Name of roster ratelits (3). <u>Magno, Janana</u> Date of Inspection. <u>27</u> .	ame of Foster Parents (s): Magno, Julia	ana Date of Ins	spection: <u>2/3/2</u>	<u>21 </u>
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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)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Caregiver submitted consents and payment for all required individuals for annual criminal history check. Results are pending.	3/16/21