

PROOF OF CORRECTION(S)

FACILITY NAME	FACILITY NO.	LICENSING EVALUATOR
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This form shall be used in conjunction with the Licensing Report (LIC 809) and is provided to the facility to verify the correction of deficiency(ies) cited in a licensing visit to your facility on _____ . The use of this form will not prohibit the Licensing Evaluator from conducting follow-up visits to ensure that deficiencies are corrected. (See instructions on back of this form).
(DATE)

DEFICIENCY(IES) SECTION NUMBER	PROOF OF CORRECTION					DATE CORRECTED
	PICTURE	RECEIPT	PHOTOCOPY	*CERTIFICATION	OTHER	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

I certify, under penalty of perjury under the laws of the State of California, that the above is true and correct and that I have corrected all deficiencies above on or before the date(s) indicated.

SIGNATURE OF LICENSEE/FACILITY REPRESENTATIVE	DATE
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*Certification - This box may be checked if there is no other means to verify that the deficiency has been corrected. By signing this form, the licensee is self-certifying that the corrections have been made. If the certification is related to fingerprints, include the name(s) of the individual(s) for which the fingerprint card was submitted and insert the date submitted to the Department of Justice in the "Date corrected" column.

PLEASE RETURN THIS FORM WITH YOUR PROOF OF CORRECTION(S)

INSTRUCTIONS TO LICENSEE

1. Complete top portion of form - self explanatory.
2. Under the DEFICIENCY(IES) COLUMN, list the regulation section number that was violated in the order indicated on the corresponding Licensing Report.
3. Under the PROOF OF CORRECTION COLUMN, CHECK the box that is appropriate to your proof of correction(s), e.g. receipts, photos, copy of records, or self certifying the deficiency(ies) have been corrected.
4. Under the DATE CORRECTED COLUMN - List the date the deficiency was corrected. This column should not be completed until the deficiency is corrected.
5. After the above deficiency(ies) has been corrected, please attach the documentary evidence of correction(s), complete and sign the form. Mail/return the completed form and attachments to the licensing agency identified on the corresponding Licensing Report by the plan of correction date for each of the deficiencies. For example, if one deficiency has a plan of correction due date of the 10th of the month, the completed form and attachments would be mailed/returned by that due date and if a separate deficiency has a plan of correction due date of the 20th of the month, the completed form and attachments would be mailed/returned by the 20th of the month.