Facility Feedback Survey

1. Facility Information
   Facility Name:
   Facility Number:
   Facility Type: (only include if other than RCFE, if more than RCFE include a drop down)
   Respondent Name:
   Respondent’s Role at the Facility: (Include a drop down i.e., administrator, licensee, other)
   License Capacity:
   Number of People Currently Served

2. Were you aware of the revised CCLD inspection process prior to the inspection?
   Yes
   No
   If yes, how did you hear of it?
   (Check all that apply):
   Provider organization
   CCL regional office/LPA
   CCL Website
   CCL Quarterly Update
   N/A

3. In terms of your level of engagement in assisting the LPA complete the inspection, did the revised inspection process result in a lower or greater level of effort on your part compared to previous inspections:
   Lower effort
   About the same
   Greater effort

4. Do you feel that the revised inspection process took a reasonable length of time to complete compared to previous inspections:
   The inspection process was too short
   The inspection process was adequate
   The inspection process was too long

5. Do you feel that the revised inspection process left you with a greater level of understanding of the community care licensing statutory and regulatory requirements compared to previous inspections?
   Greater level of understanding
   No change/About the same
   Lower level of understanding

6. Was your facility cited during this inspection process?
   Yes
   No
   If "Yes", please explain:
   N/A
7. If “Yes”, did the LPA provide you with relevant explanation/information pertaining to the citation?
   Yes
   No
   If "No", please explain:
   N/A

8. If your facility was cited during this inspection, did the revised inspection process result in a lower or greater number of citations when compared to previous inspections:
   Greater
   Same
   Fewer

9. How well did the LPA communicate the findings of this inspection to you upon its completion?
   Very well
   Somewhat well
   Not very well
   If "Not very well", please explain:
   N/A

10. At the conclusion of this visit, were consultative or supportive services suggested or provided for issues noted during the inspection?
    Yes
    No
    If "No", please explain:
    N/A

11. Did you find the revised inspection process helpful?
    Yes
    No
    If "No", please explain:
    N/A

12. How would you rate your experience with the revised inspection process?
    Excellent
    Good
    Fair
    Poor

13. Please provide any additional feedback that you may have with respect to what you liked about the revised inspection process (i.e., what worked or was particularly helpful):

14. Please provide any comments or suggestions that you may have with regard to areas of the revised inspection process in need of improvement (i.e., what did not work or could be made better):