Name of Foster Pare	ents (s):	Fietonu, Seini	Date of Inspection:	11/	12/	/20
Name of Foster Fair		i ictoria, scirii	Date of Hispertion.	T T/	/	~~0

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)(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 results are pending from Field print. Caregiver to submit copy of results immediately upon receipt.	11/18/20	
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Annual criminal history clearance results pending for caregiver and substitute caregivers.	12/14/20	