Name of Foster Parents ((s):	Ferris, Jessie	Date of Inspection:	12/1/20

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)(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 Clearances pending for required individuals. Caregiver to submit results to Certification immediately upon receipt.	1/6/21