

(Signature) Submission of any false statements may be subject to p	(Date) penalties prescribed for violations of Health Code §3.19 and
(Name of licensed professional)	(License or Registration number)
of correction that describes the steps taken to correct t	has been corrected and have attached documentary proof the violating condition. Where plumbing work (water or of the licensed professional who performed the work, and
(City, State, ZIP Code)	(Email)
(House Number, Street Address)	(Telephone)
	bondent is an individual) dent (if the named respondent is a business entity) athorization letter or Certificate of Authority from the
Statement and Signature of Person Certifying Correcti I,, affirm	
Line Item: Inspection Date:	Record Number:
Summons Number:	Code Section:
Violation Information	
Affirmation of Correction: Child Care Please note that translated versions of this document are available online for your reference. To cure violations, please fill out forms in English.	

**To submit this form**: <u>Complete it in English</u>. Bring it to your designated Borough Office, or email to <u>childcareinfo@health.nyc.gov</u> with "Proof of Cure – Summons/[Docket number]" in the subject line. Submission may include date- and time-stamped photographs labeled with the location and the summons number. Photographs of **Before** and **After** must be labeled as such. When submitting this form, remember to include all supporting documents. For interpretation or translation assistance to help understand violation codes or fill out the appropriate forms, please call 646-632-6100.