Name of Foster Parents (s): __Leano, Heidy and Levy Date of Inspection: __1/20/21_

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)(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 clearances have been submitted for all required individuals. Pending results.	2/1/21