



River Valley Child Development Services  
 Program: CHOICES CCR&R or CONNECT CCR&R or LINK CCR&R  
 Supervisor: \_\_\_\_\_

Supervisor Annual Evaluation Checklist

Tasks to be completed	Completed Accurately	Completed Timely	Completed After Due Date	Not Completed	N/A
<b>ANNUALLY</b>					
Worked collaboratively with R&R director on staff ISDPs & turn into director by July 15 of each year					
Professional Development Plan turned in by due date					
Followed all grant deadlines					
<b>MONTHLY</b>					
Statistics completed and turned in by the ___ of each month					
Travel forms completed and turned in by the 2 <sup>nd</sup> of each month					
Facilitated monthly unit meetings					
Audited case records and scanning of records					
Audited provider files					
Reviewed FACTS ticklers					
<b>OTHER</b>					
90 day staff evaluations completed and turned into director two (2) weeks prior to completion of 90 day period					
Facilitated scheduling of part 2 of orientation two (2) weeks prior to completion of 90 day period					
Staff's timesheets to _____ by _____					
Supervisor's timesheet to director by _____					
Staff's leave forms to designated person in advance					

Revised 09/26/2011

QA:\Supervisor Annual Evaluation Checklist Link & Connect CCR&R



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Supervisor's leave forms to director in advance					
Returned e-mails and phone messages within 72 hours unless on vacation/sick leave					
Ensured staff completed RODCA in a timely manner according to WV DHHR guidelines					
Attended grievance hearings					
Visited outreach sites per Quality Assurance Plan					
Prepared for and facilitated PDAC meetings					
Oversaw the orientation and training of new staff, as needed					
Oversaw provider orientation sessions					
Collected overpayments made to providers & repayments from clients and submitted reimbursement to local DHHR by end of next business day					
Maintained and submitted R&R repayment report spreadsheet to director by due date					

Comments: \_\_\_\_\_

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\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date