



**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. Use the scale below to rate us in each of the areas identified.

This evaluation is strictly voluntary and not required. Once you have completed it, please submit to the Community-Based Adult Services Bureau via email: [cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov)

Sincerely,

Jill Sparrow, Bureau Chief  
Field Operations  
Community-Based Adult Services Bureau

Name of Center (optional):	
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1. Survey staff introduced themselves and explained the survey process when the survey began.

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

If you select a 1, 2 or 3 rating, please address these with specific explanatory comments:

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 Strongly Agree  4 Agree  3 Neutral  2 Disagree  1 Strongly Disagree

If you select a 1, 2 or 3 rating, please address these with specific explanatory comments:



3. Your questions regarding the laws and regulations were addressed.

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

If you select a 1, 2 or 3 rating, please address these with specific explanatory comments:

4. The survey was conducted in an effective and professional manner.

5 Strongly Agree  Agree  3 Neutral  2 Disagree  1 Strongly Disagree

If you select a 1, 2 or 3 rating, please address these with specific explanatory comments:

5. To assist the Department with ongoing quality improvement, please provide other comments you may have regarding the survey process.