

**NOTIFICATION OF COMPLETION of PC REVIEW**  
***ODMRDD Office of Provider Standards and Reviews***

**(Name) County Board of MRDD**

***SUBMIT COMPLETED NOTIFICATION FORM WHEN PLAN OF COMPLIANCE HAS RECEIVED FINAL APPROVAL BY THE COUNTY BOARD/COG***

Regular Review or Special (If "Special", note focus area):

PROVIDER Name:

ODMRDD Provider #:

Individual or Agency:

Date of Review:

Desk or On-Site Review:

Name of Reviewer/s:

**Location of On-Site Review:** (Provider's Admin Office, Recipient's Home, County Board):  
(Agency Reviews should be conducted at the Administrative or Regional Office of the Provider)

For services delivered in **what specific county:**

Agency "Policy / Procedure Review" Completed?

# of Staff (Personnel) Records Reviewed:

# of Individual (Recipient specific) Records Reviewed:  
(This count includes any ISPs, Med Records, Behavior Support Plans, HPC Documentation etc)

Did the provider request an "**Informal Meeting**" with the county board to discuss any issues for Reconsideration of Citations"? If yes, describe the citations in question.

Were there any significant **Health & Safety** issues that required immediate on-site attention? If so, describe the circumstances and the resolution:

Did this provider have a "**NO FINDINGS**" review?

**If not**, describe in general terms, the types of citations that were issued: (documentation, training, BCII, credentials, licenses etc)

***Submit Notification to ODMRDD on the date that the PC Report is sent to the Provider:  
EMAIL OR FAX THIS NOTICE TO:  
Camille Campbell, Executive Secretary Office of Provider Standards and Review  
Camille.Campbell@dmr.state.oh.us  
FAX – 614-644-6676***