

## **CERTIFICATE OF COMPLIANCE**

_	LEGAL ENTITY			
To operate THE LAURI ANN WEST COMMUNIT				
Located at 1220 POWERS RUN RD, PITTSBUR	NAME OF FACILITY OF	RAGENCY		
12201 OWEND NON NO, 111 10DON	COMPLETE ADDRESS OF FA	CILITY OR AGENO	CY	
	ADDRESS OF SATEL	LITE SITE		
	ADDRESS OF SATEL	LITE SITE		
To provide CHILD CARE SERVICES	ADDRESS OF SATEL	LITE SITE		
TO PIOVIGE OFFICE OFFIC	TYPE OF SERVICES TO B	E PROVIDED		
The total number of persons which may be cared	for at one time may not exceed		or the License Capa	acity permitted by
the Certificate of Occupancy, whichever is smalle	er.	LICENSE CAPAC	CITY	
Restrictions: NONE				
This Certificate is granted in accordance with the	Human Services Code of 1967,	P.L.31, as ame	ended, and Regulations	
55 Pa. Code Chapter 3270			dated December	19, 2020
MANUAL NUMBER AND	TITLE OF REGULATIONS			
and shall remain in effect from 1/13/2023		until	1/13/2024	
unless sooner revoked for non-compliance with a	pplicable laws and regulations.			
Certification ID: CER-00202693	MPI ID: 1036398	82-0001		
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**DEPUTY SECRETARY** 

NOTE: This Certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.