

**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)

**Personnel [10A NCAC 06R .0305 and 06S .0201, .0203, and .0204] – Standards,
Pages 5 - 10**

<u>Yes</u>	<u>No</u>	<u>N/A</u>	
()	()		<i>It is recommended that you review personnel folders for several employees.</i>
()	()		Staff positions planned and filled according to program goals and manpower.
()	()		Evidence of a statewide criminal history records search on employees hired after 07/2007.
()	()		Written job description for each position specifying: qualifications of education and experience; to whom employee is responsible; duties and responsibilities; and salary range.
()	()		References required in recruitment of staff.
()	()		Review process for each employee is established and is being conducted at least annually and following any probationary period.
()	()		Written plan for orientation and staff development of new employees and volunteers, and documentation of orientation and ongoing development and training of all staff.
()	()		Written plan for staff substitutes that includes coverage of usual responsibilities as well as maintenance of staff/participant ratio. Substitute staff has same qualifications, training and personal credentials as regular staff.
()	()		Medical statement on file, completed within the prior 12 months of hiring, certifying the employee has no illness or health condition that would pose a risk to others and can perform the duties assigned on the job.
()	()		Staffing pattern is adequate to meet program goals and objectives. Minimum 1:6 for Adult Day Care Homes and Adult Day Health Combination programs; 1:8 for Adult Day Care Centers; and 1:5 for Adult Day Health Centers and Adult Day Health Homes.
()	()		Program has a full-time Director or Director/Health Care Coordinator
()	()	()	If capacity is greater than 10 and the program is a Day Health or combination Adult Day Care/Day Health, the Program Director and Health Care Coordinator are two separate positions.
()	()		Program Director has authority and responsibility for program management.

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

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Personnel (Continued)

Yes No N/A

- () () Program Director meets minimum qualifications (when position is combined as Director/Healthy Care Coordinator, qualifications outlined in the Standards for Health Care Coordinator must also be met) [10A NCAC 06R .0305(d) and 06S .0204(a), Standards, page 8]:
- At least 18 years of age;
 - A minimum of two years formal post secondary education or high school diploma or equivalent and a combination minimum of five years of experience and training in services to elderly or adults with disabilities;
 - At least two years work experience in supervision and administration;
 - Medical report presented prior to employment, completed within prior 12 months;
 - At least three current reference letters or the names of individuals with whom a reference interview can be conducted;
 - Governing body, agency or owner considered characteristics specified in Standards (page 8) in employing Director

For programs using volunteers:

- () () () Volunteers have a written description of duties and responsibilities.
- () () () Volunteers are provided orientation and training to the program.
- () () () Paid staff are provided required information regarding volunteers and are involved in writing volunteer duties.
- () () () Provision is made for evaluation of volunteer's job performance.
- () () () Program has provision for recognition and appreciation of volunteers.

VI. COMMENTS/CONCERNS _____

Attach an additional sheet if needed

VII. PROGRAM DIRECTOR'S COMMENTS _____

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

IX. Signatures:

Coordinator	Date	Program Director	Date
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