|  |  |
| --- | --- |
| Name of Senior Leader Rounding: |  |
| Department Rounding On: |  |
| Person Completing Rounding Report: |  |
| Date of Rounding: |  |

*Information: To be completed by department Leader in advance of senior leader rounding in department.*

|  |  |  |
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| **Item** | **Comments** | |
| Accomplishments |  | |
| Staff to Recognize | Who: | What/Why: |
|  |  |
| New Equipment Purchased |  | |
| Current Quality or Satisfaction Initiatives |  | |
| Tough Questions |  | |
| Employee  Engagement/Satisfaction |  | |