

Name of Foster Parents (s): **Joy MENDOZA** Date of Inspection: **5/26/20**

Department of Health
Developmental Disabilities Division
Adult Foster Home Corrective Action Report

No deficiencies

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
(b)(2)(C)(8) During residence, foster adult record includes notations of visits made to or by the resident.	Caregiver to submit copy of Record of Visits indicating date of visit that participant had with family member. Correction due: <u>June 26, 2020</u>	Received 6/19/20
(b) Changes which adversely affect the foster adult were reported to the Certification Unit in accordance with guidelines established by the Department.	Caregiver will submit copies of DPP approved plans for the addition to the downstairs area of the home. Caregiver will also submit a copy of the revised fire escape plan. Correction due: <u>June 26, 2020</u>	Received 6/19/20
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Caregiver to submit criminal consents with payment for each caregiver to the Certification Unit. Correction due: <u>June 26, 2020</u>	Received consents and payment 6/19/20; clearance received as of 6/30/20.
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Caregiver to submit CAN/APS clearances to the Certification Unit. Correction due: <u>June 26, 2020</u>	Received 6/19/20