Report of Inspection Response

License #:_________________                    Date of Inspection:___________

Provider/Facility Name:______________________________________________________

Licensing Representative:___________ Response Due By:_______________

Type of Inspection:______________ Stage/Comp/Injury#: ________________

Instructions to Provider:
• Provide written statement on how the violation was corrected, unless no written response was required.
• All pages of your response should have the facility name, license number, date & signature
• You may scan and email this response to your licensing specialist.

Mailed responses should be mailed to:
Denver Department of Public Health and Environment
Public Health Investigations
101 W. Colfax Ave., Suite 800
Denver, Colorado 80202

__________________________________________    No. Pages Attached _____
Provider Signature  Date
All items cited on the Report of Inspection (ROI) must be corrected according to the “correct by” due date listed behind the correction. The written response of corrections should be due by the due date listed at the bottom of the ROI, unless an alternate response due date has been requested in the correction statement for a violation. If you are unable to correct violations that are not health and safety, you must submit a written plan of action explaining how and when the violations will be corrected. Your plan must be received by the date listed at the bottom of the ROI.

Please number your response items to correspond with the violation on the ROI.

- List how you corrected each violation.
- Please do not write: Did it, Done, Finished or See Attached.
- It is necessary to list what you specifically did to correct each violation.
- Any violation corrected at the time of the inspection must be listed on the response form if the specialist requested a response.
- If copies of documents have been requested, attach the documents and indicate on the response form that the documents are attached. A response for any requested attachment should include a statement of how it was corrected and the words SEE ATTACHED.
- List your license number and facility name on each page of your response.
- Sign and date the bottom of the response form as well as all attachments.
- The reverse side of this form can be used for your written response.
- Do not submit your original ROI with your response. Your Licensing Specialist has retained a copy. You are required to post your ROI or post a sign stating its availability upon request.
- Keep a copy of your response for your records.

Examples of Acceptable and Not acceptable Responses:

**Acceptable response:** CPR training was completed. See attached copy of training certificate
**Not acceptable response:** See attached

**Acceptable response:** I covered all outlets accessible to children
**Not acceptable response:** Done

If mailed send to:
Denver Department of Public Health and Environment
Public Health Investigations
101 W. Colfax Ave., Suite 800
Denver, Colorado 80202

Thank you in advance for your attention to this matter. Failure to submit your response may result in Adverse Licensing Action. Please do not hesitate to contact your Licensing Specialist with any questions you may have.