

CALIFORNIA DEPARTMENT OF AGING
COMMUNITY-BASED ADULT SERVICES BRANCH
1300 NATIONAL DRIVE, SUITE 200
SACRAMENTO, CA 95834
Internet Home Page www.aging.ca.gov
TDD 1-800-735-2929
FAX (916) 928-2507
TEL (916) 419-7545



Dear Community-Based Adult Services Center Provider:

This evaluation is provided as a means for your facility to share information concerning the survey process and a way to assist us in improving it. Please use the scale below to rate us in each of the areas identified. If you select a 2 or 3 rating, please address these with specific explanatory comments on the reverse or by attachment.

Please understand that completing this evaluation is strictly voluntary and is not required. Once you have completed it, please mail to the Community-Based Adult Services Branch, 1300 National Drive, Suite 200, Sacramento, CA 95834.

Sincerely,

Denise Peach, Chief
Community-Based Adult Services Branch

Name of Center (optional) _____

5	4	3	2	1
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

1. Survey staff introduced themselves and explained the survey process when the survey began. 5 4 3 2 1
2. During the survey and/or exit conference, investigative findings were discussed adequately and there was an opportunity to provide the Department with additional information related to a violation. 5 4 3 2 1
3. Your questions in regard to the laws and regulations were addressed. 5 4 3 2 1
4. The survey was conducted in an effective and professional manner. 5 4 3 2 1
5. To assist the Department with ongoing quality improvement, please provide any other comments you may have regarding the survey process. _____
