

MEANINGFUL DAY QUALITY BENCHMARK MEASUREMENTS FOR DAY PROGRAMS

This tool was created to support programs in self-evaluating the quality of their day program services. It is meant to be used for introspection with an eye toward program improvement and action planning. The information gathered can be used to inform agency policy/procedures, staff development initiatives, technical assistance requests, and/or overall education and training curricula.

PROGRAM RATING FORM

NAME: _____ **AGENCY/PROGRAM:** _____ **DATE:** _____

DIRECTIONS:

For each benchmark, use the score that most accurately describes current practices to rate the program. Develop **desired outcomes** the program should achieve over the next 6 months to improve upon benchmarks scoring 1 or 2. Determine the program's areas of strength and those where progress is needed using the **Overall Scoring** for each section.

SCORING: **3** Current and strongly in place in your program **2** Currently in place in your program but needs improvement to be effective **1** Not currently in place in your program

OVERALL SCORING:

Record how many 3's, 2's, and 1's were scored for each section. Areas of strength are those scoring mostly 3's. Areas scoring mostly 2's require refinement to achieve quality. Areas scoring mostly 1's are priority areas for improvement.

MISSION/VISION

BENCHMARK	3	2	1	6-MONTH DESIRED OUTCOME
1. The mission and vision for the agency and program are clearly defined.				

NAME: _____ AGENCY/PROGRAM: _____ DATE: _____

BENCHMARK	3	2	1	6-MONTH DESIRED OUTCOME
-----------	----------	----------	----------	-------------------------

2. Agency administration and program staff have a clear understanding of the mission and vision and are on the same page with its implementation.				
---	--	--	--	--

3. Program activities and practices advance the mission and vision.				
---	--	--	--	--

OVERALL SCORING How many 3's, 2's, 1's?				THIS AREA: <input type="checkbox"/> is an area of strength <input type="checkbox"/> needs refinement <input type="checkbox"/> is a priority for improvement
---	--	--	--	---

STAFF TRAINING/COMMITMENT				
BENCHMARK	3	2	1	6-MONTH DESIRED OUTCOME

1. Program staff receive training on person centered thinking.				
--	--	--	--	--

2. All program staff have completed the required trainings necessary to provide service.				
--	--	--	--	--

NAME: _____ AGENCY/PROGRAM: _____ DATE: _____

BENCHMARK	3	2	1	6-MONTH DESIRED OUTCOME
3. A professional development plan is developed and supervision provided for each staff person based upon specific job competencies/need.				
4. Program supervisor receives appropriate training and support to manage staff effectively.				
5. Staff members know and can explain the ISP outcomes, strategies and best instructional methods to use for each individual they are supporting.				
OVERALL SCORING How many 3's, 2's, 1's?				THIS AREA: <input type="checkbox"/> is an area of strength <input type="checkbox"/> needs refinement <input type="checkbox"/> is a priority for improvement

PROVISION OF QUALITY SERVICES

BENCHMARK	3	2	1	6-MONTH DESIRED OUTCOME
1. An effective process is used to "Discover" who each person is, their likes/dislikes, support needs, dreams, etc.				

NAME: _____ AGENCY/PROGRAM: _____ DATE: _____

BENCHMARK	3	2	1	6-MONTH DESIRED OUTCOME
2. Program staff advocate with the individual receiving services and others when the demands of the system/ agency override the needs of those receiving supports, or when individual preferences, needs, or gifts are neglected for any reason.				
3. Program staff honor those who cannot speak by seeking other ways of understanding them.				
4. Supports are provided to individuals and small groups as appropriate to community settings.				
5. Individuals receiving services have choice regarding the staff person providing support and the other individuals they interact with.				
6. When an individual receiving services is in need physical assistance they are: <ul style="list-style-type: none"> • given opportunities to consent or deny assistance. • prepared ahead of time as to when movement will take place • given opportunities to control the assistance by initiating movement or by giving staff an "OK" for assistance. 				

NAME: _____ **AGENCY/PROGRAM:** _____ **DATE:** _____

BENCHMARK	3	2	1	6-MONTH DESIRED OUTCOME
-----------	----------	----------	----------	-------------------------

7. Program staff develop respectful relationships with individuals receiving services that are based on mutual trust and maintain professional boundaries.				
8. Program staff identify and report any situation in which individuals receiving service are at risk of abuse, neglect, exploitation, or harm.				
9. Program staff understand and respect the values of individuals receiving services and facilitate their expression of choices related to those values.				
10. Social/communication skills are taught to all individuals receiving services during all aspects of the program schedule.				
11. Program staff maximize the use of natural supports (e.g. peer to peer assistance, assistance from store clerk)				

OVERALL SCORING How many 3's, 2's, 1's?				THIS AREA: <input type="checkbox"/> is an area of strength <input type="checkbox"/> needs refinement <input type="checkbox"/> is a priority for improvement
---	--	--	--	---

NAME: _____

AGENCY/PROGRAM: _____

DATE: _____

ACTIVITIES/SCHEDULES

BENCHMARK

3

2

1

6-MONTH DESIRED OUTCOME

1. Schedules for programs are individual and provide sufficient opportunity for each individual receiving service to work towards their ISP outcome.

2. Individuals receiving service are part of creating the program schedules and have informed choice into the activities on their schedules.

3. Activities that individuals receiving services are engaged in include age-appropriate materials and content.

4. Individuals receiving service are encouraged to explore new activities and new skills with support from staff.

5. Activities are selected based upon the local community, people's interests, preferences, plan outcomes and support needs.

6. All activities are centered around building meaningful relationships with other people in the community.

NAME: _____ AGENCY/PROGRAM: _____ DATE: _____

BENCHMARK	3	2	1	6-MONTH DESIRED OUTCOME
-----------	----------	----------	----------	-------------------------

7. In-facility instruction is meaningful and leads to meaningful, integrated community activities.				
8. Activities in the community are coordinated, meaningful and integrated.				
9. Various types of activities are incorporated into the program.				
10. Individuals receiving service are made aware of and prepared prior to activities (e.g. expectations of location, needed resources and supports, etc.).				
11. Follow-up and reflection activities are conducted with individuals receiving service after activities.				
12. People receiving support are not denied participation in exploring appropriate community activities due to behavior concerns.				

<p>OVERALL SCORING How many 3's, 2's, 1's?</p>				<p>THIS AREA: <input type="checkbox"/> is an area of strength <input type="checkbox"/> needs refinement <input type="checkbox"/> is a priority for improvement</p>
---	--	--	--	--

NAME: _____ AGENCY/PROGRAM: _____ DATE: _____

COMMUNITY DEVELOPMENT

BENCHMARK	3	2	1	6-MONTH DESIRED OUTCOME
1. Agency administration and program staff assist individuals receiving service to access opportunities and resources in the community that are available to everyone.				
2. Community development is an ongoing staff activity which includes networking and increasing connections to the local community.				
3. Program reaches out to community partners to have a regular opportunity/ platform to provide feedback to the program.				
4. The program encourages individuals to use a variety of community resources on a daily basis.				
OVERALL SCORING How many 3's, 2's, 1's?				THIS AREA: <input type="checkbox"/> is an area of strength <input type="checkbox"/> needs refinement <input type="checkbox"/> is a priority for improvement

NAME: _____ AGENCY/PROGRAM: _____ DATE: _____

PHYSICAL/SOCIAL/EMOTIONAL ENVIRONMENT

BENCHMARK	3	2	1	6-MONTH DESIRED OUTCOME
1. The physical environment of the program promotes the health, safety, and independence of everyone.				
2. The emotional climate of the program as a whole is positive, characterized by mutually respectful, supportive, and relaxed interactions among staff and individuals receiving service.				
3. The program has clearly defined expectations for individual and staff conduct that are well known to staff, people receiving support, and visitors.				
4. Program staff provide appropriate feedback to individuals about positive behavior and accomplishments.				
5. Program staff approach difficult situations and/or conflicts with a positive attitude, in a non-threatening, calm manner.				
OVERALL SCORING How many 3's, 2's, 1's?				THIS AREA: <input type="checkbox"/> is an area of strength <input type="checkbox"/> needs refinement <input type="checkbox"/> is a priority for improvement

NAME: _____

AGENCY/PROGRAM: _____

DATE: _____

MOVEMENT TOWARDS EMPLOYMENT

BENCHMARK

3

2

1

6-MONTH DESIRED OUTCOME

1. Program staff believe in Employment First and that all individuals can work.

2. Employment is discussed in terms of interests, support needs, how to move forward, and service delivery options.

3. People receiving support can receive travel training and utilize various forms of community transportation to access community locations (e.g. AccessLink, public bus/train, walking, etc.)

OVERALL SCORING

How many 3's, 2's, 1's?

is an area of strength needs refinement is a priority for improvement

ACTION PLAN

NAME: _____ AGENCY/PROGRAM: _____ DATE: _____

DIRECTIONS:

This Action Plan supports your program in prioritizing and organizing next steps to achieve quality. Use the **Overall Scoring** for each section in the **Program Rating Form** to identify **Priority Areas for Improvement**. List **desired outcomes** for benchmarks in these areas that should be improved upon first. Record the steps needed to achieve each outcome, who is responsible for the completion of the outcome, and the timeframe for completion. Repeat this process for **Areas Needing Refinement** next. The Action Plan is a working document, and should be revised with new plans for improvement once desired outcomes are achieved.

AREA FOR IMPROVEMENT	BENCHMARK (use # to save space)	DESIRED OUTCOME	STEPS TO ACHIEVE OUTCOME	WHO IS RESPONSIBLE?	WHEN?

NAME: _____ **AGENCY/PROGRAM:** _____ **DATE:** _____

AREA FOR IMPROVEMENT	BENCHMARK (use # to save space)	DESIRED OUTCOME	STEPS TO ACHIEVE OUTCOME	WHO IS RESPONSIBLE?	WHEN?

RUTGERS
Robert Wood Johnson
Medical School

The Boggs Center on Developmental Disabilities
Department of Pediatrics
Rutgers, The State University of New Jersey
Liberty Plaza, 335 George Street
New Brunswick, NJ 08901
<http://rwjms.rutgers.edu/boggscenter>
p. 732-235-9300
f. 732-235-9330

Preparation of this document was supported by the
NJ Department of Human Services, Division of
Developmental Disabilities (Contract #04ME21C).
October, 2020