



Department of
Developmental Disabilities

Office of Provider Standards & Review

John R. Kasich, Governor
John L. Martin, Director

Date:

, Superintendent

Re: Licensure Survey
DC Name:
Facility #

Dear Superintendent;

Congratulations, the compliance review conducted on **DATE** at the **NAME OF DC** resulted in no citations. Based on the outcome of the review, your facility will receive a 3 year license.

If you have any questions, please contact me at **REVIEWER'S TELEPHONE NUMBER AND EMAIL INFO.**

Sincerely,

, Reviewer
Office of Provider Standards and Review

cc: , Review Manager
File