

Facility Self-Assessment Tool

Section 1: Facility information	
1	Facility name and location:
2	Name and title of respondent:
3	What are the facility's funding resources? (Check one.) <input type="checkbox"/> Private non-profit <input type="checkbox"/> Government/public non-profit <input type="checkbox"/> Proprietary
4	Will you make decisions regarding animal options on an: <input type="checkbox"/> Independent basis <input type="checkbox"/> Corporate basis (company's approval needed)
5	What resources would support animals in the facility? (Check all that apply.) <input type="checkbox"/> Included in budget <input type="checkbox"/> Volunteer program <input type="checkbox"/> Grant <input type="checkbox"/> Other _____ <i>(If no resources are available, do not consider a live-in animal option.)</i>
6	Who are the key supporters of the intended animal option? (Check all that apply.) <input type="checkbox"/> Administrative <input type="checkbox"/> Direct care staff <input type="checkbox"/> Residents <input type="checkbox"/> Family/community <input type="checkbox"/> Trustees or board of directors <i>(If the administration is unsupportive, or if only the administration and no other group supports it, do not consider any animal option at this time.)</i>
7	Have specific staff members been empowered in their job description and designated to take responsibility for the animals? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "No," do not consider any animal option at this time.)</i>
8	Are there cultural considerations that need to be addressed prior to beginning an animal program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," for what group? (Staff, residents, community, other):
9	Is the facility in good standing with federal and state regulatory surveys? <input type="checkbox"/> Yes <input type="checkbox"/> No
Section 2: Site characteristics and amount of space	
10	Number of rooms _____ Average number of square feet per room _____ Number of floors _____ Number of common areas _____ (Do not include dining or food preparation areas in count of common areas.)
11	Is there adequate space for both animals and residents to move about freely and safely? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If the answer is no, do not pursue a live-in animal option.)</i>
12	Is there a garden or terrace area outside where residents can spend time? <input type="checkbox"/> Yes <input type="checkbox"/> No
13	Is there adequate and appropriate space for: Outdoor habitat? <input type="checkbox"/> Yes <input type="checkbox"/> No Visiting animals? <input type="checkbox"/> Yes <input type="checkbox"/> No Live-in animals? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Administration and policies	
14	<p>Is the mission of the facility consistent with the introduction of:</p> <p>Outdoor habitat? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>Animal-assisted activities (AAA)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>Animal-assisted therapy (AAT)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>Staff animals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>Live-in animals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
15	<p>What is the administration's attitude towards:</p> <p>Outdoor habitat? <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral/mixed</p> <p>Animal-assisted activities (AAA)? <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral/mixed</p> <p>Animal-assisted therapy (AAT)? <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral/mixed</p> <p>Staff animals? <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral/mixed</p> <p>Live-in animals? <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral/mixed</p>
16	<p>Do the facility's policies and procedures support potential inclusion of a live-in animal?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
17	<p>Has the facility identified federal, state, and local laws related to animals being in the facility, as well as relevant state and local health department regulations?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
18	<p>Have policies and procedures been created to implement the requirements of the laws and regulations mentioned above?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If no, do not continue until this has been done.)</i></p>
19	<p>Have ethical guidelines for live-in animal(s) in the facility been prepared and reviewed?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If no, do not continue until this has been done.)</i></p>
20	<p>Do infection control policies address animals in the facility?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If no, do not continue until these are addressed.)</i></p>
21	<p>Have policies and procedures been developed to protect both residents and animals, taking into account allergies, phobias, and any history of abuse?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If no, do not continue until these are addressed.)</i></p>
Section 4: Current Service Characteristics	
22	<p>What services are currently offered for residents?</p> <p><input type="checkbox"/> Group therapy <input type="checkbox"/> Visiting animal program (AAA or other)</p> <p><input type="checkbox"/> Individual therapy <input type="checkbox"/> Animal-Assisted Therapy (AAT)</p> <p><input type="checkbox"/> Physical therapy <input type="checkbox"/> Horticulture therapy</p> <p><input type="checkbox"/> Occupational therapy <input type="checkbox"/> Vocational rehabilitation</p> <p><input type="checkbox"/> Art therapy <input type="checkbox"/> Recreation therapy</p> <p><input type="checkbox"/> Dance therapy <input type="checkbox"/> Recreational activities</p> <p><input type="checkbox"/> Other: _____</p>
Section 5: Staff	
23	<p>Have the Animal Preference Questionnaires been completed by staff?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If no, do not continue until complete.)</i></p>
24	<p>Has an animal care coordinator been identified?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If no, do not continue until complete.)</i></p>

Section 6: Residents	
32	Has the Animal Preference Questionnaire been completed for <i>each</i> resident, taking note of allergies, phobias, likes/dislikes, and any history of abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, do not continue until complete.)</i>
33	Total number of residents in facility: _____ Percentage of residents who are English-speaking: _____% Multilingual: _____%
34	What is the minimum, maximum, and average length of stay for residents? Minimum _____ Maximum _____ Average _____
35	Summary of resident characteristics: Ratio of men to women: _____ Age range _____ Ethnic distribution _____ Have clients' cultural attitudes toward animals been addressed? <input type="checkbox"/> Yes <input type="checkbox"/> No
36	Most notable or common concerns with this population: <input type="checkbox"/> Confused/disoriented <input type="checkbox"/> Allergies <input type="checkbox"/> Ambulation assistance <input type="checkbox"/> Fears/phobias <input type="checkbox"/> Non-ambulatory <input type="checkbox"/> Suppressed immune system <input type="checkbox"/> Dressing assistance <input type="checkbox"/> Restraints <input type="checkbox"/> IVs <input type="checkbox"/> Violent behavior <input type="checkbox"/> Wheelchair use <input type="checkbox"/> Fragile physical condition <input type="checkbox"/> Skin integrity <input type="checkbox"/> Abuse <input type="checkbox"/> Other (please specify) _____
Section 7: Environmental Concerns	
37	Does the design of the facility present any danger to a free roaming live-in animal? <input type="checkbox"/> Located on busy street <input type="checkbox"/> Outdoors area not fenced <input type="checkbox"/> Automatic doors <input type="checkbox"/> Heavy doors that swing shut <input type="checkbox"/> Other (specify): _____ <i>(If yes, do not continue until a plan is in place to address this danger.)</i>
38	Is there a clean, safe, and quiet place in which the animal(s) can eat and rest ? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, do not pursue a live-in animal option.)</i>
39	Have all entrance and exit doors, stairwells, and elevators that might be used for transporting animals within the facility been assessed for safety? <input type="checkbox"/> Yes <input type="checkbox"/> No
40	Is there adequate space for animal(s) to exercise and play? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, do not pursue a live-in animal option.)</i>
41	Can animals access the toileting area by themselves? (As opposed to needing a staff member to open a door to the area or to take them there.) <input type="checkbox"/> Yes <input type="checkbox"/> No