Name of Foster Parents (s):	Mateo, Juliet	Date of Inspection:	1/22/21
Name of Foster Farents (5).	riated, Juliet	Date of Hispertion.	1/44/41

## 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 to be submitted for all required individuals.	1/29/21