



Tennessee Department of Children's Services

## Youth Development Center Visitation Survey

In order to make sure youth and families have good visitation experiences we would like your feedback. Please complete the following questionnaire and do one of the following: **1) Place it in the survey box prior to leaving,** **2) Go online and enter your response at <https://www.surveymonkey.com/r/YDCVisitationSurvey>,** or **3) Mail it to:** Attn: CQI Coordinator

John S Wilder YDC  
13870 TN HWY 59  
Somerville, TN 38068

Date:			
Youth's Name (optional):		Relationship to Youth (optional):	

1. How would you rate your visit today? Good ☐ Fair ☐ Poor ☐

If poor, why? \_\_\_\_\_

2. Are there any issues that prevent you from visiting with your child? Yes ☐ No ☐

If yes, what can we do to help? \_\_\_\_\_

3. Do you have any safety concerns in reference to your child? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

4. If you would like a follow-up phone call, please provide your contact information:

Name of Person Completing Survey \_\_\_\_\_

Phone number: \_\_\_\_\_

5. Share any concerns or comments you would like us to know:

**Thank you for taking time to share your input. Your opinion matters.**

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

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