

FY 2012 SENIOR CENTER PROGRAM ASSESSMENT

Ex = Exceptional circumstances NA = Not Applicable

General Senior Center Monitoring						Routine Priority: Medium High	
1	Does the program have a visible external identifying sign and does it acknowledge funding from DFTA?	No	Yes	Ex		R	
2	Is the contribution sign posted in a visible location and easily readable for senior participants?	No	Yes			R	
3	Does the wording of the contribution sign contain the elements required by DFTA? 1) Recommended contribution amount; 2) Statement as to what the contributions are used for; 3) Statement that no eligible person will be denied a meal if he/she does not contribute?	No	Yes			R	
4	Does the program request and collect contributions in an appropriate manner? (Contribution amount - or choice to not contribute - is kept confidential, members who do not contribute are not singled out or pressured, etc.)	No	Yes			M	
5	Is the schedule of the program's activities posted in a visible location and easily readable for the senior participants?	No	Yes			R	
6	Is the Senior Citizen's Bill of Rights statement posted in a visible location and easily readable for senior participants?	No	Yes			R	
7	Is the program's written evacuation plan (including diagram) posted in a visible location and easily readable for senior participants?	No	Yes			M	
8	Is the grievance procedure posted in a visible location and easily readable to senior participants?	No	Yes			M	
9	Is all program equipment tagged, indicating the funding source and corresponding ID# on the Equipment Register?	No	Yes			R	
10	Are the program's files secured properly in order to protect confidentiality?	No	Yes			M	
11	Does the program take necessary precautions to prevent theft and vandalism? (Ex. Contributions are kept in a safe place, Computers and other valuable equipment are secured when not in use, etc.)	No	Yes			M	
12	If theft or vandalism occurred, did the program report to the police and DFTA?	No	Yes		NA	M	
13	Are the program's elevators and/or lifts in working order?	No	Yes		NA	M	
14	Does the program have an elevator inspection certificate dated within the last 12 months?	No	Yes		NA	H	
15	Do all rooms of the program (other than those where food is prepared, stored or served) appear clean and sanitary?	No	Yes			M	
16	Are all rooms of the facility well lit, including all exits, all stairwells and all passageways?	No	Yes			M	
17	Is there adequate ventilation in all rooms of the facility?	No	Yes	Ex		R	
18	Is the paint and plaster in the program facility in good condition (no serious breaks or cracks)?	No	Yes	Ex		R	

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19	Does the flooring at the program appear to be in good condition?	No	Yes	Ex		M
20	Does the ceiling at the program appear to be in good condition?	No	Yes	Ex		R
21	Do exit doors open out - i.e. in the direction of egress?	No	Yes			M
22	Are all windows at the program in good condition (unbroken and without cracks)?	No	Yes			R
23	Does the program have a First Aid Kit (s) that is visible and accessible to staff?	No	Yes			M
24	If premises is equipped with smoke detectors, do they all have live batteries?	No	Yes			H
25	Do the program's fire extinguishers have current inspection tags?	No	Yes			R
26	Are the program's fire extinguishers fully charged?	No	Yes			M
27	Do emergency exits at the program site each have a clearly visible and lighted EXIT sign?	No	Yes			M
28	Are program participants, staff and guests able to exit through all exits doors with lighted means of egress at the program during the hours of operation?	No	Yes			H
29	Are there clear aisles to exit from the tables in the program's dining room(s)?	No	Yes			M
30	Are all emergency lights at the program site working?	No	Yes			M
31	Are the bathrooms' clean and well maintained?	No	Yes			M
32	Are all stairways used by the program free of obstructions and equipped with firmly anchored handrails?	No	Yes			H
33	Either the site director or an appropriate delegate is at the site during all hours of operation.	No	Yes			H
34	The program offers participants opportunities to volunteer.	No	Yes			R
35	Do the program's brochures, flyers and printed materials acknowledge the NYC Department for the Aging as the funding source?	No	Yes			R
36	Do guests and staff under the age of 60 (except those persons who are designated as contributing food handlers) pay the actual food cost per meal-budgeted raw food cost plus disposables or catered meal cost plus disposables?	No	Yes			R
37	Are all critical staff positions filled within 3 months of vacancy?	No	Yes	Ex	NA	M
38	Did staff and volunteers receive a documented orientation that at minimum covered the following? A) Participant rights (including rights to consideration, privacy, dignity and respect for individuality and choice); B) Emergency procedures; C) Program policies and procedures; D) Program personnel policies; E) Job functions and tasks.	No	Yes			M
39	The information collected at registration is appropriately entered into SPP or other DFTA-mandated database? (Client data requirements will be clarified in separate memo to programs.)	No	Yes			H
40	Are all staff trained on the use of fire extinguishers annually and is it properly documented?	No	Yes			M

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41	Does the program's written grievance procedure meet DFTA standards?	No	Yes			M
42	IF the program received one or more complaints or grievances from participants or from DFTA during the past 12 months, were these complaints/grievances handled in accordance with the program's grievance procedures?	No	Yes			M
43	Does the program have a current Place of Assembly permit for any room that can be occupied by 75 or more persons? OR If the program has no rooms that can be occupied by 75 or more persons, is there written confirmation of a fire inspection from the Fire Department within the past 12 months that indicates compliance with Fire Department regulations?	No	Yes	Ex		H
44	Is the program free of any outstanding FDNY violations?	No	Yes	Ex		H
45	Does the program conduct and properly document evacuation (fire) drills once every six months?	No	Yes			M
46	Does the program's written evacuation plan for emergencies include each of the following: 1) the location of fire extinguishers; 2) the primary fire exits and alternative exits; 3) the order in which groups should leave the building; 4) names and/or titles of persons responsible for leading groups outside; 5) names and/or titles of persons responsible for checking the premises, incl.; and 6) the destination of each group once outside?	No	Yes			M
47	Does the program's written plan for dealing with on-site accidents and/or medical emergencies specify the following: 1) Individual staff responsibilities in dealing with accidents and/or medical emergencies; 2) what to do for the victim(s); 3) what to do for the other center participants who witness the accident and/or medical emergency; 4) which person(s) to notify; and 5) which insurance and/or other forms to complete?	No	Yes			M
48	If an on-site accident and/or medical emergency occurred during the year, did the program follow all of the items in its written plan for dealing with such?	No	Yes	NA		M
49	Does the program's written plan for dealing with emergencies that occur during group trips specify the following: 1) what to do for the ill or injured individual; 2) what to do for the other members of the group; 3) the criteria for ending the trip and returning to the center; 4) the person(s) to notify; 5) the form(s) to complete; 6) the procedures for verifying all participants are accounted for; and 7) a statement that DFTA must be notified immediately of the occurrence?					M
50	If an emergency occurred during a group trip during the year, did the program follow all the items in its written plan for dealing with such?	No	Yes		NA	M
51	Do the signatures on the program's meal sign-in sheets for congregate meals appear legitimate?	No	Yes			H

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52	Did the program serve the number of Congregate Breakfasts for which it invoiced?	No	Yes		NA	M
53	Did the program serve the number of Congregate Lunches for which it invoiced?	No	Yes			M
54	Are the program's monthly totals of contributions for Congregate Breakfast accurately reported to DFTA?	No	Yes		NA	H
55	Are the program's monthly totals of contributions for Congregate Lunch accurately reported to DFTA?	No	Yes			H
56	Where a meal was sent home to, or picked up for, a program participant during the year, does the program's written documentation indicate that the justification for doing so and the process followed are consistent with DFTA's policies for temporary meal pick-up?	No	Yes		NA	R
57	Were all the program records needed to complete this record review assessment easily retrievable?	No	Yes			R
58	Does the program have a current "site agreement" or lease?	No	Yes	Ex	NA	R
59	Does the program provide meals only to persons who are eligible for them (i.e. persons 60 years and over; persons under 60 years who accompany their eligible spouses to the center; physically or cognitively disabled individuals under the age of 60 who live with and accompany eligible participants; disabled persons who reside in the primarily senior housing facility where the center is housed)?	No	Yes			R

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Case Assistance Monitoring (If Applicable)					Priority:		
					Routine	Medium	High
1	Was the presenting problem of each client an appropriate one for Case Assistance service?	No	Yes			M	
2	Were the clients' needs addressed in a timely manner (e.g., referrals; applications for benefits or entitlements; supportive contacts made with necessary frequency)?	No	Yes			M	
3	Does each Case Worker maintain a Case Assistance log which indicates the name of each client served, the date of service, the amount of time spent with or on behalf of the client, and the nature of the assistance provided?	No	Yes			R	
4	Do the case notes clearly indicate what service was provided, for example if the case assistance provided was a referral, is it clear to whom the referral was made? If the assistance provided was advocacy, is it clear what the issue was? If a benefit was applied for, is it clear what benefit?	No	Yes			M	
5	Where appropriate, do the case notes provide detailed follow-up information?	No	Yes			M	
6	Is there a completed signed Release of Information form maintained in the files? [Note: a new consent (release or authorization) is obtained each year when the exchange is related to the original request or whenever the exchange is not related to the original request.]	No	Yes			M	
7	Do the case notes indicate that follow-up is conducted in accordance with DFTA's guidelines to ensure a satisfactory outcome for contacts with clients involved in referral for a service/resource, or assistance with the application for an entitlement/benefit or an appeal on behalf of the client? (e.g. if the client was referred for a service, is it clear that the referral was successful? If the client was assisted with an entitlement, is it clear that she/he got the entitlement?)	No	Yes			R	
8	Is the amount of time spent with or on behalf of each client totaled for each Case Worker, and then added together to get the number of Case Assistance units (hours) to report to DFTA?	No	Yes			R	
9	Do reported units for a sample month match on-site documentation of hours provided during that month?	No	Yes			M	
10	Does each file contains an <i>Intake form, stating the client's presenting problem or need for service?</i>	No	Yes			M	

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Transportation Monitoring (If Applicable)					Priority: Routine Medium High	
1	Are contributions collected in a way that ensures privacy?	No	Yes		NA	M
2	Are the program's monthly totals of contributions for Transportation accurately reported to DFTA?	No	Yes		NA	H
3	Were all drivers appropriately oriented/trained?	No	Yes		NA	M
4	Do drivers meet job qualifications?	No	Yes		NA	M
5	Does the program's written emergency plan covers all required areas? (Plan to minimize service disruption when vehicles or drivers are not available; plan that covers the responsibility of each driver and other staff in case of 1) bad weather or unusual traffic conditions that make travel impossible; 2) vehicle breakdown; 3) inability to pick up scheduled passenger (passenger stranded).	No	Yes			M
6	If there were any accidents that occurred within the LAST 12 MONTHS, were the following procedures followed: 1) Completion of accident report; 2) Request for police report; 3) Interviews with participants about what happened.	No	Yes		NA	M
If the program provides group transportation:						
7	Do drivers document each trip provided to a client in the group on a route sheet?	No	Yes		NA	R
8	Do route sheets document the date service was provided, each passenger's name, whether the trip was one way or two ways, and the purpose of the trip?	No	Yes		NA	R
If the program provides individual transportation:						
9	Does the program use "Daily Route Sheets", "Car Service Reservation Sheets" or other appropriate form to document individual transportation?	No	Yes		NA	M
10	Does the documentation include: a. Pick up location and destination; b. Return pick up and destination; c. passenger's name; d. purpose of trip; e. whether trip was one way or ROUND TRIP?	No	Yes		NA	R
11	Was an intake completed on that client where the need for transportation was clearly stated?	No	Yes		NA	M
12	Do transportation units reported to DFTA exclude the following: a. Transportation of home attendants; b. Persons under the age of 60 who accompany a client; c. DFTA-funded social adult day service clients; d. Clients of programs that are reporting transportation units for the same clients to DFTA (DFTA-to- DFTA)?	No	Yes			R
13	Are the program's monthly contribution totals accurately reported to DFTA?	No	Yes			H
13	Is there complete, accurate and acceptable documentation at the site to support the numbers of one-way trips reported to DFTA each month?	No	Yes			M
14	Are daily totals accurately transferred to the Monthly Record?	No	Yes			R
15	Are the daily totals on the Monthly Record added correctly?	No	Yes			R

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16	Does the number of one way trips documented at the site for the selected month match the total number of one-way trips reported to DFTA for the same month?	No	Yes			M
17	Does each vehicle have a current inspection sticker, registration, and proof of current insurance?	No	Yes		NA	H
18	Did the Staff demonstrate that the wheelchair lift is operating properly?	No	Yes		NA	R
19	Are vehicles equipped with working seat belts?	No	Yes		NA	M
20	Are there posted signs indicating passengers must wear seat belts?	No	Yes		NA	R
21	Is there a first aid kit on board each vehicle?	No	Yes		NA	R
22	Is there an ABC fire extinguisher on board each vehicle?	No	Yes		NA	R
23	Are vehicles protected against theft and vandalism?	No	Yes		NA	M
24	Are vehicles clean?	No	Yes		NA	M
25	Are vehicles listed above in good condition without significant damages?	No	Yes		NA	M

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Education/Recreation Monitoring					Routine Priority: Medium High	
1	During the past year, did the program provide at least one physical exercise session weekly (e.g. Tai Chi, stretch, muscle building, aerobics, dance, yoga, chair exercises, walking group, etc)? Or, if program has been contracted to provide a particular kind of ed/rec, is there a written description of the program's specialized intent, and the type of activity it provides?	No	Yes	Ex		R
2	During the past year did the program provide at least two different educational, instructional, or creative activities weekly (e.g. classes or workshops, trips or visits of a cultural nature; discussion groups; mental "stretch" activities)? Or, if the program is contracted to provide a specific type of ed/rec only, is there a written description of the program's specialized intent and the type of activity is provides?	No	Yes	Ex		R
3	Does the total of activity sessions documented on education/recreation logs (or PDS records) for a sample month equal the number of units reported to DFTA for that month?	No	Yes			M
5	Is each session planned, structured and organized (e.g. has a planned beginning and ending time; has an organizer or leader; is posted on a calendar or schedule or notice board, with its name and starting time at least one day in advance)?	No	Yes			M
7	Does the program document the attendance at each education/recreation activity?	No	Yes			M
4	Does the program keep documentation on each session, including the name of the activity, the date, and the leader's name or the name of the person responsible for the activity?	No	Yes			R
6	Are units reported only as education/recreation, i.e. activities are not reported as both education/recreation and health promotion?	No	Yes			M

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Defibrillator Questions						
1	Does the program have an Automated External Defibrillator?	No	Yes	Ex	NA	R
2	Has the Automated External Defibrillator been correctly assembled? This applies only to the "Onsite" model. Assembly entails insertion of the battery and pads cartridge.	No	Yes	Ex	NA	R
3	Is the Automated External Defibrillator functioning? If the Automated External Defibrillator is functioning: For the "Onsite" model, a green light will flash periodically; For the "FR2" model, a black hourglass shape will flash.	No	Yes	Ex	NA	R
4	Does the program monitor the Automated External Defibrillator weekly and maintain a check-log? (Each program must verify on a weekly basis that the Automated External Defibrillator is functioning and keep a log indicating the date on which it was checked.)	No	Yes	Ex	NA	R
5	Are pads current (not expired)? (Each pads cartridge has an expiration date printed on the item. Check to be sure that pads are still usable. List the expiration date for the pads.)	No	Yes	Ex	NA	R
6	Are staff members certified to operate an Automated External Defibrillator?	No	Yes	Ex	NA	R