

Your site visit was held on:

Please enter the date you are completing questionnaire:

Please enter your Facility Information:

Please answer the following questions in order to provide this office feedback

1. Which DOC-County Services staff conducted the inspection or site visit?
 - a.
 - b.
2. Did DOC staff identify themselves upon arrival? Yes No
3. Was DOC staff professional and courteous? Yes No
4. Was the information provided by *The Office of County Services* (explanation of the problem areas, observations, etc.) consistent with 10A? Yes No
5. Were issues of non-compliance explained in a clear and concise manner? Yes No
6. Was there a debriefing session held? Yes No

Please feel free to expand or provide additional comments on the site visit:

Name and title of the person completing the report

Would you like a follow up call from the Assistant Commissioner? Yes No