ACCESS

8. Inside the program



Does your day program

- a. Allow client(s) to get around safely? YES NO
- b. Have ramps, wide doorways, hallways, stair lift or elevator to help clients get around? YES NO
- c. Have any gates, Velcro strips, locked doors, or other things that stop clients from going in or out of places? YES NO
- d. Have locks or straps on the refrigerator or cabinets that make it hard for clients to get a snack or a drink? YES NO

Does your client(s)

- e. Have visitors at the day program? YES NO
- f. Have certain visitor hour? YES NO

9. Outside the program



Does your client(s)

- a. Have ramps, wide doorways, hallways, stair lift or elevator to help get inside the program? YES NO
- b. Have access to other houses, stores, and businesses? YES NO
- c. Have access to transportation? YES NO

10. Employment



Does your client(s)

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

11. Money



Does your client(s)

- a. Have a bank account? YES NO
- b. If no, want a bank account? YES NO
- c. If yes, know how to get money when s/he needs it? YES NO
- d. Pick the person to help manage his/her money? YES NO

Comments:

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!