

**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:

**Nutrition** [10A NCAC 06R .0502 and 06S .0401] – Standards, Pages 19-20

Yes    No

- ( ) ( ) Midday meal which provides at least one-third (1/3) of an adult's daily nutritional requirement is provided each participant in attendance.
- ( ) ( ) Menu is approved by a registered or licensed dietitian or nutritionist.
- ( ) ( ) Snacks and fluids are offered to meet participants nutritional and fluid needs.
- ( ) ( ) At minimum mid-morning and mid-afternoon snack is offered daily to participants and is planned to keep sugar, salt and cholesterol intake to a minimum.
- ( ) ( ) Therapeutic diets are provided, if prescribed in writing by a physician, physician's assistant or nurse practitioner.
- ( ) ( ) Staff preparing therapeutic diets have necessary training and adequate documentation of such training.
- ( ) ( ) Registered dietitian or certified nutritionist gives consultation to staff on basic and special nutritional needs, proper food handling techniques, and the prevention of food borne illness.
- ( ) ( ) The program does not admit nor continues to serve participants whose dietary requirements cannot be accommodated by the program.
- ( ) ( ) Meals are stored, prepared and served in a sanitary manner using safe food handling techniques.
- ( ) ( ) The food service provider abides by the food safety and sanitation practices required by the Commission for Health Services rules applying to adult day care facilities.

VI. COMMENTS/CONCERNS \_\_\_\_\_

VII. PROGRAM DIRECTOR'S COMMENTS: Attach an additional sheet

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

IX. Signatures:

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