PO Box 840, Harris, NY 12742 | 845.794.1400

Name of Program:

## **Corporate Compliance Program Questionnaire:**

## NOTE: THIS FORM MAY BE COMPLETED IN WRITING OR BY INTERVIEW OR IN ANOTHER FASHION DESIGNED TO OBTAIN THE REQUESTED INFORMATION.

Date completed:							
Name/	position of the person(s) completing questionnaire:						
I. Prog	I. Program:						
1.	What do you feel are your program's strengths?						
2.	Do you have ready availability of materials to run your program?						
3.	Is there usually enough time to complete your daily tasks?						
4.	Are the current procedures in place helpful in successfully running your program?						
	Which ones are helpful?						
	Which ones impede?						

5.	What is the biggest factor that impedes attaining your objectives in your program?
6.	What are others?
7.	Do your staff have a good understanding of the regulations that govern your program?
8.	What do you feel, are the most difficult regulations in your program in which to maintain compliance?
9.	What have you done to help maintain compliance with these regulations?
	Is there a specific department/area in your program that you feel needs additional focus/support?
11.	What suggestions would you have to improve the efficiency and successful operation of your program?

	12.	What suggestions would you have to increase progress/productivity?
	13.	Are there sufficient time/procedures in place that allow for effective communication of necessary information
		Are staff meetings productive?
	15.	How could they improve (more, fewer, individual)?
II.	Staf	ff:
	1.	Do you currently have the full allotment of staff in your program?
	2.	Over this past year what percentage of your staff were :  • Promoted to other positions  • Transferred to other programs  • Left the agency  • Terminated
	3.	What do you think is your staffs biggest obstacles?
	4.	What do you feel are their biggest frustrations?
	5.	How do you think we can we improve this?

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1. Do you feel the Orientation training and follow up training is adequate?
2. Do you have any suggestions to improve it?
3. Do you feel the ongoing trainings offered your staff are helpful?
4. What could be done to make these better?
IV. General suggestions: Use the space below to write down any additional

concerns/ideas/comments you may have regarding your program operation and any

suggestions you may have to improve your program: