



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					
<b>INSPECTION</b> <input type="checkbox"/> FULL <input type="checkbox"/> INTERIM			<b>REVISIT</b>		
			TOTAL PARTICIPANTS ENROLLED		PARTICIPANTS PRESENT
<b>VIOLATION OF REGULATIONS</b>			SURVEY EVENT ID		EXIT DATE
<b>YES</b>	<b>NO</b>		<b>CORRECTED</b>	<b>NOT CORRECTED</b>	<b>NEW DEFICIENCY</b>
		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					