

COMMONWEALTH of VIRGINIA

NELSON SMITH
 COMMISSIONER

 *DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES*Post Office Box 1797
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Date

Contact Name

Facility Name

Facility Address

Facility Address

Dear

A Level of Care Review was completed for (child name) on (date). Your facility was found to be out of compliance in the following areas:

|  |  |
| --- | --- |
| **Area of Non Compliance** | **Comments/Explanation** |
|  |  |
|  |  |
|  |  |

The Family Resource Consultant (FRC) would like to offer the following recommendations:

|  |  |
| --- | --- |
| **Area of Review** | **Recommendations** |
|  |  |
|  |  |
|  |  |

If you have any questions or would like additional information, you may contact me at (Phone # or email). Your written response to recommendations and actions taken to address areas of non-compliance is due by (Date).

Sincerely,

Name

Family Resource Consultant/Manager

Division of Developmental Services