

## Attestation of Certified Day Program Operations in Accordance with OPWDD Interim Reopening of Day Services Guidance

<b>Agency Legal Name</b>			
<b>Agency Address</b>			
<b>Day Program Type</b>	<input type="checkbox"/> <b>Certified Site</b>  <input type="checkbox"/> <b>Community, without Walls</b>	<input type="checkbox"/> <b>Day Habilitation</b>  <input type="checkbox"/> <b>Day Treatment</b>  <input type="checkbox"/> <b>Sheltered Workshop</b>	<input type="checkbox"/> <b>Prevocational</b>  <input type="checkbox"/> <b>Respite</b>
<b>Operating Certificate Number</b>			
<b>Site Address</b> (certified sites only)			
<b>Certified Capacity</b> (certified sites only)			
<b>Primary Contact Name</b>			
<b>Primary Contact Email and phone</b>			

The submission of this signed attestation and safety plan for the above program to [quality@opwdd.ny.gov](mailto:quality@opwdd.ny.gov) advises OPWDD of the agency's plan to resume operations at the day program in accordance with requirements as outlined in the guidance document *Interim Guidance Regarding the Reopening of Day Services Certified by the Office for People With Developmental Disabilities*.

The agency must attest to its ability to adhere to all requirements in the guidance as appropriate to the program, and to ensure ongoing compliance with the requirements upon opening.

**Any attestation is a filing of a written document with a government agency and is enforceable against the signatory.**

	
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Signature of Agency CEO

Date

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Printed Name of Agency CEO