

**NC DIVISION OF AGING
AREA AGENCIES ON AGING
PERFORMANCE REVIEW: SENIOR CENTER OPERATIONS
Program Verification-Part I**

Primary Senior Center (MPSC): _____ Date: _____

Satellite(s): _____

Agency Staff Interviewed: _____

Signature of Reviewer: _____

NOTE: Senior Center Operations Service Standards is the authority cited at the end of each question.

PROGRAM DEFINITION

1. The Senior Center programs consist of group activities, individual services and community service opportunities in areas such as health, education recreation, social work, nutrition, and other supportive services. (III A & B)

Yes _____ No _____

Yes _____ No _____

2. The Senior Center is open at least 40 hours per week, excepting holidays and inclement weather and maintains regular hours. (III c)

Yes _____ No _____

3. Senior Center policies established by the governing structure must at least include policies that cover an accident and emergency evacuation plan; participant suspension/dismissal; and a waiting list policy. (III c)

Yes _____ No _____

(All answers, 1-4, must be "yes" to be in compliance with the Senior Center Operations Service Standards)

4. The primary center [MPSC] is responsible for the administration of the budget and operations at the satellite(s). (III c)

* Suggestions for types of acceptable documentation are included in parenthesis after some items.

CLIENT ELIGIBILITY

5. Persons served are at least 60+ years and/or their spouse (of any age) {unless dictated by other funding sources}. (iv.c.)

(outreach materials, brochures, sign-in logs, observation, Emergency Forms, etc.)

Yes_____ No_____

PLANNING/EVALUATION/INPUT FROM OLDER ADULTS

6. The Senior Center has an advisory council composed of center participants and individuals from the community who are knowledgeable about the needs and interest of older people and about community resources and who have skills and expertise necessary for guiding the center. (v.B.1.)

(membership list, meeting minutes, etc.)

Yes _____ No _____

7. The Senior Center (MPSC) has an advisory or governing/policy board of which 60 percent of the members are older adults. (v.C.1.)

(membership list with ages listed)

Yes_____ No_____

8. All members of the advisory/governing/policy board have received a full orientation with emphasis on philosophy and policies of the center and the legal, political, and financial environment prior to service on the board. (v.C. 2.)

(orientation packets, record of orientation training, etc.)

Yes_____ No_____

9. The advisory or governing/policy board will evaluate the information gathered on older

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community members' needs. (v.c.3)
(copies of completed survey, questionnaire, forum, or other mechanism)

Yes_____ No_____ NA_____

SERVICE PROVISION

- 10a. The Senior Center must provide, either directly or through linkages, the following minimum services: (vi.c.1.)

(Sign-in sheets, publicity items and promotionals, calendar of events, etc.)

- Outreach
- Information and Referral
- Health Promotion
- Social
- Nutritional
- Educational Services
- Volunteer Opportunities
- Recreational activities
- Counseling (tax, legal, insurance, etc.)
- Transportation

Yes_____ No_____

- 10b. The Senior Center has a policy which allows participants the opportunity to participate in fee-based activities if unable or unwilling to pay a required fee and assures confidentiality and privacy.

(Administrative Letter 19-01)

(policy, newsletter, calendar, etc.)

Yes_____ No_____

11. Information on services and activities are available within the MPSCs and publicized on a regular basis. (vi.c.2.)

(sign-up sheets, publicity, calendar of events, newsletter, etc.)

Yes_____ No_____

12. The MPSC coordinates and collaborates with other agencies/organizations, educational institutions, faith communities, and local businesses to help assure the best possible opportunities for older adults. (VI.C.3)

(letters of agreement, minutes of collaborative activities, joint committees, presentations, calendars, newsletters, fliers, community events, joint publications, etc.)

Yes_____ No_____

13. The MPSC has evidence of expanding its capacity through such activities as grant writing, fund raising, and seeking in-kind contributions from individuals and organizations in the community. (VI.C.4.)

(grants, publicity of fund raising events, ledger, etc.)

Yes_____ No_____

STAFFING REQUIREMENTS AND TRAINING

14. The MPSC is staffed by a full-time paid director who can give leadership to the total function of the center and ensure that the stated purposes and goals of the center are carried out in the best interest of the participants. (VII.C.1.)

(time sheets, completed staff evaluation instrument, etc.)

Yes_____ No_____

15. The satellite center(s) is staffed by trained (paid or volunteer) senior center manager. (VII.C.3.)

(time sheets, organizational chart, etc.)

Yes_____ No_____ NA_____

16. All new MPSC directors have begun the Ann Johnson Senior Center Management Institute Modules offered by the Division of Aging within their first year of employment. (VII.C.4.)

(certificates of completion, travel logs, calendars, etc.)

Yes_____ No_____ NA_____

17. All MPSC staff has received training in at least two of the following areas annually:

(VII.C.5.)

(training plans, records, calendars, certificates, time sheets, travel logs, etc.)

- First Aid
- Emergency Response
- CPR
- Death and Dying
- Alzheimer's, Dementia, etc.
- Blood-borne pathogens
- HIV/AIDS
- Or aging related topics or subject matter
(This must apply to all applicable staff in order to answer yes)

Yes_____ No_____

OUTREACH

18. Evidence exists that the MPSC has conducted outreach activities to identify individuals eligible for assistance under the Older Americans Act and inform older people and their families of the availability of their services. (VIII.c.)

Yes_____ No_____

Outreach activities have placed special emphasis on identifying individuals:

- in rural settings
- in greatest economic need (with particular emphasis on low income, minority individuals)
- with greatest social need (with particular emphasis on low income, minority individuals)
- with severe disabilities
- with limited English speaking ability
- with Alzheimer's related disorders
- and with caregiver responsibilities.

(documented outreach activities, presentations, newsletters, calendars, photos, newspaper clips, etc.)

Yes_____ No_____

RECORDS, REPORTS & REIMBURSEMENT

19. Records are maintained to document participants' involvement in programs offered by the senior center. (IX.c.1.)

(daily log/sign-in sheets, client records, computer system or forms, etc.)

Yes_____ No_____

20. The MPSC maintains appropriate financial documentation to request reimbursement for expenses. (IX.c.2.)

(compare DOA reports to agency records, review ledgers)

FACILITY, SAFETY AND ACCESSIBILITY

21. All facilities used for senior center activities comply with all current applicable state and local health, fire safety, and sanitation laws, ordinances and codes. [X.B.(3)(a)]

(inspection reports from fire dept, health dept., etc. or document why this cannot be done.)

Yes_____ No_____

22. Based on the site review (See Attachment A) it is determined that all senior center facilities comply with the minimum handicapped accessibility requirements of the Architectural Barriers Act of 1968.

[X.B(3)(d)]

(refer to Appendix 8 of Standards)

Yes_____ No_____

23. All facilities shall conduct fire safety including:

- Provision of fire drills
- Inspection and maintenance of fire extinguishers
- Adequate number of smoke detectors; and
- Training by fire department personnel.

[X.B.3(e)]

(inspection reports, documentation of fire drills, training by fire dept. personnel, or a letter documenting effort, etc.)

Yes_____ No_____

24. The MPSC facility is a minimum of 4,000 square feet with at least 3,200 square feet devoted to senior center activities. (X.c.)

(actual measurement, letter from architect, etc.)

Yes_____ No_____

Fiscal Verification-Part II

Agency: _____ Date: _____
 Agency Staff Interviewed: _____
 Signature of Reviewer: _____

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Authority: Compliance Supplement #93.044

	YES	NO	NA
1. At the time of the visit the agency could show documentation of expenses equal to the portion of grant funds utilized to date.	_____	_____	_____
2. The agency has documentation that required match money was used to support the Senior Center Operations.	_____	_____	_____
3. The agency budget shows HCCBG monies used to support the Senior Center Operations.	_____	_____	_____
4. If positions are funded, Agency shows designated position(s) and percentage of position(s) funded for the operation of the senior center.	_____	_____	_____
5. Are all expenses reported for Senior Center Operations allowable under the current senior center operations standards?	_____	_____	_____
6. Were Senior Center Operation funds used to purchase fixed assets (equipment, furnishings, etc.)?	_____	_____	_____
7. Have you verified that the items purchased in #6 are on site?	_____	_____	_____
8. At the time of the review, utilization levels are consistent with (HCCBG) Home and Community Care Block Grant budget projections for the fiscal year.	_____	_____	_____

If not, describe any extenuating circumstances and or planned adjustments.

PERFORMANCE REVIEW TOOL ATTACHMENT A: SITE REVIEW

This document **must be completed by the Provider for each site.** It must be filed at the site for review by the AAA during the performance review process.

Name of Site: _____ Date: _____
 Provider Review Completed By: _____ Title: _____

AUTHORITY: Senior Center Operations Service Standards

- | | | |
|--|-----------|----------|
| 1. The site is accessible to the target population. | Yes _____ | No _____ |
| 2. The site is available for walk-in clients. | Yes _____ | No _____ |
| 3. Parking is available. | Yes _____ | No _____ |
| 4. Visible, useable fire extinguishers are in place and instructions for use are posted. | Yes _____ | No _____ |
| 5. A room for confidential interviews with clients is available. | Yes _____ | No _____ |
| 6. A safe dismount place for transport vehicles is available. | Yes _____ | No _____ |
| 7. The center has an emergency plan for evacuation and employees are made aware of this plan (NC Fire Code 404.5, 404.5.1) | Yes _____ | No _____ |
| 8. Handicapped accessibility | Yes _____ | No _____ |
| 9. Handicapped parking spaces | Yes _____ | No _____ |
| 10. Handicapped rest rooms | Yes _____ | No _____ |

Write any comments.