

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

DATE OF VISIT: \_\_\_\_\_

I. PROGRAM: \_\_\_\_\_ COUNTY: \_\_\_\_\_

II. TYPE OF PROGRAM:  ADC  ADH  ADC/ADH

III. TYPE OF VISIT: ( ) Announced ( ) Unannounced TIME OF VISIT: \_\_\_\_\_

IV. ENROLLMENT: # Full-time \_\_\_\_ # Part-Time \_\_\_\_ Month Reviewed \_\_\_\_\_

ATTENDANCE: # Participants at time of visit \_\_\_\_\_ # of Staff at time of visit \_\_\_\_\_

V. CONCERNS FROM PREVIOUS VISIT: \_\_\_\_\_

\_\_\_\_\_

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

VI. AREA REVIEWED:

**Program Records** [10A NCAC 06R .0508 and 06S .0401 – Standards, Pages 25-26

Yes	No	N/A	<i>Program records kept a minimum of six years and contain:</i>
( )	( )		Copies of activities schedules;
( )	( )		Monthly records of expense and income, including fees collected, and fees to be collected;
( )	( )		All bills, receipts, and other pertinent information which document expenses and income;
( )	( )		A daily record of attendance of participants by name;
( )	( )		Accident reports;
( )	( )		Record of staff absences, annual and sick leave, including dates and names of substitutes;
( )	( )		Reports on emergency and fire drills;
( )	( )		Individual personnel records on all staff members, including: <ul style="list-style-type: none"> <li><input type="checkbox"/> application for employment;</li> <li><input type="checkbox"/> evidence of a state criminal history check on employees hired after 7/1/07.</li> <li><input type="checkbox"/> job description;</li> <li><input type="checkbox"/> medical certification of absence of a health condition that would pose a risk to others;</li> <li><input type="checkbox"/> written note or report on any personnel action taken with the employee;</li> <li><input type="checkbox"/> written report of annual employee review.</li> <li><input type="checkbox"/> documentation of certified first aid and CPR training</li> <li><input type="checkbox"/> signed statement to keep all participant information confidential</li> </ul>
( )	( )		A copy of all written policies, including: <ul style="list-style-type: none"> <li><input type="checkbox"/> program policies <span style="margin-left: 150px;"><input type="checkbox"/> personnel policies</span></li> <li><input type="checkbox"/> evacuation plan <span style="margin-left: 150px;"><input type="checkbox"/> plan for emergencies</span></li> <li><input type="checkbox"/> agreements regarding shared space or space licensed by other Divisions</li> </ul>
( )	( )		Program evaluation reports.

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

DAAS-6214 (7-07)

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

