COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR AGING AND INDEPENDENT LIVING

DAIL-ADC-901 ADULT DAY-CARE CENTER CERTIFICATION CHECKLIST

Center Name _____ Center # _____

Street Address _____ Telephone _____

City _____ County _____ Zip _____

Center Director _____

Staff Present/Title: Date of Visit _____

_____ DAIL Staff/Title:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Number of Volunteers Today _____

Number of Participants Today _____

Adult Day – Care Center Certification Requirements	Met	NM	Explanatory Statements/Remarks
Enrollment Four or more adults not related to the operator by blood, marriage, or adoption (KRS 205.010 (15))			How many are enrolled?
Section 6 Service Provider Responsibilities - DAIL will review documentation and check for evidence of the following:			
6(1)(a) Staff shall treat the client & caregiver in a respectful, dignified manner, involving them in decisions regarding the delivery of services			
6(1)(b) Services shall be provided in a safe and consistent manner			
6(1)(k)6. A written policy and procedure for the reporting of abuse, neglect, and exploitation consistent with KRS 209.030 (2) and (3)			
6(2)(a) Establish a schedule of days and hours of operation so that the program operates, at a minimum, four (4) hours per day, three (3) days per week, excluding holiday and emergency closings			
6(2)(b) Post the scheduled days and hours of operation in a conspicuous place, and provide a written copy of the schedule to the client & caregiver (check outside door or bulletin board)			
6(2)(d) Provide a balance of planned individual and group activities to meet a client's needs, abilities, and interests as determined by the individual plan of care (activities calendar and client file for interest inventory)			
6(2)(e) Provide an inventory of each client's interests and personal history (client file)			
6(2)(f) Provide a client with an opportunity to plan and evaluate activities on a monthly basis (client surveys, suggestion boxes)			

Section 6 Service Provider Responsibilities - DAIL will review documentation and check for evidence of the following:			
6(2)(g) A written policy and procedure that ADC provides a client with a choice of activities and an opportunity to refuse to participate in the activity			
6(2)(h) Post a monthly calendar of planned activities and available services in a conspicuous place and retain copies of activities calendars for monitoring purposes for a minimum of two (2) years			
6(2)(i) A written policy and procedure that the ADC will provide assistance, if necessary, with activities of daily living in accordance with KRS 194A.700(1), including walking and personal hygiene			
6(2)(j) A written policy and procedure that the ADC will comply with KRS 194A.700(2), assistance with self-administration of medications			
6(2)(k) The ADC will provide a meal that complies with 910 KAR 1:190. Check only if the center is operating during normal meal times			
6(2)(l) Evidence that clients have an opportunity to assist with planning menus (i.e. opportunity to express food preferences)			
6(2)(m) Offer a nutrient dense snack, water, and other liquids offered at regularly scheduled times during the day (check daily snack menu)			
6(2)(n)1. A monthly calendar of menus posted in a conspicuous place if meals are provided			
6(2)(n)2. Maintain menus for monitoring purposes for a minimum of two (2) years			

Section 6 Service Provider Responsibilities - DAIL will review documentation and check for evidence of the following:			
6(2)(o) A written policy and procedure to provide first aid and make appropriate arrangements for medical care with the client's physician or hospital for an accident or medical emergency			
6(2)(p) A written policy and procedure to notify the family or other appropriate person of any significant changes in the client's mental or physical condition			
6(2)(q) A written policy and procedure to refer a client to a health professional of the client's choice as needed			
6(2)(v) A written policy and procedure for a complaint procedure with which to register complaints that shall:			
1. Include the address and phone number of the Department for Aging and Independent Living			
2. Be posted in a conspicuous place			
3. Be provided to each participant (check client file)			

Section 8 Facility Requirements	Met	NM	Explanatory Statements/Remarks
8(3) Does the provider locate, design, and furnish the adult day-care center to be readily accessible to and usable by individuals with disabilities?			
8(4) Provide sufficient space and arrangements of furnishings to allow for: **(a)** Adequate client movement **(b)** Program activities **(c)** Food service **(d)** Socialization			
8(5) Provide sufficient private office space to permit individual counseling and confidential maintenance of records			
8(6) Provide appropriate lighting, heating, cooling and ventilation for client comfort and program activities			
8(7) Provide covered leak-proof garbage disposal units for the kitchen			
8(8) Equip each adult day-care center with bathroom facilities meeting the following requirements: **(a)** A minimum of one (1) toilet and one (1) sink for each ten (10) clients **(b)** Readily accessible and usable by individuals with disabilities **(c)** In men's bathrooms urinals may be substituted for up to one-half (1/2) the number of toilets required **(d)** Bathroom facilities that shall: **1.** Be cleaned and sanitized daily or more often, if needed, which shall be documented by a cleaning **2.** Contain: **a.** Hot and cold running water **b.** Mirror			

Section 8 Facility Requirements	Met	NM	Explanatory Statements/Remarks
8(8)(d)2. (cont'd) **c.** Soap **d.** Towels or electric hand-dryers **e.** Leak-proof garbage disposal units that are emptied and cleaned daily			
8(9) Comply with applicable local housing and health codes			
8(10) Comply with zoning requirements			
8(11) Obtain initial and annual inspection by state or local fire safety officials and comply with requirements			
8(12) Maintain at least one (1) fully operational fire extinguisher with annually updated inspection tags			
8(13) Maintain a fully equipped first aid kit, with unexpired contents, as recommended by the American Red Cross (See Content Checklist)			
8(14) Provide identifiable space during hours of operation for a client in need of a more private environment or rest area			
8(15)(a) Provide separate identifiable space during operational hours, if co-located in a facility housing other services			
(b) The following space may be shared with other services: **1.** Dining room **2.** Kitchen **3.** Recreation Area			

Section 9 Program Staff			
Staff Requirements:	**Met**	**NM**	**Explanatory Statements/Remarks**
9(1)(a) Trained and experienced staff who shall be present each day of operation			Review Staff/Volunteer training form to help determine if requirement is met
9(1)(b) There shall be at least two (2) staff members at the adult day-care center at times when there is more than one (1) client in attendance, one (1) of whom shall be a paid staff member			Checklist staffing requirements shall be met as evidenced by work schedules and client attendance records
9(1)(c) Staffing ratios that shall be:			
9(1)(c)1. One (1) staff member if one (1) client is in attendance			
9(1)(c)2. Two (2) staff members if two (2) clients are in attendance			
9(1)(c)3. Three (3) staff members if eleven (11) to fifteen (15) clients are in attendance			
9(1)(c)4. One (1) staff member for each five (5) additional clients over fifteen (15)			
9(1)(d) Volunteers: Volunteer personnel may be included in the staff ratio if volunteer personnel meet staff qualifications and training requirements. **(e) Director:** who may be included in the staff ratio, if the director is solely providing coverage in the adult day-care and not covering a senior center or another program during the volunteer time **Are volunteers included in the staff ratio?** Yes ☐ No ☐ **Do they meet qualifications & training?** Yes ☐ No ☐			Document volunteer training in Staff/Volunteer Training form

Staff ratios that shall be:	Met	NM	Explanatory Statements/Remarks
9(1)(e) At least one (1) staff member who has completed Cardiopulmonary Resuscitation (CPR) certification by the American Heart Association or American Red Cross present when clients are in attendance			
9(1)(f) Criminal Records Check (KRS 216.787) Completed through the Justice Cabinet or Administrative Office of the Courts on a potential employee or volunteer prior to **1.** Employee's date of hire in accordance with KRS 216.787 or **2.** Volunteer's start date **(specify date completed)**			
9(2)(a)-(d) Director Qualifications - shall meet one of the following:			Evidenced by copies of transcripts, professional licenses and resumes
9(2)(a)1. A trained professional possessing:			
Bachelors degree in SW, nursing, or related field & one(1) year professional experience working directly with the elderly in a home health agency, long term care facility, public health agency, or social service agency, or			
Masters Degree in SW or related field and six (6) months professional experience, or			
RN/LPN licensed in KY with three (3) years professional experience, or			
Individual twenty-one(21) years of age or older having:			
High school diploma or GED and			
A minimum of two (2) years of college with at least three (3) years professional experience in working directly with the elderly, or			
Professional experience that includes working directly with the elderly while an employee of a public or private health or social services agency may substitute for professional education on a year-for-year basis to equal a minimum of five (5) years.			

Section 9 Program Staff	Met	NM	Director	#1	#2	#3	#4	#5
Staff Name								
Date of Hire								
Date of Birth (Staff must be age 18 or older Checklist)								
Check if a **VOLUNTEER**								
9(3) TB Screening - Evidence of TB screening for staff/volunteers conducted according to current Centers for Disease Control and Prevention standards upon employment and annually **Specify date screened:**								
Criminal Records check obtained on a potential employee or volunteer prior to: **1. Employee's date of hire in accordance with KRS 216.787** **2. Volunteer's start date**								
9(4) Infectious Diseases: *Staff/volunteers with infectious disease shall not appear at work until the disease can no longer be transmitted. A physician's statement is required for return to work.* **1.** Has an employee had an infectious disease listed in 920 KAR 2:020? Did the center follow the policy and procedure? Yes ☐ No ☐ **2.** Was a physician's statement issued prior to employee returning to work?								

Section 9 Program Staff	Met	NM	Director	#1	#2	#3	#4	#5
Staff Name								
9(6) Training of staff shall be provided by a professional familiar with the subject matter as follows:			**Detail the number of hours for each subject**					
9(6)(a) (Prior to assuming duties) Evidence of a minimum of 6 hours of orientation to the program and adult day-center explained verbally and in writing to include:								
1. Program objectives								
2. Center policies/procedures								
3. Health, sanitation, emergency and safety codes and procedures								
4. Client confidentiality								
5. Personnel policies and procedures								
9(6)(b) Within one (1) month of employment all staff shall be trained and certified in Cardiopulmonary Resuscitation (CPR).								
9(6)(c) Within three (3) months of employment, staff shall be provided a minimum of 34 hours basic training that includes:								
1. The aging process								
2. Interpersonal communications								
3. Personal care services								
4. First aid								

Section 9 Program Staff	Met	NM	Director	#1	#2	#3	#4	#5
Staff Name								
9(6)(c) (cont'd) 5. Identifying and reporting health problems								
6. Stress management								
7. Recognizing and reporting suspected adult abuse, neglect, or exploitation (KRS 209.030 (2) and (3)								
8. Universal blood and body fluid precautions								
9. Dementia including:								
(a) Causes and manifestations of dementia (b) Managing a client with dementia								
10. Crisis intervention with a combative client								
11. Effects of dementia on the caregiver								
9(6)(d) Minimum of 8 hours of annual training to review and update knowledge and skills. **Document the number of hours received to date:**								

Section 10 Client Records	Met	NM	Explanatory Statements/Remarks
10(1)(a) Records are typed or legibly written in ink?			
Each entry is dated, signed by the recorder and include the recorder's title?			
10(1)(b) Records maintained on site; Secure, confidential location?			
Is written policy provided to staff to ensure confidentiality? (check employee files)			

Does the Record Contain: (check if yes)	#1	#2	#3	#4	#5
List client's name (for reference only)					
Client registration information included: Name, address, age					
Primary caregiver					
10(1)(b) Each client record shall be maintained at the program site and contain:					
10(1)(b)1. A complete assessment					
10(1)(b)2. Client notification by letter of the following:					
◆ Eligibility					
◆ Fees assessed					
◆ Center's days and hours of operation					
10(1)(b)3. (a)-(g) A monthly summary of the client's:					
a. Objectives and goals					
b. Progress					
c. Physical and mental conditions					
d. Behaviors					
e. Participation					
f. Appetite; or					
g. Other changes or observations noted by program staff and case manager					
10(1)(b)4. Emergency contact information including responsible party and personal physician					
10(1)(b)5. Attendance record					
10(1)(b)6. Record of services provided by in-home or other program services					
10(1)(b)7. Signed authorization for client to receive emergency medical care if necessary					

Section 10 Client Records					
Does the Record Contain: (check if yes)	#1	#2	#3	#4	#5
List client's name (for reference only)					
10(1)(b)8. Ongoing reassessment and plan of care					
10(1)(b)9. Signed and dated medical summary and care plan, if referred on orders of a physician					
10(1)(b)10. Correspondence					
10(1)(b)11. Closing summary					

FIRST AID KIT CONTENTS CHECKLIST		
Check if available		**Expiration Date**
Adhesive Bandages (assorted sizes)	☐	
Adhesive Tape	☐	
Alcohol Pads	☐	
Antibacterial Ointment	☐	
Antimicrobial Wipes	☐	
Breathing Barrier	☐	
Cold Pack	☐	
Disposable Mouth/Nose Cover	☐	
Disposable Gloves	☐	
Elastic Bandage	☐	
Eye Wash	☐	
Non-stick Wound Dressing	☐	
Pick-up Powder	☐	
Plastic Bags	☐	
Roller Gauze	☐	
Safety Goggles	☐	
Scissors	☐	
Sterile Eye Pad	☐	
Sterile Gauze Pads	☐	
Topical Sting Relief	☐	
Triangular Bandage	☐	
Tweezers	☐	
Waterproof Case	☐	