



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG TERM CARE REGULATION
ADULT DAY CARE PROGRAM INSPECTION REPORT

DATE	
TIME IN	TIME OUT
FACILITY ID NUMBER	

NAME OF ADC PROGRAM		
ADDRESS		
DIRECTOR'S NAME		DESIGNATED ASSISTANT
TYPE OF FACILITY <input type="checkbox"/> FREESTANDING <input type="checkbox"/> ASSOCIATED	HOURS OF OPERATIONS	DAYS OF OPERATION
TYPE OF PROGRAM <input type="checkbox"/> SOCIAL <input type="checkbox"/> MEDICAL	MEDICAID STATUS <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVAL PENDING <input type="checkbox"/> NO APPROVAL	
MAXIMUM NUMBER OF PARTICIPANTS	TOTAL PARTICIPANTS ENROLLED	PARTICIPANTS PRESENT
LPN OR RN NAME AND LICENSE NUMBER		

INSPECTION <input type="checkbox"/> FULL <input type="checkbox"/> INTERIM		REVISIT	
		TOTAL PARTICIPANTS ENROLLED	PARTICIPANTS PRESENT
VIOLATION OF REGULATIONS		SURVEY EVENT ID	EXIT DATE

YES	NO		CORRECTED	NOT CORRECTED	NEW DEFICIENCY
		STAFFING			
		PROGRAM POLICIES			
		PARTICIPANT CARE REQUIREMENTS & RIGHTS			
		RECORDKEEPING REQUIREMENTS			
		FIRE SAFETY			
		CENTER & BUILDING PHYSICAL REQUIREMENTS			

ADC REPRESENTATIVE SIGNATURE/TITLE		ADC REPRESENTATIVE SIGNATURE/TITLE	
DATE		DATE	
ADC INSPECTOR		ADC INSPECTOR	
ADC INSPECTOR		ADC INSPECTOR	
DATE		DATE	

COMMENTS