



Supervisors and Managers Questionnaire

Please return to: COA, 120 Wall Street, 11th Fl., New York, NY 10005

Org ID#

Date: m m / d d / y y

Organization Name:

Program Name:

City: State:

Instructions: Please answer each question by marking the circle under or next to your response. Use only a black or blue pen.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT SURE/ NOT APPLICABLE
1. The organization has an effective quality improvement program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I participate in the organization's quality improvement activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The organization regularly examines its internal access and service delivery processes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The organization conducts quarterly reviews of accidents, incidents, and grievances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Outcome data is used to improve services for consumers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I am aware of the organization's conflict of interest policy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The organization does not discriminate in hiring/promoting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I receive an annual performance evaluation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The organization is prepared to respond to natural disasters and other emergencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The finances of the program in which I work are managed by the organization with integrity and according to sound business practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The organization's services are well coordinated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The organization facilitates timely and easy access for consumers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Access to emergency and crisis intervention services is available for consumers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I have time to conduct supervision with my staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. The organization monitors its relationship with contractors who provide services to consumers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The organization's governing body and the CEO/Executive Director have an effective working partnership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I am aware of the organization's confidentiality policy and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Please use the space below to provide comments that you wish to call to the attention of COA peer reviewers.

Thank you for taking time to complete the survey.

I would like to speak with a member of the Council on Accreditation (COA) peer review team at the time of the site visit. However, I understand that they may not contact me if evidence presented during the site visit does not require additional input.

Name: _____ Phone: _____ Ext: _____ Best time to call: _____

Title _____ E-mail address: _____