STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING

CBAS TEMPORARY ALTERNATIVE SERVICES (TAS) IN-CENTER SERVICES CHECKLIST

CDA 7015 (NEW 06/2020)

ADHC/CBAS Center Name: _____

As a condition of providing CBAS TAS in-person services,

_____ [licensee] attests to completion of the following:

Health Authority Guidelines Review and Conformance	Complete
Centers for Disease Control (CDC) guidelines have been reviewed.	☐
California Department of Public Health (CDPH) guidelines have been reviewed.	☐
Current county and local status guidelines have been reviewed.	☐
Workplace operations have been updated as needed to meet CDC, CDPH, and local requirements, including State guidelines for workplace operations	☐
IMPORTANT NOTE: Providers must modify operations or suspend in-center services as needed based on changes in operational and safety concerns and/or updated guidelines from health authorities. The staff member designated to ensure training and protocols remain up to date is: _____ **Title:** _____	☐
Physical Plant Inspection and Safety Plan	**Complete**
Ventilation and air filtration systems are in working order and regular maintenance is performed. Note: If facilities have been vacant, an inspection and maintenance by qualified professionals may be needed prior to resumption of services.	☐
Areas of the center that will be used for in-center services have been inspected by staff and meet standards for safety and physical distancing.	☐
Enhanced cleaning and disinfecting of common areas, including all surfaces, have taken place; protocols for on-going cleaning have been developed and implemented; and necessary disinfectant supplies and equipment are stocked and available.	☐
Adequate supplies of PPE are available for staff and participant use.	☐
Hand sanitizing stations are located in areas in active use.	☐

Infection Control	Complete
Protocols have been developed and staff training has been provided and documented regarding: • Standard precautions • Proper use of PPE • Means of potential exposure to COVID-19 • Methods of avoidance	☐
Protocols have been established for ensuring physical distancing as staff and participants interact and move throughout the center.	☐
Procedures have been developed to ensure routine and consistent hand washing and/or sanitizing by staff and participants.	☐
Protocols for screening for symptoms of COVID-19 have been implemented, and staff training documented. Protocols include: • Required staff response if participants or staff display common symptoms of COVID-19 or have positive test results • Requirement that all staff and participants must wear face coverings (masks) and be screened prior to entering the center, including having their temperatures taken and charted • Restrictions on visitors such as vendors entering the center	☐
Assessment of Need for In-Center Services	**Complete**
Protocols have been established for determining when participants and/or caregivers will be served in the center, which should include review of the participant's need and granting of approval by the Program Director. Note: Planning for providing each participant's in-person services must take place prior to initiating his or her care in the facility and be documented in the participant's health record. Communication with participants and caregivers should take place prior to bringing them into the facility. This may include the need for education on COVID-19 means of potential exposure, as well as orientation to center protocols for exposure prevention.	☐

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TAS Plan of Operation Requirements	Complete
Need for staffing changes for delivering in-center services assessed and revised Staffing/Services Arrangement Form (ADH0006) submitted to CDA if needed. Note: Appropriate staffing must be utilized to safely deliver in-center services. Any necessary staffing changes must be implemented prior to bringing participants and caregivers into the center and a revised Form ADH0006 must be submitted to CDA.	☐
CBAS TAS Plan of Operation revised and submitted to CDA if in-center services were not previously approved.	☐

Note any additional planning and preparation activities completed by the provider:

By: _____ Date: _____
(Signature/Title of Provider or Legal Representative)

By: _____
(Printed Name)

Instruction: All CBAS TAS providers that are currently approved for in-center services or seeking CDA approval to provide in-center services, must complete the CBAS TAS In-Center Services Checklist and submit it through the CDA Peach Provider Portal. Upload the document to your center's POC folder within the portal.