PROVIDER RESPONSE DOCUMENT

State Form 53320 (7-07) / BCC 0312

Reset Form

After completion, return to:

MS02, DIVISION OF FAMILY RESOURCES
BUREAU OF CHILD CARE
402 West Washington Street, Room W386
Indianapolis, Indiana 46204-2739
Fax: (317) 234-1513

INSTRUCTIONS: Responses may be any length but only 50 characters will be entered on the Internet website. The Bureau of Child Care 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 surveyor			Date of survey (*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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(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