



Department of  
Developmental Disabilities

**Office of Provider Standards & Review**

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

**DATE SENT**

**PROVIDER NAME**  
**STREET ADDRESS**  
**CITY, Ohio ZIP**

**RE:** Compliance Review  
County:  
Provider Number:

Dear **PROVIDER NAME**,

Your initial Plan of Correction, submitted in response to the findings of the Compliance Review conducted on **DATE OF REVIEW**, does not satisfactorily address the citations(s) identified in the Compliance Summary Report. Please reference the attached Report and Plan of Correction for details.

The review cannot be verified until you have an approved Plan of Correction (POC). Please submit a revised POC for these citations within 14 days of receipt of this letter to:

**INSERT CONTACT INFORMATON**

Failure to submit a Plan of Correction within 14 days may result in sanctions. If you have any questions, please contact me at **REVIEWER PHONE #**.

Sincerely,

, Review Specialist  
Office of Provider Standards and Review

cc: , Superintendent or Designee, County Board of Developmental Disabilities