

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
CENTER ASSESSMENT TOOL – ACTIVITY PROGRAM
 CDA 7003 (REV 01/2024)



Center Name: _____

The California Department of Aging (CDA) Community-Based Adult Services (CBAS) Bureau developed this Center Self-Assessment Tool to help CBAS centers evaluate their compliance with program requirements for activity coordinator qualifications, responsibilities/duties, staffing and center training. The CDA survey team will focus on these program requirements during the center’s certification renewal on-site survey; therefore, CDA encourages centers to complete this tool in preparation for their survey, but it is not a requirement. We have provided active links to the relevant program authorities.

Activity Coordinator Qualifications, Staffing Requirements & Center Training Requirements	
1. The activity coordinator meets the required qualifications. Title 22 California Code of Regulations (T-22) § 54406; T-22 § 78341	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. The activity coordinator has reviewed his/her professional practice act and/or regulations for the Activity Coordinator position. Refer to the “Acknowledgement of Regulatory Responsibilities and Practice Acts” form CDA ADH 1038	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. The activity coordinator has received a planned in-service education program, including orientation, skill training, and continuing education. T-22 § 78413(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Training of CBAS staff shall include an initial orientation for new staff; review of all updated policies and procedures; hands-on instruction for new equipment and procedures; and regular updates on State and Federal requirements, such as abuse reporting and fire safety. Standards of Participation (SOP) H12 (A,B); T-22 § 78403(b)(8); T-22 § 78413(d); T-22 § 78419(h); LTC Mandated Reporting Guidelines; Welfare and Institutions Code (WIC) §15600-15675	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Training shall be conducted and documented on a quarterly basis and shall include supporting documentation on the information taught, attendees, and the qualifications of the instructor(s). SOP H 12 (A,B)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. The activity coordinator receives training on the federal Home and Community-Based (HCB) Settings requirements. T-22 § 78413(d); All Center Letter (ACL) #15-07	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. The activity coordinator is a full-time employee of the center. T-22 § 78341(e)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Activity Coordinator Responsibilities/Duties	
1. The activity coordinator encourages participants to participate in activities suited to their individual needs. T-22 § 54339(a)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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2. The activity coordinator develops an activity program that addresses the primary objectives of the center’s activity program. T-22 § 54339(b)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. The activity coordinator develops an individual plan of care of each participant that includes an individual activity plan. This plan is to be reviewed quarterly. T-22 § 54339(c)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. The activity coordinator assesses the needs and interests of each participant and develops an individualized activity plan as part of the individualized plan of care developed by the assessment team. T-22 § 54339(d)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. The activity coordinator records, dates and signs quarterly progress notes in each participant record. T-22 § 54339(d)(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. The activity coordinator provides or supervises the provision of activities specified in the activity plan. T-22 § 54339(d)(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. The activity coordinator develops, implements, and supervises the activity program. T-22 § 54339(d)(4)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. The activity coordinator schedules and posts planned activities. T-22 § 54339(d)(5)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. The activity coordinator involves participants in the planning of the program. T-22 § 78341(c)(4)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. The activity coordinator utilizes volunteers as needed to implement the plan. T-22 § 78341(c)(5)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. The activity coordinator utilizes the adult day health center’s transportation to provide activities in the community as indicated by participant’s needs and interests. T-22 § 78341(c)(6)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12. The activity coordinator or other trained center personnel provide at least one of the following therapeutic activities. Welfare and Institutions Code (WIC) § 14550.5(c)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a) Group or individual activities to enhance the social, physical, or cognitive functioning of the participant. WIC § 14550.5(c)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Facilitated participation in group or individual activities for those participants whose frailty or cognitive functioning level precludes them from active participation in scheduled activities. WIC § 14550.5(c)(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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13. The activity coordinator observes each participant for any change in physical, mental, emotional, and social functioning and reports such changes to the licensed nurse. T-22 § 78301(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Activity Program Requirements	
1. The activity program is staffed and equipped to meet the needs and interests of each participant and shall encourage self-care and resumption of normal activities. T-22 § 54339(a)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. The activity program shall provide a planned schedule of social and other purposeful independent or group activities. T-22 § 54339(a)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. The activity program provides opportunities for involvement, both individual and group, in the planning and implementation of the activity programs. T-22 § 54339(a)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. The activity program ensures that each participant has the time to engage in activities of the participant’s own choosing. T-22 § 78341(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. The center shall provide equipment and supplies necessary for the (activity) program, including special equipment and supplies necessary for participants having special needs. T-22 § 54339(e)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. The center shall provide space that meets independent and group needs of all participants, is accessible to wheelchair and ambulatory participants, and allows storage of equipment and supplies. T-22 § 78341(f)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Signatures	
Activity Coordinator (Print and Sign Name):	Date:
Program Director (Print and Sign Name):	Date: