

**MONITORING REPORT
ADULT DAY CARE AND ADULT DAY HEALTH**

DATE OF VISIT: _____

I. PROGRAM: _____ COUNTY: _____

II. TYPE OF VISIT: () Announced () Unannounced TIME OF VISIT: _____

III. ENROLLMENT: # Full-time ___ # Part-Time ___ Month Reviewed _____
ATTENDANCE: # Participants at time of visit _____ # of Staff _____

IV. CONCERNS FROM PREVIOUS VISIT: _____

Have these concerns been resolved? () YES () NO (If no, complete DSS Form 6215)

V. AREA REVIEWED:

Facility – Standards, Page 11-15

Yes No N/A **General Requirements** [10A NCAC 06R .0401 and 06S .0301]

- () () Facility and grounds approved by local environmental health specialist and local fire safety inspector.
- () () Facility complies with all applicable zoning laws.
- () () Facility provides adaptable spaces suitable for activities for participants. Spaces provide opportunities for participants to get together as a group as well as privacy for quiet times.
- () () () If meals are prepared within the facility, the kitchen meets environmental health rules.
- () () Storage areas are adequate in size and number for storage of clean linens, dirty linens, cleaning materials, household supplies, food, equipment, and program supplies.
- () () Poisons, chemicals or other potentially harmful products (cleaning fluids, disinfectants, etc.) are kept in a separate locked area.
- () () A minimum of one male and one female toilet is available for each twelve adults in attendance at the facility (including staff) and is handicapped accessible. One hand lavatory is provided for each two toilets.
- () () Rugs and floor coverings are securely fastened down, with no loose throw rugs. Floors are not slippery.
- () () A telephone is available for participants to make and receive calls.

Day Care or Day Health Programs in Multi-Use Facilities [10A NCAC 06R .0510 and .0303 and 06S .0201 and .0301(b)]

Yes No N/A

- () () () The program is self-contained with its own staff and separate area.
- () () () Participation is open only to persons enrolled in the program and to visitors on a planned basis.

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Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

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Check Yes, No, or N/A (not applicable). If no, provide explanation.

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Facility (Continued)

Day Care or Day Health Programs in Multi-Use Facilities [10A NCAC 06R .0510 and .0303 and 06S .0201 and .0301(b)] *Continued*

Yes No N/A

- () () () There is a written agreement regarding the facility's cooperative use which includes the time of use, maintenance of space, use of equipment, security, liability, and insurance.
- () () () For programs certified or licensed for another purpose by a state agency, such as the NC Division of Facility Services or the NC Division of Child Development, a letter from the licensing agency granting to permission to use the space for a purpose other than the original licensed one is on file.

-----**Building Construction** [10A NCAC 06R .0402 and 06S .0301]

- () () Building has met the approval of the local building inspector in terms of structural soundness and fire safety.
- () () At least one entrance is at ground level with no steps or an entrance ramp with rails and a maximum slope of 1 in 12 (8%). Ramp is covered with a securely fastened non-skid floor covering which is secured at both ends.

-----**Equipment and Furnishings** [10A NCAC 06R .0403 and 06S .0301]

Yes No N/A*

- () () () Facility equipment and furnishings meet the needs of participants and staff to enable efficient operation of the program. The facility has:
- At least one sturdy straight back chair or sturdy folding chair for each participant and each staff person, excluding those in wheelchairs;
 - Table space adequate for all participants to be served a meal at a table at the same time and for program activities;
 - Chairs or sofas that allow for position changes, are upholstered or of soft material, and water and stain resistant so that at least half of the participants can relax and rest at the same time. If all participants take a daily rest period at the same time, facility has enough of such seating for all participants.
 - A quiet space with a minimum of one bed or cot so that participants can lie down as needed separate from other activities.
- () () Equipment and furnishings are in good condition and safe for use by all participants and staff of the facility.

VI. AND VII. USE SEPARATE SHEET FOR COMMENTS/CONCERNS AND PROGRAM DIRECTOR'S COMMENTS

VIII. Continued by () DSS-6215 (____ # of forms)

IX. Signatures:

Coordinator	Date	Program Director	Date
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