

Authorization to Open a Certified Facility

TO: _____

AGENCY: _____

PROGRAM: _____

ADDRESS: _____

As a condition for opening, the program named above was inspected by staff of the Bureau of Program Certification on _____.

The program is authorized to open on _____.

The program is not authorized to open at this time.

OPWDD will be sending you a statement of deficiencies, based on the pre-opening visit, that will outline the areas for which you must:

- Submit a plan of corrective action, subject to OPWDD approval, as a condition for opening, and/or
- Complete corrective actions before the program may open.

These areas have been discussed with agency staff during the pre-opening inspection. We anticipate that, based on these discussions, your staff will begin appropriate corrective actions.

If necessary, OPWDD will conduct a validation visit, before you open, to verify that you have completed required corrective actions. **In no case will the program be authorized to open until you have been formally notified either that your plan has been accepted or that the necessary corrective actions as deemed to be completed.**

Field Staff Comments: (optional)

If you need assistance developing a response to the statement of deficiencies issued as a result of this inspection, you should contact your local DDRO.

_____ Standards Compliance Analyst
 (_____) _____ Tele# _____ Date

AGENCY ACKNOWLEDGEMENT: This is to acknowledge that I have received a copy of this notice:

 Signature Title Date