



Name of Provider/Facility: _____

Number of TN-DCS Youth Interviewed for Report: _____

Date of Visit: _____ Time of Visit: _____

All "No" responses are to be explained in the "Comments" section.

Requirement	Yes	No	Comments
The facility is observed to be clean, and space is functional (inspect all areas of facility accessible to youth).			
Hazardous items, in areas where children are present or may be present, are observed to be properly and securely stored (chemicals, sharp objects, etc.).			
All medication is observed to be stored and maintained properly – Double locked.			
The facility is appropriately staffed to ensure adequate supervision per direct observation and youth report.			
Youth report that they attend school daily and their educational needs are being met.			
Do youth report that they feel safe?			
Do youth know who to contact if they do not feel safe? (ex. Child Abuse Hotline, DCS Case Manager, Facility Therapist, etc.)			

Additional Comments (describe any concerns and/or strengths of the program):

Staff Signature

Print Name

Date

Completed reports are submitted to the appropriate DCS Regional Director, [EI DCS.PME@tn.gov](mailto:EI.DCS.PME@tn.gov), and the Executive Director of Network Development. Areas of concern should be addressed through a referral to the DCS Provider Quality Team: [EI DCS Provider Quality@tn.gov](mailto:EI.DCS.Provider.Quality@tn.gov).