**[ THIS CERTIFICATION MUST BE ON THE MANAGED LONG TERM CARE PLAN LETTERHEAD]**

***[NAME of MLTC]*** consents to the New York City Department for the Aging Social Adult Day Care Ombuds Office corrective action plan issued to ***[Name of SADC]*** located at ***[SADC site address]*** on *[****DATE OF CORRECTIVE ACTION PLAN];*** and that the corrective action plan is sufficient to address the violations.

PRINT NAME OF MLTC COMPLIANCE OFFICER OR DESIGNEE TITLE

SIGNATURE OF MLTC COMPLIANCE OFFICER OR DESIGNEE DATE