

Date

Provider Name  
Address  
City/State/Zip Code

RE: Provider Compliance Review  
Review Date:  
County:  
ODMRDD Provider Number:  
Plan of Compliance Amended by (Dept/CB): \_\_\_\_\_

Dear (Provider),

Your initial Plan of Compliance response, submitted in response to the findings of your Provider Compliance Review of (DATE), does not satisfactorily address the finding(s) as identified in the Compliance Report. The following findings /suggested remediation activities have not been satisfactorily addressed:

**List each finding that has not been satisfactorily addressed on the initial POC**

Therefore, the (Department / County Board) has amended your original Plan of Compliance in order for you to readdress all items listed above. This Plan of Compliance **is enclosed** so that you may reference it when readdressing and resubmitting documentation to the (Dept/CB) to demonstrate substantial compliance.

If you object to the Plan of Compliance developed by the (Department/County Board) you have seven calendar days from the date of this notice to appeal to the department using the appeal protocol as noted in the rule.

If you do not object, a written response to each finding in this Plan of Compliance, along with supporting documentation related to each finding's response, is due to this office within seven calendar days of the date of this notice.

*[Insert office address and contact name]*

If you have any questions, please contact this office at ( ) \_\_\_\_\_.

Sincerely,

Enc: Amended "Plan of Compliance"