



**GEORGIA DEPARTMENT OF HUMAN SERVICES
OFFICE OF RESIDENTIAL CHILD CARE
PROVIDER SATISFACTION SURVEY**

Please select the one answer that most closely reflects the degree to which you agree or disagree with each statement as it pertains to the Office of Residential Child Care (ORCC).

Name (Optional): _____ **License Type (Optional):** _____

ORCC Staff Member(s) Contacted or Conducting Visit: _____

Date: _____ **Contact/Arrival Time:** _____ **Contact/Departure Time:** _____
(if applicable to comments) *(if applicable to comments)*

		Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
		1	2	0	3	4
Provider Satisfaction Components:						
1.	Upon arrival, the surveyor identified himself/herself to the person in charge and explained the purpose of the visit.					
2.	While on-site or during other interactions (i.e. phone or email), ORCC staff acted courteously and professionally during the visit.					
3.	ORCC staff demonstrated adequate working knowledge of applicable Rules and Regulations.					
4.	Any findings resulting from the visit were discussed during the exit conference.					
5.	I was given the opportunity to provide additional information and/or clarification to preliminary rule citations discussed during the exit conference.					
6.	I felt comfortable discussing any problems/concerns I had with ORCC staff.					
7.	Overall I am satisfied with the service rendered by ORCC.					

ORCC is interested in any general comments you have about your interactions with staff. In what ways (if any) do you think services provided could be improved?

Return to: Ms. LaMarva E. Ivory, MSW
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Thank you for your feedback!