

FAMILY ADULT DAY CARE CERTIFICATION STANDARDS CHECKLIST

NOTE: These standards apply when adult day care is provided for part of a day for small groups of no more than 6 adults in the home of the provider.

Name – Family Adult Day Care Center		
Address		
Name – On Site Manger		
Name – Certificate Holder		
Address – Certificate Holder (if different from above)		
Capacity	Client Type	
Name – Person Completing This Form	Date(s) of Certification Visits	Date Form Completed

STANDARD	COMPLIANCE			COMMENTS
	Yes	No	N/A	

I. PROGRAM

I. A. ADMINISTRATION

(1) Program Description. The adult day care program shall have a written description of the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) The days and hours of operation, the services provided, and the type of clients to be served;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Fees including the daily charges and any additional fees for additional services, i.e. transportation, baths, personal cares, etc.;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) A description of the criteria for voluntary and involuntary discharge of a participant from the program, and the time frame for notifying the participant or guardian;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) A statement of how the program will handle situations when a participant arrives with a communicable illness or develops such an illness while at the site; and, how participants will be protected from ill family member who may be in the home;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(e) An explanation of how emergency medical situations will be handled at the site; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(f) A procedure to implement standard precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NOTE: Standard precautions are measures taken to prevent transmission of infection from contact with blood or other body fluids or materials having blood or other body fluids on them, as recommended by the U.S. Public Health Services (USPHS) Centers for Disease Control (CDC) and adopted by the U.S. Occupational Safety and Health Administration (OSHA).

(2) Participant Rights. The following participant rights shall be adhered to by the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) The right to be treated with respect and dignity;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) The right to be free from physical or verbal abuse;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) The right to participate in the development of one's service plan, with support from staff or a significant other, if needed;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	Yes	No	N/A	
(d) The right to refuse to participate in any particular activity;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(e) The right to privacy and confidentiality;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(f) The right to be fully informed of all the services provided and the charge for each of those services;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(g) The right to be informed of the reason for discharge and the procedures for appealing that decision; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(h) The right to initiate a complaint and be informed of the complaint procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I. B. PARTICIPANT ENROLLMENT & SERVICE PLANNING				
(1) The adult day care program shall obtain and document the following information about the participant upon acceptance into the program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) The participant's full name, address, telephone number, date of birth, and living arrangement;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) The name, address, and telephone number of the participant's primary caregiver(s), or guardian (if applicable) and a second person as an emergency contact if the caregiver is not available; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) The name, address, and telephone number of the participant's primary physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Health Statement. A statement signed by a licensed physician, physician's assistant, or registered nurse, shall be completed within 90 days prior to enrollment or within 30 days after enrollment which includes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) An indication that the participant has been screened for any communicable disease that is detrimental to other participants, including tuberculosis;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) A list of current diseases, chronic conditions, and drug, food, or other allergies; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) The names of all prescribed medications including dosage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) An assessment to get to know the person and an individual service plan to meet individual needs shall be completed and implemented within 30 days of admission and include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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(a) A written assessment of the participant's functional abilities and limitations, personal habits, preferences and interests, medical condition, extent of needed supervision, and any other information helpful to the provider; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) A statement of the services and activities that will be provided to meet these needs and personal interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) The service plan shall be updated at least annually or more often if changes in participant's functioning indicate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I. C. PROGRAM ACTIVITIES				
(1) Activities shall be provided which meet each individual's needs for nourishment, social stimulation, support, companionship, activity, exercise, and rest; this includes at a minimum one nutritious meal if present 4 or more hours, snacks as needed, personal assistance as needed, and recreational opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) If feasible, participants should have opportunities to attend appropriate community activities, e.g., senior center programs, nutrition sites, school events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) If transportation is provided, the operator must have a valid license and carry liability insurance; the vehicle must have safe tires, brakes, properly functioning head and tail lights and seat belts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NOTE: Additional services may be arranged for or provided by the adult day care program including: transportation, social services, personal cares, medication administration, nursing services, health monitoring, physical therapy, etc.				
I. D. ADMINISTRATION OF MEDICATION				
(1) The adult day care program shall have a written policy for medication management and shall designate which staff are authorized and trained to administer medications in accordance with (3). The policy shall indicate the program's role in the supervision of self-administered medications and/or staff administered medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Self-administered medications may be supervised by a staff member who may prompt the participant and observe him/her taking the medication. When medications are self-administered (whether supervised or not), the medication list must be reviewed and updated annually by the prescribing practitioner, i.e., physician, physician's assistant, or nurse practitioner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) If staff administer participants' medications the following conditions must be met:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) A written order from the prescribing practitioner must be in the record;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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(b) A listing of current medications with the dosage, frequency, and route of administration must be in the record;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Over-the counter and prescription medications shall remain in the original labeled containers and be stored in a locked, safe place;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Non-licensed staff must consult with the prescribing practitioner or pharmacist about each medication to be administered;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(e) Written information describing side effects and adverse reactions of each medication must be kept in the participant's record; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(f) The administration of medications must be documented in ink in the participant's permanent record (documentation includes the name of the medication, dosage, method of administration, date and time administered, and name of the staff member who administered the medication).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

II. PERSONNEL

II. A. FAMILY ADULT DAY CARE PROVIDER				
(1) The provider shall, before being certified, complete the Background Character Verification form, F-62603, available from the department's web site http://dhs.wisconsin.gov/forms/DQAnum.asp and shall send the form to the department. If, after a review the department determines that the person poses a risk to participants, the person may not be certified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) The department may contact the Caregiver Misconduct Registry to determine if there is a substantiated finding that the person abused or neglected a client or misappropriated the property of a client. If there is a substantiated finding, the provider shall not be certified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) The provider shall have a health examination within 6 months prior to being certified. The report shall certify that the person has been screened for communicable diseases that are detrimental to the participants, including tuberculosis, and shall be signed by a licensed physician, physician assistant, or a registered nurse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) The provider shall be at least 21 years of age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	Yes	No	N/A	
(5) The provider shall be knowledgeable about the specific disabilities of the persons being served by the adult day care program, including the physical and psychological aspects of these disabilities, the types of functional deficits which result from these disabilities, and the types of services the program must provide to meet the participants' needs resulting from these disabilities. This knowledge shall be demonstrated by the following or its equivalent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) Work or volunteer experience in a program or related field, which served a population similar to the population at the adult day care program; or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Training in the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(i) Information on the physical and psychological aspects related to the disabilities participants are likely to have and how to notice significant changes;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) The techniques required to provide personal care to participants, i.e., bathing, grooming, walking and feeding, etc.; and familiarity with adaptive aids;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) The interpersonal communication skills needed to relate to participants, including: understanding independent living philosophy; respecting participant rights, needs and uniqueness; respecting age, cultural and ethnic differences; confidentiality; dealing with death and dying; and other relevant topics;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(iv) Recognizing and responding to medical and safety emergencies; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(v) Standard precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NOTE: A variance may be requested for those who have other training or demonstrated competence. See Section V.				
(6) Providers may have up to 6 months to obtain the training required in (5).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(7) Continuing Education. After the first year of operation, the provider shall document 5 hours of continuing education annually in topics pertinent to the job responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(8) Training in (5) and (7) shall be documented by including date, hours, topics, and sponsor or source. Workshops, lectures, independent study, books, videos, etc., can be used to acquire the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STANDARD	COMPLIANCE			COMMENTS
	Yes	No	N/A	
II. B. OTHER PERSONNEL				
(1) All employees, and other family members or volunteers who have regular or unsupervised contact with participants, shall, before beginning employment, complete the Background Character Verification form, F-62603, available from the department’s web site http://dhs.wisconsin.gov/forms/DQAnum.asp if the person indicates that he or she has been convicted of, or it has been substantiated that he or she was involved in, any of the crimes listed on the form, or has pending charges for any of the crimes listed on the form, the facility shall make a determination on whether the conviction is substantially enough related to the duties of the position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Before hiring employees with experience working as a nurse assistant, home health aide or hospice aide, (HFS 129), the family adult day care program shall document contact with the department’s Caregiver Misconduct Registry to determine if there is a substantiated finding that the person abused or neglected a client or misappropriated the property of a client. If there is a substantiated finding, the person shall not be hired to work in the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) If employees, adult family members, or volunteers have unsupervised contact with participants, then they must be oriented to the program and the participants by the provider, which shall be documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
II. C. STAFFING PATTERNS				
Definition: “Severely impaired” means any impairment leading to a participant’s inability at the program to perform any 3 or more activities of daily living (ADL), e.g., mobility, dressing, eating, toileting, hygiene. The impairment may be physical or cognitive in nature. The severely impaired participant demonstrates an inability to perform these ADLs at the day care unless assistance, supervision or prompting is provided. For calculating staffing needs, a severely impaired person counts as two non-severely impaired people.				
(1) At least one person over the age of 18 years, designated by the provider, shall be on the premises at all times participants are present; no participant shall be designated as in charge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) The total number of persons served at any one time shall not exceed six; this includes adult family members or others the provider may be responsible for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) The maximum number of participants by care level for any one provider or staff person is shown in the following table:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Severely Impaired	Not Severely Impaired	TOTAL		
3	0	3		
2	2	4		

STANDARD			COMPLIANCE			COMMENTS
1	4	5	Yes	No	N/A	
0	6	6				
(4) The provider shall not care for children other than his/her own when participants are present.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Volunteers must be under the supervision of the provider.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

III. ENVIRONMENT

III. A. HOME

(1) The conditions of the home shall be such that participants are cared for in a safe, sanitary and comfortable environment with adequate space and equipment to accommodate a program of activities and rest that meets the needs of the participants; table space and sufficient seating for each participant shall be provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) A family home atmosphere shall be maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Heat shall be maintained at not less than 70 degrees F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

III. B. SAFETY

(1) The center shall have a telephone on the premises, which is immediately accessible during hours of operation. A list of emergency telephone numbers shall be posted at each telephone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Stairs, walks, ramps, and porches shall be maintained in a safe condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Animals kept on the premises shall be tolerant of persons on the premises and vaccinated against rabies if indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) A supply of safe drinking water shall be readily available to participants at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note: If well water is used, wells shall be approved by the State Department of Natural Resources and water samples shall be tested annually at a state approved lab. Documentation is to be kept on file at the center.

(5) The adult day care program shall have a written plan for responding to fires, tornadoes, missing participants, injuries and other emergencies; fire drills shall be practiced quarterly and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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STANDARD	COMPLIANCE			COMMENTS
	Yes	No	N/A	
(6) Smoke detectors and fire extinguishers shall be located and tested as recommended by local fire officials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
III. C. SANITATION				
(1) Individuals who prepare or serve meals shall wear clean clothing and wash their hands before and after each handling of food, and after using the toilet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Day care participants who assist in preparing food shall be directly supervised by staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) All kitchen utensils and food contact surfaces used in preparation, storage and food services shall be thoroughly cleaned and sanitized after each use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Single-service utensils may not be reused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) All utensils and dishes shall be scraped and pre washed under running water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) For manual washing of dishes and utensils, the following 3-step procedure shall be used.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) Wash in water of at least 110 degrees F. (43 degrees C.);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Rinse by immersing dishes and utensils in clean, hot water to remove soap or detergent; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Sanitize by immersing dishes and utensils for at least 2 minutes in a solution of sanitizer approved by the department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(7) For mechanical washing of dishes and utensils in home type dishwashers with a temperature setting of at least 110 degrees F. (43 degrees C.), the following shall apply.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) Wash and rinse dishes and utensils in the dishwasher; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Remove from dishwasher and sanitize by submerging dishes and utensils for at least 2 minutes in a solution of a sanitizer approved by the department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(8) All dishes and utensils shall be air-dried in racks or baskets or on drain boards, unless a dishwasher, which performs this function, is used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* **Note:** Alternative methods of washing and sanitizing are allowed if in compliance with HFS 196, Wisconsin Administrative Rules regulating restaurants.

STANDARD	COMPLIANCE			COMMENTS
	Yes	No	N/A	
(9) Food storage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) All food and drink shall be stored off the floor in a safe and sanitary manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) All readily perishable foods shall be covered and refrigerated at or below 40 degrees F. (4 degrees C.), and stored in a sanitary manner; frozen foods shall be maintained at or below 0 degrees F. (-18 degrees C.); and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Each refrigerator and freezer shall have an accurate thermometer inside the unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(11) The premises and furnishings shall be free from litter, clean, safe and in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(12) Toilet rooms and fixtures shall function properly and shall be maintained in a sanitary and odor free condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV. LAWS AND CODES

(1) Non-compliance with any federal, state, and local laws/codes that govern the operation of the facility, including, but not limited to, space, heating, plumbing, ventilation and lighting systems, fire safety, sanitation, and wage and hour requirements may result in revocation of certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Non-compliance with these standards may result in revocation of certification and ineligibility for Medicaid Waiver funds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

V. EXCEPTIONS / VARIANCES TO THE STANDARDS

The department may grant an exception or variance to a standard when it is assured that the health, safety, and welfare of the participants being served will not be jeopardized. A request for an exception or variance shall be in writing, shall be sent to the Department of Health Services and shall include justifications for the requested action and a description of any provisions planned to meet the intent of the standard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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