

Office of Provider Standards & Review

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

Date

Name

insert entity street address

insert city, Ohio zip

RE: Provider Compliance
County:
DODD Number: Entity Number

Dear _____,

Thank you for submitting your Plan of Correction (POC) for the Compliance Review completed on **Date**.

The Plan of Correction satisfactorily addresses the citations identified in the review. The Department will contact you to verify the implementation of your POC at a later date.

Thank you for your cooperation during this review process. If you have any questions, please contact this office at ()

Sincerely,

_____, Reviewer
Office of Provider Standards and Review
Ohio Department of Developmental Disabilities

cc: Superintendent or Designee, County Board of Developmental Disabilities