

[LETTERHEAD]

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

DATE

NAME
ADDRESS

Dear _____:

In accordance with Section 16.17(a) of the Mental Hygiene Law, this letter constitutes formal notification to you of our intent to limit the operating certificate issued to you by the Office for People With Developmental Disabilities (OPWDD) which authorizes the provisions of Family Care services at the above address. It is our intent to place the following limitation(s) upon said operating certificate:

This decision is based in part upon, but not limited to, the finding(s) of an investigation conducted by the [Office for People With Developmental Disabilities (OPWDD)] [NYS Justice Center] into the environment and conditions existing in your home. As a Family Care Provider, you are responsible for the operation and management of your Family Care Home and for insuring that all applicable laws and regulations are fully complied with in the operation of the Family Care Home (14 NYCRR 687.8(a)).

The investigation revealed violations of the following regulatory requirements, including but not limited to:

14 NYCRR: _____

Prior to the limitation of your operating certificate, you have the right to request an administrative hearing to appeal this proposed action. You also have the right to be

represented by an attorney at such a hearing. In order to have such a hearing, you must request it in writing, within **30 days** of your receipt of this letter, addressed to:

General Counsel
NYS Office for People With Developmental Disabilities
44 Holland Avenue
Albany, NY 12229

Your written request for a hearing must include a copy of this letter. You should also submit a copy of your request to me.

If you decide not to request a hearing, your operating certificate will be effectively limited 30 days from your receipt of this letter.

Sincerely,

Director _____ [DDSOO] _____

cc: [appropriate staff in DDSOO]
Sponsoring Agency
Family Care Attorney, OPWDD Office of Counsel
opwdd.sm.family.care.review@opwdd.ny.gov