



PROVIDER RESPONSE DOCUMENT

State Form 53320 (R / 12-18)

After completion, return to:
OFFICE OF EARLY CHILDHOOD AND OUT OF SCHOOL LEARNING
 Licensing Section MS-02
 402 West Washington Street, Room W361
 Indianapolis, Indiana 46204
 Fax: (317) 234-6905

INSTRUCTIONS: Responses may be any length but only fifty (50) characters will be entered on the Internet website. The Office of Early Childhood and Out of School Learning reserves the right to edit responses. Each item must be addressed individually. Responses become a permanent part of your file and will be posted on the Internet website.

Provider responses are to be recorded using the two (2) columns provided in section (X4). To respond to a line item, label the item in column (X3) using the line item number from column (X1).

Name of consultant		Date of inspection (month, day, year)	
Name of facility	Identification number	Address (number and street, city, county, state, and ZIP code)	

(X1) CHECK LIST ID NUMBER	(X2) STATEMENT OF NONCOMPLIANCE (Each must be preceded by corresponding ID number on survey check list.)	(X4) PROVIDED RESPONSE (Each response must reference the appropriate noncompliance.)	
		(X3) CHECK LIST ID NUMBER	PROVIDER RESPONSE STATEMENT

Signature of provider (Please sign or else form will be rejected.)	Date of signature (month, day, year)
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FOR OFFICE OF EARLY CHILDHOOD AND OUT OF SCHOOL LEARNING USE ONLY		
(X5) Form received by (signature and title)	(X6) Completed by (signature and title)	(X7) Date of completion (month, day, year)

Use additional pages as needed.

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