

**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:

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

Yes	No	N/A	Program records kept a minimum of six years and contain:						
()	()		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"> <input type="checkbox"/> application for employment; <input type="checkbox"/> evidence of a state criminal history check on employees hired after 7/1/07. <input type="checkbox"/> job description; <input type="checkbox"/> medical certification of absence of a health condition that would pose a risk to others; <input type="checkbox"/> written note or report on any personnel action taken with the employee; <input type="checkbox"/> written report of annual employee review. <input type="checkbox"/> documentation of certified first aid and CPR training <input type="checkbox"/> signed statement to keep all participant information confidential 						
()	()		A copy of all written policies, including: <table border="0" style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> program policies</td> <td><input type="checkbox"/> personnel policies</td> </tr> <tr> <td><input type="checkbox"/> evacuation plan</td> <td><input type="checkbox"/> plan for emergencies</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> agreements regarding shared space or space licensed by other Divisions</td> </tr> </table>	<input type="checkbox"/> program policies	<input type="checkbox"/> personnel policies	<input type="checkbox"/> evacuation plan	<input type="checkbox"/> plan for emergencies	<input type="checkbox"/> agreements regarding shared space or space licensed by other Divisions	
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()	()		Program evaluation reports.						
()	()	()	Control file of DSS-5027's on all participants for whom Social Services Block Grant (Title XX) or Adult Day Care funds are claimed. <i>Continued on Back</i>						

