Date

Name

Executive Director

Provider Agency Name

Provider Address

City, State Zip

Dear Executive Director:

Please find enclosed the follow-up site visit report for Provider Agency Name

for the community standards certification site visit conducted on Date, and the certificates of compliance, indicating they meet the Department of Mental Health standards for operation. These certificates must be posted in the respective facilities at all times and are not transferable to any other locations or entities.

I extend my thanks to you and your staff for the services you provide. Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at 334-353-XXXX.

 Sincerely,

 Kimberly G. Boswell

 Commissioner

Sincerely,

 (Commissioner Full Name)

 Commissioner

 (Commissioner’s initials/OCA staff)

Enclosure

cc: (Service Division Associate Commissioner)

 (Copied Contact)