

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

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

- I. PROGRAM: \_\_\_\_\_ COUNTY: \_\_\_\_\_
- II. TYPE OF VISIT:    ( ) Announced                   ( ) Unannounced
- 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)

**DO NOT COMPLETE IF THE PROGRAM DOES NOT OFFER SPECIAL CARE SERVICES AS PER SECTION VI, PART 1 OF THE DAAS-1500 OR DAAS-6205**

V. AREA REVIEWED:

**Special Care Services - Standards, Appendix D, Pages 65-68**

- |            |           |            |   |
|------------|-----------|------------|---|
| <u>Yes</u> | <u>No</u> | <u>N/A</u> | <b>Enrollment:</b> (10A NCAC 06R .0904 and 06S .0603)   |
| ( )        | ( )       |            | Disclosure information is provided to individuals and/or responsible parties seeking enrollment. The Disclosures address policies and procedures in Rule .0902.   |
| ( )        | ( )       |            | The participant's medical exam specifies a diagnosis, disability or condition consistent with the special care service.   |
| ( )        | ( )       | ( )        | If program serves developmentally disabled persons, all participants have proceeded through the Single Portal of Entry.   |
| ( )        | ( )       | ( )        | Participants transferring from standard to specialized day care services meet the criteria for specialized care, and family agrees to the transfer.   |
| <u>Yes</u> | <u>No</u> |            | <b>Individual Service Plans</b> (10A NCAC 06R .0905 and 06S .0604)  |
| ( )        | ( )       |            | Individual service plans are based on the participant's needs, interests and level of abilities.  |
| ( )        | ( )       |            | Individual service plans specify programming involving environmental, social and health care strategies.  |
| <u>Yes</u> | <u>No</u> |            | <b>Program Plan</b> (10A NCAC 06R k.906 and 06S .0605)  |
| ( )        | ( )       |            | The program plan provides for a balance of activities that promote an optimum level of functioning in all activity areas including personal care activities.  |
| <u>Yes</u> | <u>No</u> |            | <b>Staff Orientation and Training</b> (10A NCAC 06R .0907 and 06S .0606)  |
| ( )        | ( )       |            | The program director has documented training in the special care population.  |
| ( )        | ( )       |            | The program director has a written plan for training staff identifying content, sources, evaluations, and scheduling of training. The plan is updated annually.   |
| ( )        | ( )       |            | The program director assures that, within a month of employment, each staff person assigned to special care demonstrates knowledge of the needs, interests, and abilities of each participant. This is documented in the program's files. |
| ( )        | ( )       |            | Each staff person working directly with participants completes a minimum of two population-specific educational or training experiences annually.   |
| ( )        | ( )       |            | Training experiences for each staff member are documented in the program's files.   |

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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.

