| Name of Foster Parents (s): Florida Ganir Date of Inspection: 5/19/20 | Name of | Foster Parents | (s): | Florida Ganir | Date of Inspection: | 5/19/20 |
|---|---------|----------------|------|---------------|---------------------|---------|
|---|---------|----------------|------|---------------|---------------------|---------|

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. | Effective immediately, caregiver to submit proof of payment for Adult Protective Services (APS) and Child Abuse & Neglect (CAN) registry checks for all caregiver and substitute caregivers. APS/CAN request and results pending. | 6/8/20 |
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