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

Agency Legal Name		
Agency Address		
Day Program Type	**□ Certified Site** **□ Community, without Walls**	**□ Day Habilitation** **□ Prevocational** **□ Day Treatment** **□ Respite** **□ Sheltered Workshop**
Operating Certificate Number		
Site Address (certified sites only)		
Certified Capacity (certified sites only)		
Primary Contact Name		
Primary Contact Email and phone		

The submission of this signed attestation and safety plan for the above program to 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.

Signature of Agency CEO Date

Printed Name of Agency CEO