

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 in 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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Yes No

- Are meals offered? If yes, which meals and when? _____

- Is the center able to cater to special dietary needs?
 Are snacks available?

Staff

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

Physical Environment

- Does the center provide a safe and secure environment?
 Is there an automatic fire alarm system and sprinklers?
 Is the center wheelchair accessible?
 Is there comfortable furniture?
 Is the center clean and well-maintained?

Credentials

- Is the center licensed or certified (if required in your state)?

How many years has the center been in operation? _____

Cost

- Are all costs and fees listed on a written statement?
What is the hourly, daily or per-service charge? _____
 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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