Name of Foster Parents (s): John & Junalin Viloria Date of Inspection: 03/19/21

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
§11-148-34 **PERSONAL QUALIFICATIONS REQUIRED:** (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	**Caregiver submitted proof of payment for Adult Protective Services APS) and Child Abuse and Neglect (CAN) clearances. Caregiver to submit results upon receipt.**	