Name of Foster Parents (s): <u>Nance, Angelica</u> Date of Inspection: <u>11/5/20</u>

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

☐ No deficiencies

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Received consents and payment for annual criminal history clearances for all required individuals. Pending results	
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Adult Protective Services (APS) and Child Abuse and Neglect (CAN) clearance checks pending for all required individuals. Caregiver to submit results upon receipt.	